Return of Organization Exempt From Income Tax

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

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

A For the 2002 calendar year, or tax year period beginning and ending

B Check if applicable

- Address change
- Home change
- Initial return
- Final return
- Amended return
- Application spending

C Name of organization

GOOD NEIGHBOR HEALTH CLINIC, INC

70 North Main Street

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

WHITE RIVER JUNCTION, VT 05003

D Employer identification number

03-0346949

E Telephone number

802-295-1868

F Accounting method

X Cash

G Web site

HTTP://WWW.VCCU.NET/GNHC.HTM

J Organization type

701(c) (3) (insert no.) 4947(a)(1) 527

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

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

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

L Gross receipts Add lines 6b, 6b, 9b, and 10b to line 12

714,697.

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

1 Contributions, gifts, grants, and similar amounts received

1a Direct public support

1b Indirect public support

1c Government contributions (grants)

1d Total (add lines 1a through 1c) (cash $ 698,674, noncash $ 538,477.)

2 Program service revenue including government fees and contracts (from Part VII, line 93)

3 Membership dues and assessments

4 Interest on savings and temporary cash investments

5 Dividends and interest from securities

6 a Gross rents

6b Less rental expenses

6c Net rental income or (loss) (subtract line 6b from line 6a)

7 Other investment income (describe □)

8 a Gross amount from sale of assets other than inventory

8b Less cost or other basis and sales expenses

8c Gain or (loss) (attach schedule)

8d Net gain or (loss) (combine line 8c, columns (A) and (B))

9 Special events and activities (attach schedule)

9a Gross revenue (not including $ 0 of contributions reported on line 1a)

9b Less direct expenses other than fundraising expenses

9c Net income or (loss) from special events (subtract line 9a from line 9b)

10 a Gross sales of inventory, less returns and allowances

10b Less cost of goods sold

10c Gross profit or (loss) from inventory (use Schedule (I) (LH on schedule) (subtract line 10b from line 10a)

11 Other revenue (from Part VII, line 10c)

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

13 Program services (from line 44, column (B))

14 Management and general (from line 44, column (Ci)

15 Fundraising (from line 44, column (Di)

16 Payments to affiliates (attach schedule)

17 Total expenses (add lines 16 and 44, column (A))

18 Excess or (deficit) for the year (subtract line 17 from line 12)

19 Net assets or fund balances at beginning of year (from line 73, column (A))

20 Other changes in net assets or fund balances (attach explanation)

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)
**GOOD NEIGHBOR HEALTH CLINIC, INC**

**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.

<table>
<thead>
<tr>
<th>Part II</th>
<th>Do not include amounts reported on line 6b, 6b, 9b, 10b, or 16 of Part I</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Grants and allocations (attach schedule)</td>
</tr>
<tr>
<td>cash $</td>
<td>noncash $</td>
</tr>
<tr>
<td>23</td>
<td>Specific assistance to individuals (attach schedule)</td>
</tr>
<tr>
<td>24</td>
<td>Benefits paid to or for members (attach schedule)</td>
</tr>
<tr>
<td>25</td>
<td>Compensation of officers, directors, etc</td>
</tr>
<tr>
<td>26</td>
<td>Other salaries and wages</td>
</tr>
<tr>
<td>27</td>
<td>Pension plan contributions</td>
</tr>
<tr>
<td>28</td>
<td>Other employee benefits</td>
</tr>
<tr>
<td>29</td>
<td>Payroll taxes</td>
</tr>
<tr>
<td>30</td>
<td>Professional fundraising fees</td>
</tr>
<tr>
<td>31</td>
<td>Accounting fees</td>
</tr>
<tr>
<td>32</td>
<td>Legal fees</td>
</tr>
<tr>
<td>33</td>
<td>Supplies</td>
</tr>
<tr>
<td>34</td>
<td>Telephone</td>
</tr>
<tr>
<td>35</td>
<td>Postage and shipping</td>
</tr>
<tr>
<td>36</td>
<td>Occupancy</td>
</tr>
<tr>
<td>37</td>
<td>Equipment rental and maintenance</td>
</tr>
<tr>
<td>38</td>
<td>Printing and publications</td>
</tr>
<tr>
<td>39</td>
<td>Travel</td>
</tr>
<tr>
<td>40</td>
<td>Conferences, conventions, and meetings</td>
</tr>
<tr>
<td>41</td>
<td>Interest</td>
</tr>
<tr>
<td>42</td>
<td>Depreciation, depletion, etc (attach schedule)</td>
</tr>
<tr>
<td>43</td>
<td>Other expenses not covered above (itemize)</td>
</tr>
<tr>
<td>a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
</tr>
<tr>
<td>e SEE STATEMENT 3</td>
<td></td>
</tr>
<tr>
<td>f Total functional expenses (total of lines 22 through 43)</td>
<td></td>
</tr>
</tbody>
</table>

**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 [x] No

If "Yes," enter (i) the aggregate amount of these joint costs $ ____________ , (ii) the amount allocated to Program services $ ____________ , (iii) the amount allocated to Management and general $ ____________ , and (iv) the amount allocated to Fundraising $ ____________ .

**Part III | Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? [x]

**TO PROVIDE FREE PRIMARY HEALTH & DENTAL CARE**

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.

| a SEE STATEMENT 4 | |
| b | |
| c | |
| d | |
| e | Other program services (attach schedule) |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) | [x] 250,250. |

Form 990 (2002)

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14210523 806768 GNHC 2002.05030 GOOD NEIGHBOR HEALTH CLINIC GNHC____1
<table>
<thead>
<tr>
<th>Assets</th>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 Cash - non-interest-bearing</td>
<td>587,608</td>
<td>343,802</td>
</tr>
<tr>
<td>46 Savings and temporary cash investments</td>
<td>46</td>
<td>46</td>
</tr>
<tr>
<td>47 a Accounts receivable</td>
<td>47a</td>
<td>47a</td>
</tr>
<tr>
<td>b Less allowance for doubtful accounts</td>
<td>47b</td>
<td>47c</td>
</tr>
<tr>
<td>48 a Pledges receivable</td>
<td>48a</td>
<td>48b</td>
</tr>
<tr>
<td>b Less allowance for doubtful accounts</td>
<td>48b</td>
<td>48c</td>
</tr>
<tr>
<td>49 Grants receivable</td>
<td>49</td>
<td>49</td>
</tr>
<tr>
<td>50 Receivables from officers, directors, trustees, and key employees</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>51 a Other notes and loans receivable</td>
<td>51a</td>
<td>51b</td>
</tr>
<tr>
<td>b Less allowance for doubtful accounts</td>
<td>51b</td>
<td>51c</td>
</tr>
<tr>
<td>52 Inventories for sale or use</td>
<td>52</td>
<td>52</td>
</tr>
<tr>
<td>53 Prepaid expenses and deferred charges</td>
<td>53</td>
<td>53</td>
</tr>
<tr>
<td>54 Investments - securities</td>
<td>54</td>
<td>54</td>
</tr>
<tr>
<td>a Investments - land, buildings, and equipment, basis</td>
<td>55a</td>
<td>55b</td>
</tr>
<tr>
<td>b Less accumulated depreciation</td>
<td>55b</td>
<td>55c</td>
</tr>
<tr>
<td>56 Investments - other</td>
<td>56</td>
<td>56</td>
</tr>
<tr>
<td>57 a Land, buildings, and equipment, basis</td>
<td>57a</td>
<td>57b</td>
</tr>
<tr>
<td>b Less accumulated depreciation</td>
<td>57b</td>
<td>57c</td>
</tr>
<tr>
<td>STMT 5</td>
<td>774,152</td>
<td>84,228</td>
</tr>
<tr>
<td>58 Other assets (describe ▶)</td>
<td>58</td>
<td>58</td>
</tr>
<tr>
<td>59 Total assets (add lines 45 through 58) (must equal line 74)</td>
<td>610,379</td>
<td>1,033,726</td>
</tr>
<tr>
<td>60 Accounts payable and accrued expenses</td>
<td>60</td>
<td>2,894</td>
</tr>
<tr>
<td>61 Grants payable</td>
<td>61</td>
<td>61</td>
</tr>
<tr>
<td>62 Deferred revenue</td>
<td>62</td>
<td>62</td>
</tr>
<tr>
<td>63 Loans from officers, directors, trustees, and key employees</td>
<td>63</td>
<td>63</td>
</tr>
<tr>
<td>64 a Tax-exempt bond liabilities</td>
<td>64a</td>
<td>64b</td>
</tr>
<tr>
<td>b Mortgages and other notes payable</td>
<td>64b</td>
<td>64c</td>
</tr>
<tr>
<td>65 Other liabilities (describe ▶)</td>
<td>65</td>
<td>65</td>
</tr>
<tr>
<td>66 Total liabilities (add lines 60 through 65)</td>
<td>0</td>
<td>66</td>
</tr>
</tbody>
</table>

**Liabilities**

- 66 Total liabilities (add lines 60 through 65)

- 66 Total liabilities (add lines 60 through 65)

**Organizations that follow SFAS 117, check here ▶**

- and complete lines 67 through 69 and lines 73 and 74

- Unrestricted

- Temporarily restricted

- Permanently restricted

**Organizations that do not follow SFAS 117, check here ▶ X**

- 70 through 74

- Capital stock, trust principal, or current funds

- Paid-in or capital surplus, or land, building, and equipment fund

- Retained earnings, endowment, accumulated income, or other funds

- Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)

- Total liabilities and net assets / fund balances (add lines 66 and 74)

- Total liabilities and net assets / fund balances (add lines 66 and 74)

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.
### Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
</tr>
<tr>
<td>b</td>
<td>Amounts included on line a but not on line 12, Form 990</td>
</tr>
<tr>
<td>(1)</td>
<td>Net unrealized gains on investments $</td>
</tr>
<tr>
<td>(2)</td>
<td>Donated services and use of facilities $</td>
</tr>
<tr>
<td>(3)</td>
<td>Recoveries of prior year grants $</td>
</tr>
<tr>
<td>(4)</td>
<td>Other (specify) $</td>
</tr>
</tbody>
</table>

Add amounts on lines (1) through (4) b

Line a minus line b c

Amounts included on line 12, Form 990 but not on line a d

(1) Investment expenses not included on line 6b, Form 990 $ |
(2) Other (specify) $ |

Add amounts on lines (1) and (2) d

Total revenue per line 12, Form 990 (line a plus line d) e

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>a</td>
<td>Total expenses and losses per audited financial statements</td>
</tr>
<tr>
<td>b</td>
<td>Amounts included on line a but not on line 17, Form 990</td>
</tr>
<tr>
<td>(1)</td>
<td>Donated services and use of facilities $</td>
</tr>
<tr>
<td>(2)</td>
<td>Prior year adjustments reported on line 20, Form 990 $</td>
</tr>
<tr>
<td>(3)</td>
<td>Losses reported on line 20, Form 990 $</td>
</tr>
<tr>
<td>(4)</td>
<td>Other (specify) $</td>
</tr>
</tbody>
</table>

Add amounts on lines (1) through (4) b

Line a minus line b c

Amounts included on line 17, Form 990 but not on line a d

(1) Investment expenses not included on line 6b, Form 990 $ |
(2) Other (specify) $ |

Add amounts on lines (1) and (2) d

Total expenses per line 17, Form 990 (line a plus line d) e

### Part V List of Officers, Directors, Trustees, and Key Employees

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Title and average hours per week devoted to position</th>
<th>(C) Compensation (If not paid, enter '——'—)</th>
<th>(D) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEE STATEMENT 6</td>
<td>49,542.</td>
<td>3,600.</td>
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<td>0.</td>
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</tbody>
</table>

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? If "Yes," attach schedule  □ Yes □ No

Form 990 (2002)
Form 990 (2002)

GOOD NEIGHBOR HEALTH CLINIC, INC

03-0346949 Page 5

Part VI: Other Information

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

Yes No

77 Were any changes made in the organizing or governing documents but not reported to the IRS?

If "Yes," attach a conform copy of the changes

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?

78b N/A

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 and check whether it is exempt or nonexempt.

81 a Enter direct or indirect political expenditures. See line 81 instructions

81a

b Did the organization file Form 1120-POL for this year?

81b X

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

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?

84b N/A

85 501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?

85a N/A

b Did the organization make only in-house lobbying expenditures of $2,000 or less?

85b N/A

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?

85g N/A

h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85i to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?

85h N/A

86 501(c)(7) organizations. Enter: a) Limitation 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 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?

88 X

If "Yes," complete Part IX.

89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955, section 4932, section 4955, section 4932

89a

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

89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4955, 4932, and 4955

89c X

89d Enter Amount of tax on line 89c, above, reimbursed by the organization

89d X

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

90b

b Number of employees employed in the pay period that includes March 12, 2002

90c

91 The books are in care of KAREN A. WOODBURY Telephone no 802-295-1868

Located at 747 HARTFORD AVENUE ZIP 05001

92 See 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

0203041 01 22 03

1210523 806768 GNHC 2002.05030 GOOD NEIGHBOR HEALTH CLINIC GNHC IC 1
**Part VII | Analysis of Income-Producing Activities**

(See page 31 of the instructions)

<table>
<thead>
<tr>
<th>Note</th>
<th>Enter gross amounts unless otherwise indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>93</td>
<td>Program service revenue</td>
</tr>
<tr>
<td>a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Medicare/Medicaid payments</td>
</tr>
<tr>
<td>g</td>
<td>Fees and contracts from government agencies</td>
</tr>
<tr>
<td>94</td>
<td>Membership dues and assessments</td>
</tr>
<tr>
<td>95</td>
<td>Interest on savings and temporary cash investments</td>
</tr>
<tr>
<td>96</td>
<td>Dividends and interest from securities</td>
</tr>
<tr>
<td>97</td>
<td>Net rental income or (loss) from real estate</td>
</tr>
<tr>
<td>a</td>
<td>debt-financed property</td>
</tr>
<tr>
<td>b</td>
<td>not debt-financed property</td>
</tr>
<tr>
<td>98</td>
<td>Net rental income or (loss) from personal property</td>
</tr>
<tr>
<td>99</td>
<td>Other investment income</td>
</tr>
<tr>
<td>100</td>
<td>Gain or (loss) from sales of assets other than inventory</td>
</tr>
<tr>
<td>101</td>
<td>Net income or (loss) from special events</td>
</tr>
<tr>
<td>102</td>
<td>Gross profit or (loss) from sales of inventory</td>
</tr>
<tr>
<td>103</td>
<td>Other revenue</td>
</tr>
<tr>
<td>a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
</tr>
<tr>
<td>104</td>
<td>Subtotal (add columns (B), (D), and (E))</td>
</tr>
<tr>
<td>105</td>
<td>Total (add line 104, columns (B), (D), and (E))</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unrelated business income</th>
<th>Excluded by section 512-513 or 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Business code</td>
<td>(B) Amount</td>
</tr>
<tr>
<td>(C) Exclusion code</td>
<td>(D) Amount</td>
</tr>
</tbody>
</table>

| (E) Related or exempt function income |

- (A) Business code: 14
- (B) Amount: 5,869
- (C) Exclusion code: 0
- (D) Amount: 10,154
- (E) Related or exempt function income: 0

**Part VIII | Relationship of Activities to the Accomplishment of Exempt Purposes**

(See page 32 of the instructions)

<table>
<thead>
<tr>
<th>Line</th>
<th>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)</th>
</tr>
</thead>
</table>

**Part IX | Information Regarding Taxable Subsidiaries and Disregarded Entities**

(See page 32 of the instructions)

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

**Part X | Information Regarding Transfers Associated with Personal Benefit Contracts**

(See page 33 of the instructions)

<table>
<thead>
<tr>
<th>(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

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

**Date:** 6/2/03

**Type or print name and title:**

**Preparer's SSN or PTIN:**

**Preparer's signature:**

**Date:** 7/3/03

**Check if self:**

**Preparer's SSN or PTIN:**
### 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")

<table>
<thead>
<tr>
<th>Name and address of each employee paid more than $50,000</th>
<th>Title and average hours per week devoted to position</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of other employees paid over $50,000: 0

### Part II  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")

<table>
<thead>
<tr>
<th>Name and address of each independent contractor paid more than $50,000</th>
<th>Type of service</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of others receiving over $50,000 for professional services: 0
Part III | Statements About Activities (See page 2 of the instructions)

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)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
</tr>
</tbody>
</table>

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 benefactor? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

<table>
<thead>
<tr>
<th>a</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>b</td>
<td>X</td>
</tr>
<tr>
<td>c</td>
<td>X</td>
</tr>
</tbody>
</table>

| d | X |

| e | X |

3. Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)

| 3 | X |

4. Do you have a section 403(b) annuity plan for your employees?

| 4 | X |

Part IV | Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

<table>
<thead>
<tr>
<th>5</th>
<th>A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>A school Section 170(b)(1)(A)(ii) (Also complete Part V)</td>
</tr>
<tr>
<td>7</td>
<td>A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)</td>
</tr>
<tr>
<td>8</td>
<td>A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(iv)</td>
</tr>
<tr>
<td>9</td>
<td>A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(v) Enter the hospital's name, city, and state</td>
</tr>
<tr>
<td>10</td>
<td>An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(v) (Also complete the Support Schedule in Part IV-A)</td>
</tr>
<tr>
<td>11a</td>
<td>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)</td>
</tr>
<tr>
<td>11b</td>
<td>A community trust Section 170(b)(1)(A)(vii) (Also complete the Support Schedule in Part IV-A)</td>
</tr>
<tr>
<td>12</td>
<td>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)</td>
</tr>
<tr>
<td>13</td>
<td>An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3)) Provide the following information about the supported organizations (See page 5 of the instructions)</td>
</tr>
<tr>
<td>(a) Name(s) of supported organization(s)</td>
<td>(b) Line number from above</td>
</tr>
<tr>
<td>14</td>
<td>An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)</td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2002

14210523 806768 GNHC 2002.05030 GOOD NEIGHBOR HEALTH CLINIC GNHC___1
### Part IV-A Support Schedule

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year) beginning in</th>
<th>(a) 2001</th>
<th>(b) 2000</th>
<th>(c) 1999</th>
<th>(d) 1998</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Gifts, grants, and contributions received</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(Do not include unusual grants. See line 28.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Membership fees received</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Net income from unrelated business activities not included in line 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Tax revenues levied for the organization’s benefit and either paid to it or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 The value of services or facilities furnished to the organization by a governmental unit without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do not include the value of services or facilities generally furnished to the public without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Total of lines 15 through 22</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>24 Line 23 minus line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Enter 1% of line 23</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Organizations described on lines 10 or 11</td>
<td>Enter 2% of amount in column (e), line 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a 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 1998 through 2001 exceeded the amount shown in line 26a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Do not file this list with your return. Enter the sum of all these excess amounts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Total support for section 509(a)(1) test. Enter line 24, column (e)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Add Amounts from column (e) for lines 18, 19, 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Public support (line 26c minus line 26d total)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Public support percentage (line 26a numerator divided by line 26a denominator)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Investments in securities held for income or capital gains (check one and complete)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Public support percentage (line 26e(numerator) divided by line 27f denominator)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Investment income percentage (line 19, column (e) (numerator) divided by line 27f denominator)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 26 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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.
### Private School Questionnaire

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>30</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>31</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)

---

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>32a</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>32b</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>32c</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>32d</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

Does the organization maintain the following?

- a. Records indicating the racial composition of the student body, faculty, and administrative staff?
- b. Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c. Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- 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)

---

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>33a</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>33b</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>33c</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>33d</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

Does the organization discriminate by race in any way with respect to?

- a. Students' rights or privileges?
- b. Admissions policies?
- c. Employment of faculty or administrative staff?
- d. Scholarships or other financial assistance?
- e. Educational policies?
- f. Use of facilities?
- g. Athletic programs?
- h. Other extracurricular activities?

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

---

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>34a</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>34b</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

Does the organization receive any financial aid or assistance from a governmental agency?

- a. 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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

Does the organization certify that it has complied with the applicable requirements of sections 491 through 495 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation.
Schedule A (Form 990 or 990-EZ) 2002 GOOD NEIGHBOR HEALTH CLINIC, INC 03-0346949 Page 5

Part VI-A  Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions )

N/A

Check □ if the organization belongs to an affiliated group Check □ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred )

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affiliated group totals</td>
<td>To be completed for ALL electing organizations</td>
</tr>
<tr>
<td>36 Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>36</td>
</tr>
<tr>
<td>37 Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>37</td>
</tr>
<tr>
<td>38 Total lobbying expenditures (add lines 36 and 37)</td>
<td>38</td>
</tr>
<tr>
<td>39 Other exempt purpose expenditures</td>
<td>39</td>
</tr>
<tr>
<td>40 Total exempt purpose expenditures (add lines 38 and 39)</td>
<td>40</td>
</tr>
<tr>
<td>41 Lobbying nontaxable amount. Enter the amount from the following table -</td>
<td>41</td>
</tr>
<tr>
<td>If the amount on line 40 is -</td>
<td>The lobbying nontaxable amount is -</td>
</tr>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 40</td>
</tr>
<tr>
<td>Over $500,000 but not over $1,000,000</td>
<td>$100,000 plus 15% of the excess over $500,000</td>
</tr>
<tr>
<td>Over $1,000,000 but not over $1,500,000</td>
<td>$175,000 plus 10% of the excess over $1,000,000</td>
</tr>
<tr>
<td>Over $1,500,000 but not over $17,000,000</td>
<td>$225,000 plus 5% of the excess over $1,500,000</td>
</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>42 Grassroots nontaxable amount (enter 25% of line 41)</td>
<td>42</td>
</tr>
<tr>
<td>43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36</td>
<td>43</td>
</tr>
<tr>
<td>44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38</td>
<td>44</td>
</tr>
</tbody>
</table>

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 11 of the instructions)

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2001</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1999</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 11 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:

| 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 Railies, demonstrations, seminars, conventions, speeches, lectures, or any other means |
| i Total lobbying expenditures (Add lines a through h) |

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

N/A

14210523 806768 GNHC 2002.05030 GOOD NEIGHBOR HEALTH CLINIC GNHC__1
Part VII | Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

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?

- a Transfers from the reporting organization to a noncharitable exempt organization of
  - (i) Cash
  - (ii) Other assets

- b Other transactions
  - (i) Sales or exchanges of assets with a noncharitable exempt organization
  - (ii) Purchases of assets from a noncharitable exempt organization
  - (iii) Rental of facilities, equipment, or other assets
  - (iv) Reimbursement arrangements
  - (v) Loans or loan guarantees
  - (vi) Performance of services or membership or fundraising solicitations

- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

- 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.

<table>
<thead>
<tr>
<th>(a) Line no</th>
<th>(b) Amount involved</th>
<th>(c) Name of noncharitable exempt organization</th>
<th>(d) Description of transfers, transactions, and sharing arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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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?

- b If "Yes," complete the following schedule.

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<th>(b) Type of organization</th>
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<th>Bus % Excl</th>
<th>Reduction in Basis</th>
<th>Basis For Depreciation</th>
<th>Accumulated Depreciation</th>
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(D) Asset disposed

* ITC, Section 179, Salvage HR 3090, Commercial Revitalization Deduction

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* 990 PAGE 2 TOTAL
PROGRAM SERVICES
* GRAND TOTAL 990 PAGE
2 DEPR

(D) Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction
### Form 990: Special Events and Activities

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### Form 990: Other Changes in Net Assets or Fund Balances

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DESCRIPTION OF PROGRAM SERVICE ONE


GRANTS

EXPENSES

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TO FORM 990, PART III, LINE A

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT

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<tr>
<td>HANOVER, NH 03755</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KAREN A. WOODBURY</td>
<td>EXECUTIVE DIRECTOR</td>
<td>40+</td>
<td>49,542</td>
</tr>
<tr>
<td>CREAMERY ROAD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CORNISH FLAT, NH 03746</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OSBORNE, NICK</td>
<td>TRUSTEE</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DMS 28 KELLOGG BUILDING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HANOVER, NH 03755</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTALS INCLUDED ON FORM 990, PART V</strong></td>
<td></td>
<td>49,542</td>
<td>3,600</td>
</tr>
</tbody>
</table>
### Part I - Election To Expense Certain Tangible Property Under Section 179

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Maximum amount</td>
<td>See instructions for a higher limit for certain businesses</td>
</tr>
<tr>
<td>2</td>
<td>Total cost of section 179 property placed in service (see instructions)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Threshold cost of section 179 property before reduction in limitation</td>
<td>$200,000</td>
</tr>
<tr>
<td>4</td>
<td>Reduction in limitation</td>
<td>Subtract line 3 from line 2. If zero or less, enter 0.</td>
</tr>
<tr>
<td>5</td>
<td>Dollar limitation for tax year</td>
<td>Subtract line 4 from line 3. If zero or less, enter 0. If married filing separately, see instructions</td>
</tr>
</tbody>
</table>

#### 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)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)</td>
<td>44,630</td>
</tr>
<tr>
<td>15</td>
<td>Property subject to section 168(f)(4) election (see instructions)</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Other depreciation (including ACRS) (see instructions)</td>
<td></td>
</tr>
</tbody>
</table>

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

**Section A**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>MACRS deductions for assets placed in service in tax years beginning before 2002</td>
<td>6,167</td>
</tr>
<tr>
<td>18</td>
<td>If you are electing under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here</td>
<td></td>
</tr>
</tbody>
</table>

### Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>19a</td>
<td>3 year property</td>
<td>745. 3 YRS. MQ 200DB 62</td>
</tr>
<tr>
<td>b</td>
<td>5 year property</td>
<td>94,182. 5 YRS. MQ 200DB 5,611</td>
</tr>
<tr>
<td>c</td>
<td>7 year property</td>
<td>9,211. 7 YRS. MQ 200DB 1,645</td>
</tr>
<tr>
<td>d</td>
<td>10 year property</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>15 year property</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>20 year property</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>25 year property</td>
<td>25 yrs S/L</td>
</tr>
<tr>
<td>h</td>
<td>Residential rental property</td>
<td>/ 27.5 yrs MM S/L</td>
</tr>
<tr>
<td>i</td>
<td>Nonresidential real property</td>
<td>/ 39 yrs MM S/L</td>
</tr>
</tbody>
</table>

### Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>20a</td>
<td>Class life</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>12 year</td>
<td>12 yrs S/L</td>
</tr>
<tr>
<td>c</td>
<td>40 year</td>
<td>40 yrs MM S/L</td>
</tr>
</tbody>
</table>

### Part IV - Summary (See instructions)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Listed property</td>
<td>Enter amount from line 28</td>
</tr>
<tr>
<td>22</td>
<td>Total</td>
<td>Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21</td>
</tr>
<tr>
<td>23</td>
<td>For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs</td>
<td></td>
</tr>
</tbody>
</table>

**Form 4562 (2002)**

14210523  806768 GNHC  2002.05030  GOOD NEIGHBOR HEALTH CLINIC GNHC__1
### Part V: Listed Property (Caution: See instructions for limits for passenger automobiles)

#### Section A - Depreciation and Other Information

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>(g)</th>
<th>(h)</th>
<th>(i)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of property (list vehicles first)</td>
<td>Date placed in service</td>
<td>Business/investment use percentage</td>
<td>Cost or other basis</td>
<td>Basis for depreciation</td>
<td>Recovery period</td>
<td>Method/Convention</td>
<td>Depreciation deduction</td>
<td>Elected section 179 cost</td>
</tr>
</tbody>
</table>

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

26. Property used more than 50% in a qualified business use

27. Property used 50% or less in a qualified business use

28. Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1

29. Add amounts in column (i), line 26 Enter here and on line 7, page 1

### 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.

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

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.

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 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?

#### Part VI: Amortization

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of costs</td>
<td>Date amortization begins</td>
<td>Amortizable amount</td>
<td>Code section</td>
<td>Amortizable period in percentage</td>
<td>Amortization for this year</td>
</tr>
</tbody>
</table>

42. Amortization of costs that begins during your 2002 tax year

43. Amortization of costs that began before your 2002 tax year

44. Total Add amounts in column (f) See instructions for where to report
Form 8868
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

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

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

Note. Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of Exempt Organization</th>
<th>Employer Identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GOOD NEIGHBOR HEALTH CLINIC, INC</td>
<td>03-0346949</td>
</tr>
</tbody>
</table>

File by the due date for filing your return. See instructions

Number, street, and room or suite no. If a P.O. box, see instructions
747 HARTFORD AVENUE

City, town or post office, state, and zip code. For a foreign address, see instructions
WHITE RIVER JUNCTION, VT 05001

Check type of return to be filed (file a separate application for each return)

☑ Form 990
☐ Form 990-BL
☐ Form 990-T (corporation)
☐ Form 990 (sec 401(a) or 408(e) trust)
☐ Form 990-T (trust other than above)
☐ Form 1041 A
☐ Form 4720
☐ Form 5227
☐ Form 6089
☐ Form 8870

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

If this is a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1. I request an automatic 3-month (6-month, for 990-T corporation) extension of time until AUGUST 15, 2003

   to file the exempt organization return for the organization named above. The extension is for the organization's return for:

   ☑ calendar year 2002 or
   ☐ tax year beginning ______________________, and ending ____________________

   2. If this tax year is for less than 12 months, check reason

   ☑ Initial return
   ☐ Final return
   ☐ Change in accounting period

3a. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6089, enter the tentative tax, less any nonrefundable credits. See instructions

   $ _____________

   b. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

   $ _____________

   c. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon, or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

   $ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature [ ]
Title [ ]
Date [ ]

LHA For Paperwork Reduction Act Notice, see instructions

Form 8868 (12-2000)

15180513 806768 GNHC 2002.05030 GOOD NEIGHBOR HEALTH CLINIC GNHC__1