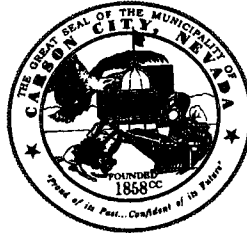


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CARSON CITY
EXECUTIVE OFFICES



Carson City, a Consolidated Municipality

Application for

Community Support Services Funding
Fiscal Year 2011-2012

Name of Organization: Nevada Health Centers, Inc. (NVHC)

Amount Requested: \$25,000

Contact Person: Shirley A. Hampton, RN

Mailing Address: 1802 N Carson St, Ste 100

City: Carson City State: NV Zip Code: 89701

Phone Number: 775/888-6678 E-mail: shampton@nvhealthcenters.org

501(c)3 Taxpayer I.D. Number: 94-3199117

Date Submitted: 2/23/11

Please mail completed application and attachments to:
Carson City Executive Offices
201 N. Carson Street, Suite 2
Carson City, NV 89701

Carson City Community Support Services
APPLICATION FOR GRANT FUNDS
Fiscal Year 2011-2012

Organization Information

1. What is the overall purpose or goal of your organization?

The mission of Nevada Health Centers, Inc. (NVHC) is to provide access to quality health care services throughout Nevada. Community Health Centers help to control community health care expenses by keeping patients out of hospital emergency rooms. Our vision is through advocacy, education and community outreach, all residents and visitors in Nevada will have full access to affordable health care. We were founded on the principle that all people, regardless of where they live or their ability to pay, have the right to quality health care services. We are requesting funds in support of our Sierra Family Health Center in Carson City, NV.

2. How long has your organization been in existence? 34 Years ___ Months

How long has your organization been in Carson City? 15 Years ___ Months

3. Describe in general the activities or services of your organization:

Nevada Health Centers, Inc. provides primary health care services at community health centers throughout Nevada. We are one of only two federally qualified health centers in Nevada; the other is HAWC, Inc. in Reno. In Carson City, our Sierra Family Health Center provides family medicine, preventative health, women's health, children's health and immunizations, health education, prenatal and newborn care, and pharmacy services. Our services are based on a family practice model. The Sierra center is open Monday-Friday from 7 a.m. to 5 p.m. and is currently located at 907 Mountain Street. The center will be relocated into our new and expanded facility on East College Parkway in early Spring 2012. In 2010, the Sierra Family Health Center served 6,289 patients. Sixty-nine percent (4,356) of those patients lived in Carson City. That means that one of every 12 Carson City residents (7.8%) was a patient at the Sierra Family Health Center in 2010.

4. How many people do you intend to serve during this Fiscal Year 2011-2012?

of Youth 1,000 # of Adults 4,000 # of Seniors 1,500

5. How many people served this Fiscal Year 2011-2012 will be Carson City residents?

of Youth 700 # of Adults 2,800 # of Seniors 1,050

6. How many paid employees/volunteers does your organization employ?

of full-time employees 275 # of part-time employees 25

7. Percentage of organizational funds to be utilized for administrative costs (i.e., salaries, travel, training, etc): 10%
8. Describe how your organization is managed and governed (i.e., Board of Directors).

Nevada Health Centers, Inc. is governed by a 12 member volunteer Board of Directors. Our board is unique in that board membership is required to consist of at least 51% representation from patients of our health centers. NVHC is governed by a 12-member volunteer Board of Directors and led by our Chief Executive Officer, Thomas G. Chase. Mr. Chase is supported by a Chiefs Team and an Executive Team that each meet every other week. The Chiefs Team includes the Chief Executive Officer, Chief Operating Officer, Chief Medical Officer, Chief Financial Officer and Chief Development Officer. The Executive Team includes all Chiefs and the Health Quality Information Officer, Director of MIS, Director of Billing, two Regional Administrative Directors, a Development Director and the Director of Human Resources. Collectively they provide leadership, promote continuity of communication and ensure quality in the organization. The Executive Secretary and Executive Assistant work very closely with the key executives, Board of Directors and management staff. The Executive Secretary also performs provider credentialing and serves as an assistant to the Quality Assurance/Risk Management Program.

9. Please provide information on your Executive Board members or contact person:

<u>Name</u>	<u>Title</u>	<u>Phone</u>
-------------	--------------	--------------

BOARD OFFICERS:

Steve Comer, Board Chair, 702/271-1452
 Marianne Bloom, Vice Chair
 Mark Esquivel, Secretary
 Bill Gordon, Treasurer

CONTACT PERSON:

Chief Development Officer, Shirley A. Hampton, 775/888-6619,
 shampton@nvhealthcenters.org

Program/Proposal Information

10. Amount of funds requested? \$ 25,000

11. Purpose of Program/Proposal: Describe the program/proposal, target population, number to be served, what the grant will specifically fund. Explain your organization's qualifications to deal with the issue.

Nevada Health Centers, Inc. is requesting funds to support the new Sierra Family Health Center we are currently building on East College Parkway. This building is scheduled to open in early Spring 2012. There are three options we are requesting a Community Support Services Grant for: 1) An outside garden for patients; 2) Furniture and equipment for exam rooms; or 3) Internal waiting room furniture. We would be pleased to provide Carson City with a naming opportunity for whichever option that is chosen.

NVHC's goal is to be a medical home for people in the communities we serve. A medical home is a regular source of medical care that delivers the services needed to achieve optimal individual and population health. The White House Office of Management and Budget ranked community health centers as one of the 10 most effective government programs – a designation earned by only six percent of all federally-funded programs. Numerous independent studies show that community health centers provide high-quality and cost-effective care, reduce racial and ethnic health disparities and generate large costs savings to the health care system. According to a recent study, medical expenses for patients who receive most of their care at a community health center are 41% lower compared to patients seen elsewhere.

The new health center will be bigger than our current center and will be able to provide primary health care services to at least 6,000 patients each year. Historically, at least 69% of the patients we serve live in Carson City. The remaining patients come from the surrounding areas including Dayton and the Carson Valley. We are including space in the new center for the future provision of dental care and mental health services.

12. Goals, Objectives & Measurable Outcomes: The events and/or services must assist the City to fulfill its vision statement and accomplish one or more of the City's Goals. Please indicate which goal(s) will be met. Clearly state measurable outcomes of the project. Tell how you propose to achieve the outcomes of the project in terms of specific activities, including a timetable (proposed starting date and duration of the project):

This request corresponds to the city's vision of being a leader among cities, the mission of preserving and enhancing quality of life, and the goal for a healthy community. Nevada Health Centers, Inc. opens a health center upon request from a local community and then receive annual support from most counties and cities where our health centers are located. NVHC opened the Sierra Family Health Center in 1996 upon a request from the Carson City Board of Supervisors. We have not received funding from the Carson City Community Support Services grant funds in the past. The specific outcomes of this request are:

- a. Open the new Sierra Family Health Center in Spring 2012 with funding support from a Carson City Community Support Services Grant for either an outside garden area, exam room furniture, or waiting room furniture.
- b. The Sierra Family Health Center will provide primary health care services to at least 6,000 patients in calendar year 2011 and 2012 at the current location and then at the new location beginning in Spring 2012.

The Sierra Family Health Center staff includes a Nurse Practice Manager, two Physicians, two Physician Assistants, five Front Office Clerks, seven Medical Assistants, and a Medical Records Clerk/Abstractor. The health center receives supervision from the Chiefs Team and Executive Team of Nevada Health Centers, Inc. which includes our Chief Medical Officer and Chief Operations Officer.

- 13. Indicate who will benefit from the use of these funds, and how they will benefit. If this is an ongoing event, please state how you intend to fund the program in future years.

NVHC's Sierra Family Health Center served 6,289 patients in 2010. A total of 41 percent of patients were uninsured in 2010. If uninsured patients are not eligible for Medicaid or Medicare, NVHC offers a sliding fee scale program that allows uninsured patients to access health care at our centers. Our sliding fees are based on federal poverty levels. NVHC also accepts most private insurance. The racial and ethnic composition of our patients reflect the local community; 24 percent of patients in 2010 were Hispanic.

- 14. Are you aware of any other private sector/nonprofit/governmental/agencies in the area providing the same services as your program/proposal? If yes, please explain how your project will compliment other existing programs?

The Friends in Service Helping (FISH) agency operates the Ross Medical Clinic, a free medical clinic, in Carson City that serves approximately 1,235 patients per year. The FISH Clinic is open by appointment only whereas NVHC's Sierra Family Health Center is open Monday-Friday. Most of the Ross Medical Clinic patients are very low-income individuals and we frequently refer patients who cannot afford our sliding fee program to the FISH clinic. Our staff have maintained a good collaborating relationship with FISH over the years.

- 15. Please include a detailed budget for this program/event, and detailed list of intended expenditures and revenues.

Please see the attached budget for the new Sierra health center construction project which includes a list of intended expenditures and revenues.

- 16. Has your organization been funded by Carson City previously? Yes No
If yes, please list:

<u>Year</u>	<u>Amount</u>	<u>Program/Event</u>
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Required Attachments:

- X A copy of your 501(c)3 Designation Letter from the IRS. For branches of a larger organization (i.e., local troop of Boy Scouts of America), please provide the letter for your umbrella organization.
- X A copy of your most recent audited financial statement. For smaller organizations, or branches, a more simple budget showing income and expenses is acceptable. Also include an IRS form 990.
- X **Previous Grantees: If your organization received grant funding in Fiscal Year 2010-2011 you must complete and submit an Annual Report form detailing how those funds were spent. Applications for former grantees will not be considered if an Annual Report has not been included.**
- X Signed Guidelines for Grants (please keep a copy for your files).

Sierra Family Health Center and Carson City Administrative Offices Construction Project				
Line Item	Federal HRSA Facilities Improvement Program (FIP) Grant	Carson City Community Support Grant Request	NVHC	TOTAL
Administrative and Legal Expenses	110,000			110,000
Land, structures, right-of-way, appraisals, etc.			1,312,000	1,312,000
Relocation expenses and payments	150,000			150,000
Architectural and engineering fees	240,000			240,000
Other architectural and engineering fees				-
Project inspection fees	75,000			75,000
Site Work and Landscaping	720,000			720,000
Demolition and removal				-
Construction	3,168,779			3,168,779
Furniture and Equipment	168,714	22,500		191,214
Miscellaneous	150,000			150,000
SUBTOTAL	4,782,493			4,782,493
Grant Administration (10% of direct costs)		2,500		2,500
Contingencies	361,378			361,378
TOTAL PROJECT COSTS	5,143,871	25,000	1,312,000	6,480,871

Nevada Health Centers, Inc.
Board of Directors Roster
 2011 - 2012

Name	Position	Community	Term	Committee	Profession
Steve Comer	Chair	At Large	11/07 – present	Executive	Retired Businessman
Marianne Bloom	Vice Chair	Jackpot	4/05 – present	Planning/Executive	Small Business Owner
Mark Esquivel	Secretary	Gerlach	6/08 – present	Personnel	Bartender & Retired Drilling Ops. Manager
Bill Gordon	Treasurer	Incline Village	6/08 – present	Finance/Executive	Retired Hospital Administrator
Fran Courtney		At Large	8/01 – present	Planning	Retired Nurse
Marena L. Works		Carson City	4/02 – present	Personnel	Nursing Public Health Nurse
John Carpenter		Elko	4/07 – present	No Committee/TBD	Politics
Mike Sharkozy		Crescent Valley	7/08- present	Finance	Retired Businessman
Jared Carter		Wendover	6/09 – present	Finance Committee	Restaurant Manager for the Peppermill
Joannie Jarvis		Beatty	10/09- present	Personnel Committee	U.S. Ecology
Pat Waits		Austin	1/10 - present	QA-RA Committee	Retired Insurance Business

Internal Revenue Service

Date: February 24, 2004

Nevada Health Centers, Inc.
1802 N. Carson St. Ste. 100
Carson City, NV 89701-1227

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Brenda Fox 31-07209
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 8:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
94-3199117

Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on July 9, 2001. We have updated our records to reflect the name change as indicated above.

In July 1994 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Nevada Health Centers, Inc.
94-3199117

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

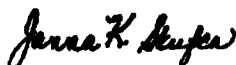
Section 6104 of the Internal Revenue Code requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. The law also requires organizations that received recognition of exemption on July 15, 1987, or later, to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. Organizations that received recognition of exemption before July 15, 1987, and had a copy of their exemption application on July 15, 1987, are also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. For additional information on disclosure requirements, please refer to Internal Revenue Bulletin 1999 - 17.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



Janna K. Skufca, Acting Director, TE/GE
Customer Account Services

NEVADA HEALTH CENTERS, INC.

Carson City, Nevada

SINGLE AUDIT REPORT

May 31, 2009

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May 31, 2009

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Nevada Health Centers, Inc.
Carson City, Nevada

We have audited the accompanying statement of financial position of Nevada Health Centers, Inc. (the Organization), a nonprofit organization, as of May 31, 2009, and the related statements of activities, functional expenses, and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and the significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of May 31, 2009, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued a report dated July 31, 2009, on our consideration of the Organization's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance, and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

Our audit was performed for the purpose of forming an opinion on the basic financial statements of the Organization taken as a whole. The accompanying financial information listed as supplemental information in the table of contents is presented for purposes of additional analysis and is not a required part of the basic financial statements. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Matson and Isom

July 31, 2009

matson and isom

Founded in 1962 by
Robert M. Matson
and W. Howard Isom

Chico
3013 Ceres Avenue
P.O. Box 1638
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Fax (530) 893-6689

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292 Hemsted Drive, Suite 100
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Redding, CA 96099-1891
Phone (530) 244-4980
Fax (530) 244-4983

Colusa
108 Seventh Street
Colusa, CA 95932
Phone (530) 458-8236
Fax (530) 458-2938

www.matson-isom.com

FINANCIAL SECTION

STATEMENT OF FINANCIAL POSITION*Nevada Health Centers, Inc.*

May 31, 2009

ASSETS**CURRENT ASSETS**

Patient accounts receivable - less estimated uncollectible accounts of \$1,989,331	\$ 3,388,869
Grants and contracts receivable	450,337
Other receivables	136,287
Inventories	311,041
Prepaid expenses	104,513
Total Current Assets	4,391,047

PROPERTY AND EQUIPMENT - NET 6,273,925

DEPOSITS 69,839

Total Assets **\$ 10,734,811**

LIABILITIES AND NET ASSETS**CURRENT LIABILITIES**

Cash overdraft	\$ 590,214
Line of credit payable	184,010
Current portion of capital lease obligations	184,457
Current portion of note payable	19,310
Accounts payable - trade	1,947,674
Accrued liabilities:	
Payroll and payroll taxes	312,054
Vacation	604,409
Benefit contribution	524,989
Other	100,659

Total Current Liabilities **4,467,776**

NONCURRENT LIABILITIES

Capital lease obligations, net of current maturities	380,158
Note payable, net of current maturities	589,502

Total Noncurrent Liabilities **969,660**

Total Liabilities **5,437,436**

NET ASSETS

Unrestricted	4,384,713
Temporarily restricted	912,662

Total Net Assets **5,297,375**

Total Liabilities and Net Assets **\$ 10,734,811**

The accompanying notes are an integral part of these financial statements.

STATEMENT OF ACTIVITIES
Nevada Health Centers, Inc.

Year Ended May 31, 2009	Unrestricted	Temporarily Restricted	Total
SUPPORT AND REVENUE			
SUPPORT			
Grants and contracts	\$ 13,261,583	\$ -	\$ 13,261,583
Contributions	511,458	1,247,193	1,758,651
Total Support	13,773,041	1,247,193	15,020,234
REVENUE			
Net patient service revenue	11,602,629	-	11,602,629
Interest income	1,412	-	1,412
Other	98,391	-	98,391
Total Revenue	11,702,432	-	11,702,432
Net assets released from restrictions	1,281,593	(1,281,593)	-
Total Support and Revenue	26,757,066	(34,400)	26,722,666
FUNCTIONAL EXPENSES			
Program services	24,739,145	-	24,739,145
General and administrative	2,437,228	-	2,437,228
Total Functional Expenses	27,176,373	-	27,176,373
Change in Net Assets	(419,307)	(34,400)	(453,707)
Net Assets - Beginning of Year	4,804,020	947,062	5,751,082
Net Assets - End of Year	\$ 4,384,713	\$ 912,662	\$ 5,297,375

The accompanying notes are an integral part of these financial statements.

STATEMENT OF FUNCTIONAL EXPENSES
Nevada Health Centers, Inc.

Year Ended May 31, 2009	Services	Administrative	Total Expenses
Salaries and wages	\$ 13,247,976	\$ 2,392,629	\$ 15,640,605
Employee benefits	2,557,885	867,366	3,425,251
Contract services	863,105	28,985	892,090
Medical supplies	353,725	465	354,190
Medical record supplies	21,018	-	21,018
Dental supplies	164,382	-	164,382
Pharmaceuticals	459,230	-	459,230
Lab and x-ray supplies	32,540	-	32,540
Office and other supplies	172,643	79,056	251,699
Small equipment	18,876	-	18,876
Travel	145,867	30	145,897
Conference	257,291	171,630	428,921
Continuing education	52,787	17,612	70,399
Board expense	-	19,843	19,843
Fees	947,467	119,025	1,066,492
Printing	37,329	7,779	45,108
Marketing	54,572	12,109	66,681
Recruiting	63,446	29,542	92,988
Repairs and maintenance	230,517	37,308	267,825
Janitorial services	130,185	11,945	142,130
Rent	1,096,039	228,625	1,324,664
Depreciation	487,104	221,959	709,063
Postage	26,872	110,068	136,940
Dues, memberships, and subscriptions	20,603	27,757	48,360
Books and manuals	1,514	433	1,947
Utilities and disposal	250,551	12,225	262,776
Telephone	112,278	92,456	204,734
Telephone circuits	78,069	212,890	290,959
Software and hardware maintenance	70,830	138,629	209,459
Software and hardware expense	6,198	39,920	46,118
Insurance	25,789	18,649	44,438
Tax and license	88,155	1,606	89,761
Interest and finance charges	73,924	102,435	176,359
Administrative expense allocation	2,582,282	(2,582,282)	-
Miscellaneous	8,096	16,534	24,630
Total	\$ 24,739,145	\$ 2,437,228	\$ 27,176,373

The accompanying notes are an integral part of these financial statements.

STATEMENT OF CASH FLOWS*Nevada Health Centers, Inc.*

Year Ended May 31, 2009

CASH FLOWS FROM OPERATING ACTIVITIES

Change in net assets	\$ (453,707)
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Gain on disposal of asset	4,901
Depreciation	709,063
Changes in:	
Patient accounts receivable	(732,972)
Grants and contracts receivable	748,387
Other receivables	(93,058)
Inventories	(19,726)
Prepaid expenses	(53,564)
Deposits	(22,362)
Accounts payable - trade	730,907
Refundable advances	(417,892)
Accrued liabilities	236,422
Net Cash Provided by Operating Activities	636,399

CASH FLOWS FROM INVESTING ACTIVITIES

Acquisition of property and equipment	(744,029)
Collections on notes receivable	13,592
Notes issued	(2,500)
Net Cash Used by Investing Activities	(732,937)

CASH FLOWS FROM FINANCING ACTIVITIES

Increase in cash overdraft	280,812
Proceeds from line of credit borrowings	150,000
Payments of note payable	(17,394)
Payments on capital lease obligations	(316,880)
Net Cash Provided by Financing Activities	96,538

Net Change in Cash

-

Cash - Beginning of Year

-

Cash - End of Year

\$ -

SUPPLEMENTAL DISCLOSURES OF CASH FLOWS INFORMATION

Cash Paid for Interest	\$ 82,472
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The accompanying notes are an integral part of these financial statements.

May 31, 2009

1. NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities Nevada Health Centers, Inc. (the Organization), is a nonprofit corporation that operates health clinics in Amargosa Valley, Beatty, Carson City, Eureka, Austin, Gerlach, Incline Village, Carlin, Crescent Valley, Las Vegas, Wendover, Elko, and Jackpot, Nevada. The health care system developed and implemented by the Organization emphasizes preventive health care and medical services responsive to the needs of the local areas it serves. Community outreach, in-service training, and health education complement primary medical care to ensure the availability and appropriate utilization of health care resources by local residents. The system has established linkages with secondary and tertiary facilities and federal, state, and local health agencies to provide comprehensive health services. The Organization also operates the Mammovan for the State of Nevada. Additionally, the Organization operates two mobile dental vans, one specifically for children, throughout Nevada. The Organization receives governmental contracts and grants.

Basis of Presentation The Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. The Organization had no permanently restricted net assets on May 31, 2009.

Use of Estimates The preparation of financial statements in conformity with generally accepted accounting principles requires the use of estimates that affect the financial statements. Accordingly, actual results may differ from estimated amounts.

Cash and Cash Equivalents The Organization considers all unrestricted highly liquid investments with an initial maturity of three months or less, such as money market and savings accounts, to be "cash equivalents." The Organization maintains its cash balances in one financial institution, and at times such balances may be in excess of the Federal Deposit Insurance Corporation limit.

Inventories Inventories consist primarily of pharmaceuticals and medical supplies. Inventories are stated at the lower of cost or market. Cost is determined on the first-in, first-out method.

Equipment Equipment is stated at cost. Depreciation is provided using the straight-line method over the estimated useful lives of the assets. When assets are retired or otherwise disposed of, the cost and related accumulated depreciation are removed from the accounts and any resulting gain or loss is recognized in income for the period. The cost of maintenance and repairs is charged to income as incurred; significant renewals and betterments costing over \$1,000, are capitalized. The Organization will be required to return the Ronald McDonald dental van, valued at \$323,233, that was donated during the year ended May 31, 2005, should the Organization decide to discontinue its dental service to children.

Restricted and Unrestricted Revenue and Support Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions.

Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in temporarily or permanently restricted net assets depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Net Patient Service Revenues Net patient service revenues are reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Fair Value of Financial Instruments Unless otherwise indicated, the fair values of all reported assets and liabilities, which represent financial instruments, approximate the carrying values of such amounts.

Income Taxes The Organization is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code.

Donated Facilities The Organization operates its clinics in buildings owned by the various counties in which the clinics are located. The Organization pays no rent under operating agreements with the various counties. The counties also provide utilities and building repairs at no cost. The landlords have estimated the approximate fair value of the annual rentals, repairs, and utilities to be \$489,465.

2. NET PATIENT SERVICE REVENUE

The Organization has agreements with third-party payers that provide for payments to the Organization at amounts different from its established rates. A summary of the payment arrangements with major third-party payers follows.

Medicare Services are paid at prospectively determined rates per visit based on past cost experience with final settlement determined after submission of annual cost reports and audits thereof by the Medicare fiscal intermediary. The Organization's Medicare cost reports have been audited by the fiscal intermediary through May 31, 2007, and the audit for fiscal year May 31, 2008, is currently in progress.

Medicaid Services are paid at prospectively determined rates per visit based on past cost experience.

Revenue from Medicare and Medicaid accounted for approximately 7.9% and 20.3%, respectively, of the Organization's patient revenue for the year ended May 31, 2009. Laws and regulations governing Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Net patient revenue was not materially changed as a result of final settlements received.

NOTES TO THE FINANCIAL STATEMENTS
May 31, 2009

Nevada Health Centers, Inc.

Other Agreements The Organization has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payments to the Organization under these agreements includes discounts from established rates.

3. PROPERTY AND EQUIPMENT

Property and equipment consist of the following at May 31, 2009:

Equipment	\$ 5,043,168
Building and improvements	3,570,843
Leasehold improvements	453,213
Subtotal	9,067,224
Less: Accumulated depreciation	2,793,299
Equipment and Leasehold Improvements - Net	\$ 6,273,925

Depreciation expense for the year ended May 31, 2009, was \$709,063.

4. REFUNDABLE ADVANCES

The Organization records restricted grant/contract awards as refundable advances until the funds are expended for the purpose of the grant/contract, at which time they become unconditional and are recognized as revenue. The activity in the refundable advance account is reported as follows:

Refundable advances - beginning of year	\$ 417,892
Grant/contract awards received	12,843,691
Grant/contract expenditures	(13,261,583)
Refundable Advances - End of Year	\$ -

5. LEASES

Capital Leases

The Organization leases pharmaceutical equipment and computer hardware and software under capital leases expiring in 2010. Depreciation of the equipment under capital leases is included in depreciation expense. The cost and accumulated depreciation associated with the equipment under capital leases May 31, 2009, was \$1,665,580 and \$812,341, respectively.

The following is a schedule by year of future minimum payments required under the leases with their present value as of May 31, 2009:

2010	\$ 224,659
2011	133,128
2012	133,127
2013	113,022
2014	65,498
Subtotal	669,434
Less: Amount representing interest	104,819
Present Value of Net Minimum Lease Payments	564,615
Less: Current maturities	184,457
Obligations Under Capital Leases - Net	\$ 380,158

Operating Leases

The Organization leases equipment and office space under operating leases that expire through 2013. Rent expense for 2009 amounted to \$1,324,664. Minimum future rental payments under the noncancelable operating leases are as follows:

2010	\$ 736,210
2011	\$ 731,227
2012	\$ 658,450
2013	\$ 123,385
2014	\$ 9,490

NOTES TO THE FINANCIAL STATEMENTS
 May 31, 2009

Nevada Health Centers, Inc.

6. NOTE PAYABLE

The note payable consists of the following as of May 31, 2009:

Note payable to Bank of America in monthly installments of \$4,977, including interest at 6.75% per annum. The note is secured by the Eastern Building.	\$ 608,812
Less: Current maturities	19,310
Note Payable - Net	\$ 589,502

Future maturities of the note payable for the next five years are as follows:

2010	\$ 19,310
2011	\$ 20,655
2012	\$ 22,093
2013	\$ 23,631
2014	\$ 25,277

7. LINES OF CREDIT

The Organization has a line of credit with Bank of America in the amount of \$50,000. Borrowings under the line of credit bear interest at the *Wall Street Journal* prime rate plus 1.00% (effectively 4.25% at May 31, 2009). At May 31, 2009, the balance due on the line of credit was \$34,010.

Additionally, the Organization has a line of credit with Wells Fargo Bank in the amount of \$150,000. Borrowings under the line of credit bear interest at the prime rate plus 3.50% (effectively 6.75% at May 31, 2009). At May 31, 2009, the balance due on the line of credit was \$150,000.

8. TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets are available for the following purposes:

Mammovan funding - purpose restriction	\$ 224,749
Dental equipment - purpose restriction	687,913
Total Temporarily Restricted Net Assets	\$ 912,662

9. BENEFIT PLAN

The Organization has a defined contribution benefit plan that covers all full-time employees who have worked over 1,000 hours as of the plan's year end. The Organization contributes 4% of the employees' qualified compensation and matches any employee's 403(b) salary deferral elections up to 3%. The Organization contributed \$429,539 for the year ended May 31, 2009.

10. COMMITMENTS AND CONTINGENCIES

Employment Agreements The Organization entered into employment agreements with 30 doctors, physician assistants, and nurse practitioners through December 2012. The Organization will provide annual salaries ranging from \$34,615 to \$230,000 accordingly. The agreements contain provisions for termination with and without cause. At May 31, 2009, the total commitment was \$6,193,093.

Litigation The Organization is the defendant in a lawsuit filed by a lessor alleging breach of contract for a facility in Las Vegas. On March 15, 2004, the Organization notified the lessor of its intention to vacate the facility due to maintenance issues with the facility that were not corrected by the lessor. The lawsuit alleges unpaid rent of \$84,468 and interest of \$12,737. Additionally, the lawsuit alleges the Organization defaulted on a promissory note in the amount of \$10,482 and unpaid interest of \$1,544. Furthermore, the lawsuit requests attorneys' fees in the amount of \$31,333.

The statute of limitations has passed on this lawsuit, and the Organization reversed the liability accrual of \$62,000 as of May 31, 2009. The Organization is currently in discussions with attorneys about dismissing this lawsuit.

The Organization is also the defendant in a lawsuit filed by a lessor for alleged breach of contract for a Women, Infants and Children (WIC) clinic facility in Las Vegas. The lease was entered into on April 25, 2007, and was intended to run through April 2012. In January 2008, the Organization was notified that the premises rented did not have the proper permit to operate a WIC clinic, and the Organization ceased operations and payments to the lessor in July 2008. The lawsuit alleges unpaid rent in excess of \$10,000 in addition to attorney fees. The Organization believes the lawsuit is without merit and has filed a counterclaim against the lessor for \$10,000 for the lessor's failure to deliver on the contract.

SUPPLEMENTAL INFORMATION SECTION

**SCHEDULE OF EXPENDITURES
OF FEDERAL AWARDS**
Year Ended May 31, 2009

Nevada Health Centers, Inc.

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Federal Expenditures
FEDERAL PROGRAMS			
U.S. DEPARTMENT OF AGRICULTURE			
Passed Through Nevada Department of Human Resources			
Special supplemental nutrition program for women, infants, and children (WIC)	10.557	HD-1352 HD-1427	\$ 2,830,561
Special supplemental nutrition program for women, infants, and children (WIC)	10.557	HD-1352 HD-1427	5,990
Total U.S. Department of Agriculture			<u>2,836,551</u>
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT			
Passed Through City of Las Vegas			
Community development block grant	14.218	N/A	144,146
Passed Through City of North Las Vegas			
Community development block grant	14.218	N/A	60,551
Passed Through City of North Las Vegas			
Community development block grant	14.218	N/A	31,966
Total U.S. Department of Housing and Urban Development			<u>236,663</u>
SOCIAL SECURITY ADMINISTRATION			
Passed Through Clark County Department of Social Services			
Social Security - research and development	96.007	N/A	109,412
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
Health Centers Cluster			
Consolidated health centers	93.224	N/A	7,087,219
ARRA - health centers integrated services development initiative	93.703	N/A	97,728
Total Health Centers Cluster			<u>7,184,947</u>
Passed Through Washoe County Health District			
Family planning - services	93.217	0506-011	31,626
Passed Through Nevada Department of Health and Human Services			
Disease control and prevention	93.283	HD 1020-1	38,978
Family planning - services	93.217	HD 1020-1	24,402
Maternal and child health services block grant	93.558	HD 1020-1	10,458
Total U.S. Department of Health and Human Services			<u>7,290,411</u>
Total Expenditures of Federal Awards			<u>\$ 10,473,037</u>

The accompanying notes are an integral part of these financial statements.

**SCHEDULE OF REVENUES AND EXPENSES –
CHILD HAVEN**

Nevada Health Centers, Inc.

Year Ended May 31, 2009

REVENUE

Net patient service revenue \$ 451,797

EXPENSES

Salaries and wages	242,413
Employee benefits	52,828
Contract services	45
Administrative support	44,130
Medical supplies	13,174
Marketing	909
Office and other supplies	1,728
Pharmaceuticals	718
Provider travel	750
Conference	841
Continuing education	1,413
Recruiting	199
Providers licensing fees	135
Dues and subscriptions	1,084
Telephone	2,774
Repairs and maintenance	1,559
Miscellaneous expenses	3,794
Depreciation	<u>5,081</u>

Total Expenses 373,575

Change in Net Assets \$ 78,222

The accompanying notes are an integral part of these financial statements.

**NOTE TO THE SUPPLEMENTAL
INFORMATION**

Year Ended May 31, 2009

Nevada Health Centers, Inc.

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

The accompanying schedule of expenditures of federal awards includes the federal grant activity of Nevada Health Centers, Inc. and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.

OTHER REPORTS SECTION



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**INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN
ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

To the Board of Directors
Nevada Health Centers, Inc.
Carson City, Nevada

We have audited the financial statements of the Nevada Health Centers, Inc. (the Organization), a nonprofit organization, as of and for the year ended May 31, 2009, and have issued our report thereon dated July 31, 2009. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Organization's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over financial reporting.

A control deficiency exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects an organization's ability to initiate, authorize, record, process, or report financial data reliably in accordance with generally accepted accounting principles, such that there is more than a remote likelihood that a misstatement of the Organization's financial statements that is more than inconsequential will not be prevented or detected by the Organization's internal control.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the financial statements will not be prevented or detected by the Organization's internal control.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

**INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN
ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

Continued

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit; and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

This report is intended solely for the information and use of the Board of Directors, management, others within Nevada Health Centers, Inc., and federal awarding agencies, and is not intended to be and should not be used by anyone other than these specified parties.

Matson and Isom

July 31, 2009



matson and isom

Founded in 1962 by
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INDEPENDENT AUDITORS' REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM AND INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133

To the Board of Directors
Nevada Health Centers, Inc.
Carson City, Nevada

Compliance

We have audited the compliance of Nevada Health Centers, Inc. (the Organization), a nonprofit organization, with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) *Circular A-133 Compliance Supplement* that are applicable to each of its major federal programs for the year ended May 31, 2009. The Organization's major federal programs are identified in the summary of audit results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts, and grants applicable to each of its major federal programs is the responsibility of the Organization's management. Our responsibility is to express an opinion on the Organization's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance occurred with the types of compliance requirements referred to above, which could have a direct and material effect on a major federal program. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination of the Organization's compliance with those requirements.

In our opinion, the Organization complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the year ended May 31, 2009.

Internal Control Over Compliance

The management of the Organization is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations, contracts, and grants applicable to federal programs. In planning and performing our audit, we considered the Organization's internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over compliance.

**INDEPENDENT AUDITORS' REPORT ON COMPLIANCE WITH
REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM
AND INTERNAL CONTROL OVER COMPLIANCE IN
ACCORDANCE WITH OMB CIRCULAR A-133**

Continued

A control deficiency in an entity's internal control over compliance exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect noncompliance with a type of compliance requirement of a federal program on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the entity's ability to administer a federal program such that there is more than a remote likelihood that noncompliance with a type of compliance requirement of a federal program that is more than inconsequential will not be prevented or detected by the entity's internal control.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that material noncompliance with a type of compliance requirement of a federal program will not be prevented or detected by the entity's internal control.

Our consideration of the internal control over compliance was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

This report is intended solely for the information and use of the Board of Directors, management, others within the Organization, and federal awarding agencies, and is not intended to be and should not be used by anyone other than these specified parties.

Matson and Isom

July 31, 2009

FINDINGS AND QUESTIONED COSTS SECTION

**SCHEDULE OF FINDINGS AND
QUESTIONED COSTS**

Nevada Health Centers, Inc.

May 31, 2009

A. SUMMARY OF AUDIT RESULTS

1. The auditors' report expresses an unqualified opinion on the financial statements of Nevada Health Centers, Inc.
2. No significant deficiencies relating to the audit of the financial statements are reported in the Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards*.
3. No instances of noncompliance material to the financial statements of Nevada Health Centers, Inc., were disclosed during the audit.
4. No significant deficiencies relating to the audit of the major federal award programs are reported in the Independent Auditors' Report on Compliance With Requirements Applicable to Each Major Program and Internal Control Over Compliance in Accordance with OMB Circular A-133.
5. The auditors' report on compliance with the major federal award program for Nevada Health Centers, Inc., expresses an unqualified opinion.
6. No audit findings relative to the major federal award program for Nevada Health Centers, Inc., were disclosed during the audit.
7. The program tested as a major program included:

Health Centers Cluster:	
Consolidated health centers	CFDA 93.224
ARRA –Health centers integrated services development initiative	CFDA 93.703
8. The threshold for distinguishing Types A and B programs was \$314,191.
9. Nevada Health Centers, Inc., was determined to be a low-risk auditee.

**SCHEDULE OF FINDINGS AND
QUESTIONED COSTS**
May 31, 2009

Nevada Health Centers, Inc.

B. FINDINGS

None.

**C. FINDINGS AND QUESTIONED COSTS
MAJOR FEDERAL AWARD PROGRAMS AUDIT**

None.

CORRECTIVE ACTION PLAN
May 31, 2009

Nevada Health Centers, Inc.

Not applicable. There are no current-year findings related to federal awards.

**SUMMARY SCHEDULE OF
PRIOR AUDIT FINDINGS**
May 31, 2009

Nevada Health Centers, Inc.

FINDINGS

None.

**FINDINGS AND QUESTIONED COSTS
MAJOR FEDERAL AWARD PROGRAMS AUDIT**

None.

NOTICE

GuideStar has been informed of an IRS processing error on electronically filed Forms 990 between January 1, 2009 and December 3, 2010 for filing year 2008. These processing errors have resulted in inaccurate data appearing on the scanned images of these tax returns and do not reflect the information filed with the IRS.

These errors include:

1. Organization's mission description (Part III, line 1) and the description of program achievements (Part III, line 4a) may not reflect what was originally submitted by the nonprofit organization
2. Gross Income for Special Events value transposed
 - o Part VIII - The value in Line 8a may not be accurate
3. Other Salaries and Wages, Management and General Expenses is not reported
 - o Part IX - Line 7c might show a blank where a value was originally reported
4. Endowments Funds, Possession by Related Organizations checkbox transposed
 - o Schedule D, Part V - Line 3a (ii) checkbox values may be transposed

GuideStar is working with the IRS and reaching out directly to this organization to obtain a true and accurate copy of the 2008 Form 990. GuideStar will replace this Form 990 when the accurate return is made available.

Please direct any questions to nposervices@guidestar.org.

Form 990
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2008
Open to Public Inspection

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

Header section A-K containing organization details: Name (Nevada Health Centers Inc), EIN (94-3199117), address (1802 North Carson Street No 100), officer (Thomas Chase), and tax-exempt status (501(c)(3)).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement; 2-7a. Governance and revenue summary; 8-12. Revenue breakdown; 13-19. Expenses breakdown; 20-22. Net assets or fund balances.

Part II Signature Block

Signature block containing: Declaration of preparer, signature of officer (Thomas Chase), preparer's signature (Manlyn Everett), and firm information (MATSON AND ISOM).

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

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

1 Briefly describe the organization's mission
TO PROVIDE ACCESS TO QUALITY HEALTH CARE SERVICES THROUGHOUT NEVADA

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 (4) organizations and 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 \$ 24,261,785 including grants of \$) (Revenue \$)
OPERATED 31 HEALTH CLINICS IN NEVADA EMPHASIZING PREVENTATIVE HEALTH CARE & MEDICAL SERVICES RESPONSIVE TO THE NEEDS OF THE LOCAL AREA SERVED OPERATED MAMMOVAN & TWO MOBILE DENTAL VANS, ONE SPECIFICALLY FOR CHILDREN

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

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 24,261,785 Must equal Part IX, Line 25, column (B).

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 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? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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? If "Yes," complete Schedule D, Part IV
- 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
- 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII
- 13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the U S ?
- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I
- 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? If "Yes," complete Schedule F, Part II
- 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? If "Yes," complete Schedule F, Part III
- 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I
- 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H
- 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II
- 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III
- 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J
- 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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25
- b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
- d 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? If "Yes," complete Schedule L, Part I
- b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II
- 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8		No
9		No
10		No
11	Yes	
12	Yes	
13		No
14a		No
b		No
15		No
16		No
17		No
18		No
19		No
20		No
21		No
22		No
23	Yes	
24a		No
24b		
24c		
24d		
25a		No
b		No
26		No
27		No

Part IV Checklist of Required Schedules (Continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		No
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
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>		No
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>		No
36 501(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>		No
37 Did the organization conduct more than 5 percent 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>		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 30		
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?		No
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 475		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
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)?		No
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, <i>Report of Foreign Bank and Financial Accounts</i> .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
6a	Did the organization solicit any contributions that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?		No
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?		No
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?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		No
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
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	<i>Section 501(c)(7) organizations.</i> 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	<i>Section 501(c)(12) organizations</i> 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	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
	1a		14
b	Enter the number of voting members that are independent		
	1b		14
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?		No
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?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	the governing body?	Yes	
b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
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?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	Yes	
11	Is there any officer, director or 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		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?		No
14	Does the organization have a written document retention and destruction policy?	Yes	
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		
a	The organization's CEO, Executive Director, or top management official?	Yes	
b	Other officers or key employees of the organization?	Yes	
	Describe the process in Schedule O		
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?		No
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 _____
- 18 Section 6104 requires an organization to make its Form 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. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 Jim Merrill
 1802 North Carson Street No 100
 Carson City, NV 89701
 (775) 887-1590

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 Use Schedule J-2 if additional space is needed

* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* 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, or 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 officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			

Additional Data

Software ID:
Software Version:
EIN: 94-3199117
Name: Nevada Health Centers Inc

Form 990, Part VII - Section Aaa

(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			
Steve Comer , Board of Directors - Cha	2 00	X					0	0	0	
Marianne Bloom , Board of Directors - Vic	2 00	X					0	0	0	
Mark Esquivel , Board of Directors - Sec	2 00	X					0	0	0	
Bill Gordon , Board of Directors - Tre	2 00	X					0	0	0	
Chuck Austin , Board of Directors - Mem	2 00	X					0	0	0	
Gerald Ackerman , Board of Directors - Mem	2 00	X					0	0	0	
Fran Courtney , Board of Directors - Mem	2 00	X					0	0	0	
Raquel Knechtq , Board of Directors - Mem	2 00	X					0	0	0	
Jeanette Cobb , Board of Directors - Mem	2 00	X					0	0	0	
David Miller , Board of Directors - Mem	2 00	X					0	0	0	
Mike Sharkozy , Board of Directors - Mem	2 00	X					0	0	0	
Shannon West , Board of Directors - Mem	2 00	X					0	0	0	
Keyth Durham , Board of Directors - Mem	2 00	X					0	0	0	
Julia Ray , Board of Directors - Mem	2 00	X					0	0	0	
Thomas G Chase , Chief Executive Officer	40 00			X			141,346	0	0	
Carl Heard MD , Chief Medical Officer	40 00			X			180,500	0	12,218	
Michelle Agnew , Chief Operations Officer	40 00			X			113,988	0	4,340	
Gary E Gifford , Interim Chief Financial	40 00			X			83,445	0	3,224	
Shirley Hampton , Director of Development	40 00			X			91,320	0	6,392	
Jose R Duncan MD , Physician	40 00				X		315,179	0	6,375	
Glenn R Waite MD , Physician	40 00				X		307,087	0	3,839	
Frank Anderson DO , Physician	40 00				X		306,870	0	15,696	
Dama Ziwoitin MD , Physician	40 00				X		287,730	0	1,328	
Rueben A Adegoke MD , Physician	40 00				X		225,350	0	0	

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
1b Total							2,052,815	0	53,412	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **33**

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

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
DONALD MERUTKA MD 66 MOONLIGHT VILLAGE LANE HENDERSON, NV 89012	LOCUMS(MEDICAL PROVIDER SERVICES)	162,159

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **1**

Part VIII Statement of Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e 7,497,460					
	f All other contributions, gifts, grants, and similar amounts not included above 1f 1,269,186					
	g Noncash contributions included in lines 1a-1f \$					
	h Total (Add lines 1a-1f) 1h 8,766,646					
Program Service Revenue	2a CLINIC REVENUES 2a Business Code 621,400 11,602,629 11,602,629					
	b CONTRACT REVENUE 2b Business Code 621,400 5,764,123 5,764,123					
	c _____					
	d _____					
	e _____					
	f All other program service revenue 2f					
	g Total. Add lines 2a-2f 2g \$ 17,366,752					
	Other Revenue	3 Investment income (including dividends, interest other similar amounts) 3 1,412 1,412				
4 Income from investment of tax-exempt bond proceeds 4						
5 Royalties 5						
6a Gross Rents 6a (i) Real (ii) Personal						
b Less rental expenses 6b						
c Rental income or (loss) 6c						
d Net rental income or (loss) 6d						
7a Gross amount from sales of assets other than inventory 7a (i) Securities (ii) Other						
b Less cost or other basis and sales expenses 7b						
c Gain or (loss) 7c						
d Net gain or (loss) 7d						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 8a						
b Less direct expenses 8b						
c Net income or (loss) from fundraising events 8c						
9a Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 9a						
b Less direct expenses 9b						
c Net income or (loss) from gaming activities 9c						
10a Gross sales of inventory, less returns and allowances 10a						
b Less cost of goods sold 10b						
c Net income or (loss) from sales of inventory 10c						
Miscellaneous Revenue Business Code						
11a SERVICES 11a Business Code 624,100 36,391 36,391						
b _____						
c _____						
d All other revenue 11d						
e Total. Add lines 11a-11d 11e \$ 36,391						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 12 26,171,201 17,403,143 0 1,412						

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	636,773		636,773	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	15,030,006	13,247,976		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	403,365	320,768	82,597	
9	Other employee benefits	2,995,712	2,237,117	758,595	
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	892,090	863,105	28,985	
12	Advertising and promotion	66,681	54,572	12,109	
13	Office expenses	1,979,676	1,476,962	502,714	
14	Information technology	255,577	77,028	178,549	
15	Royalties				
16	Occupancy	1,507,930	1,291,932	215,998	
17	Travel	145,897	145,867	30	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	521,110	311,592	209,518	
20	Interest	176,359	73,924	102,435	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	709,063	487,104	221,959	
23	Insurance	44,438	25,789	18,649	
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	FEES/dues/memberships/s	1,052,852	906,070	146,782	
b	RECRUITING	92,988	63,446	29,542	
c	TAX AND LICENSE	89,761	88,155	1,606	
d	MISCELLANEOUS	24,630	8,096	16,534	
e	ADMINISTRATIVE EXPENSE	0	2,582,282	-2,582,282	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	26,624,908	24,261,785	2,363,123	0
26	Joint Costs. Check <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)		(B)		
		Beginning of year		End of year		
Assets	1	Cash—non-interest-bearing		1		
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	1,198,724	3	450,337	
	4	Accounts receivable, net	2,655,697	4	3,388,869	
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6		
	7	Notes and loans receivable, net	54,321	7	136,287	
	8	Inventories for sale or use	291,315	8	311,041	
	9	Prepaid expenses and deferred charges	50,949	9	104,513	
	10a	Land, buildings, and equipment cost basis	10a 9,067,224			
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b 2,793,299	5,744,797	10c 6,273,925	
	11	Investments—publicly traded securities		11		
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12		
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13		
	14	Intangible assets		14		
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	47,477	15	69,839		
16	Total assets. Add lines 1 through 15 (must equal line 34)	10,043,480	16	10,734,811		
Liabilities	17	Accounts payable and accrued expenses	1,216,767	17	1,947,674	
	18	Grants payable		18		
	19	Deferred revenue	417,892	19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>		21		
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22		
	23	Secured mortgages and notes payable to unrelated third parties	626,206	23	608,812	
	24	Unsecured notes and loans payable		24		
	25	Other liabilities <i>Complete Part X of Schedule D</i>	2,031,533	25	2,880,950	
	26	Total liabilities. Add lines 17 through 25	4,292,398	26	5,437,438	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	4,804,020	27	4,384,713	
	28	Temporarily restricted net assets	947,062	28	912,662	
	29	Permanently restricted net assets		29		
	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	5,751,082	33	5,297,375		
34	Total liabilities and net assets/fund balances	10,043,480	34	10,734,811		

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes
c	If "Yes" to lines 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?	2c	Yes
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?	3a	Yes
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Nevada Health Centers Inc

Employer identification number 94-3199117

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

- 1 A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2 A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3 A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4 A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II)
6 A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)
8 A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
10 An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III - Functionally Integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

Table with 2 columns: Yes, No. Rows for 11g(i), 11g(ii), 11g(iii).

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the organizations the organization supports

Table with 7 columns: (i) Name of Supported Organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col (i) organized in the U S?, (vii) Amount of support?.

Part II Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,934,795	7,634,099	10,854,421	12,359,223	9,256,111	46,038,649
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3	5,934,795	7,634,099	10,854,421	12,359,223	9,256,111	46,038,649
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						659,062
6 Public Support subtract line 5 from line 4						45,379,587

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	5,934,795	404	10,854,421	12,359,223	9,256,111	46,038,649
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,069	404	17,371	51,081	1,412	71,337
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	478,809	199,463	109,216	113,036	36,391	936,915
11 Total Support (Add lines 7 through 10)						47,046,901
12 Gross receipts from related activities, etc (See instructions)					12	60,797,951
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	96.460 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	96.700 %
16a 33 1/3% Test - 2008. 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% Test - 2007. If the organization did not check the 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 checked="" type="checkbox"/>	
17a 10% Facts and Circumstances Test - 2008. 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 checked="" type="checkbox"/>	
b 10% Facts and Circumstances Test - 2007. 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 checked="" type="checkbox"/>	
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input checked="" type="checkbox"/>	

Part III Support Schedule for Organizations Described in IRC 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 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 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	

- 19a 33 1/3% Tests - 2008.** 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% Tests - 2007.** 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

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization Nevada Health Centers Inc	Employer identification number 94-3199117
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate Contributions to (during year)		
3 Aggregate Grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 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 Trust, 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 why in Part XIV and complete the following table
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or 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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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) Depreciation	(d) Book value
1a Land				
b Buildings	3,570,843		1,980,958	1,589,885
c Leasehold improvements	453,213			453,213
d Equipment	5,043,168		812,341	4,230,827
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				6,273,925

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) ▶	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
PAYROLL & PAYROLL TAXES PAYABLE	312,054
ACCRUED benefit CONTRIBUTION	524,989
ACCRUED VACATION	604,409
OBLIGATIONS UNDER CAPITAL LEASE	564,615
LINE OF CREDIT PAYABLE	184,010
Cash overdraft	590,214
OTHER LIABILITES	100,659
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	2,880,950

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	26,171,201
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	26,624,908
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-453,707
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-453,707

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	26,722,666
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	489,465
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	62,000
e	Add lines 2a through 2d	2e	551,465
3	Subtract line 2e from line 1	3	26,171,201
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	26,171,201

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

1	Total expenses and losses per audited financial statements	1	27,176,373
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	489,465
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	62,000
e	Add lines 2a through 2d	2e	551,465
3	Subtract line 2e from line 1	3	26,624,908
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	26,624,908

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 XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
		The statute of limitations passed on a lawsuit and the Organization reversed the liability accrual

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization
Nevada Health Centers Inc

Employer identification number

94-3199117

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.</p>	1b									
<p>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?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:</p> <p>a Receive a severance payment or change of control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p>	4c	No								
<p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> <p>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</p>										
<p>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:</p> <p>a The organization?</p>	5a	Yes								
<p>b Any related organization?</p> <p>If "Yes," to line 5a or 5b, describe in Part III.</p>	5b	No								
<p>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:</p> <p>a The organization?</p>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," to line 6a or 6b, describe in Part III.</p>	6b	No								
<p>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.</p>	7	No								
<p>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.</p>	8	No								

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) 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 compensation				
Carl Heard MD	(i)	180,500			12,218		192,718	
	(ii)							
Jose R Duncan MD	(i)	206,852	108,327		6,375		321,554	
	(ii)							
Glenn R Waite MD	(i)	166,904	140,183		3,839		310,926	
	(ii)							
Frank Anderson DO	(i)	224,224	82,646		15,696		322,566	
	(ii)							
Dama Ziworitin MD	(i)	230,200	57,530		1,328		289,058	
	(ii)							
Rueben A Adegoke MD	(i)	166,970	58,380				225,350	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Nevada Health Centers Inc

Employer identification number

94-3199117

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The 990 IS PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD FOR REVIEW AND AVAILABLE TO ALL BOARD OF DIRECTORS MEMBERS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		HR Director is responsible for ensuring that our organization adheres to our whistleblower policy and will report any investigation results to senior management for direction and appropriate follow up action

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		COMPENSATION LEVEL WAS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Our governing documents are not routinely made available to the public Any request for such documents would be considered on a case by case basis as approved by our senior management team

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT

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

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No 1545-0172
2008
 Attachment
 Sequence No 67

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

Name(s) shown on return Nevada Health Centers Inc	Business or activity to which this form relates Form 990 Page 10	Identifying number 94-3199117
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Part I Election To Expense Certain Property Under Section 179
 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 .▶	13	

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	709,063

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr	22	709,063
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

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

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

Section B—Information on Use of Vehicles

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

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
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 (see instructions).

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

Guidelines for Grants

Fiscal Year 2011-2012

Vision

A leader among cities as an inviting, prosperous community where people live, work and play!

Mission

Preserve and enhance the quality of life and heritage of Carson City for present and future generations of residents, workers and visitors.

City's Goals

A Safe and Secure Community

A Healthy Community

An Active and Engaged Community

A Clean and Healthy Environment

A Vibrant, Diverse and Sustainable Economy

A Community Rich in History, Culture and the Arts

A Community Dedicated to Excellence in Education

A Physically and Socially Connected Community

A Community Where Information is Available to All

1. The competitive grant review process seeks to identify and fund those projects and programs with the greatest potential for furthering the City's goals while benefitting the community.
2. Funding is provided on a year to year basis only. Funding is strictly limited by the availability of funds.
3. Upon approval by the Board of Supervisors of the request, the grant money will be included in the next succeeding year's budget and will be dispensed by the City Manager's Office without further hearing. However, the Board shall continue to retain the prerogative and authority to deny any payment, if in the opinion of the Board, the applicant is not making a "good faith" effort in meeting the obligations and commitments outlined by said applicant within the application process. All grants approved shall be subject to funding availability.
4. The Board of Supervisors may in any event decide by majority vote to conduct a subsequent hearing concerning the application and, if so, the applicant will be notified as to the date of the subsequent hearing.
5. The applicant will utilize the grant monies solely for the general benefit of Carson City and the purpose set forth in the grant application.
6. These guidelines shall not prevent the City from entering into a contract to provide grant money for a term of years.
7. These guidelines shall not control any grants of money provided by any other public or private entity.

8. Approval of each request for funds and/or other forms of consideration shall have a condition that the applicant must complete an Annual Report form detailing all funds utilized, measurable outcomes and benefit to the citizens of Carson City. The completed Annual Report must be submitted to the City Manager's Office no later than March 1, 2011.
9. Any and all individuals and/or entities desiring a grant from the City must complete and execute an "Application for Grant Funds" form and include the required attachments as listed in the application.
10. The **original and nine (9) copies** of the application packet must be submitted to the City Manager's Office no later than **5:00 p.m. on February 23, 2011**. An electronic pdf version may also be e-mailed to cceo@carson.org.

I have read and understand the Guidelines for Grants. The information that is included within this application and its attachments are true to my knowledge.

Nevada Health Centers, Inc.
Name of Program


Project Director Signature

02/23/2011
Date

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Carson City, NV 89701
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