

**MONROE COUNTY
HUMAN SERVICES ADVISORY BOARD
Application for Funding
Fiscal Year 2011
October 1, 2010 – September 30, 2011**

Agency Name	Good Health Clinic
Physical Address	91555 Overseas Highway Suite Two
Mailing Address	91555 Overseas Highway Suite Two
City, State, Zip	Tavernier, Florida, 33070
Phone	(305) 853-1788
Fax	(305) 853-1789
Email	goodhealthclinic@comcast.net
Who should we contact with questions about this application?	Norma Anderson (305) 853-1788

Amount received for prior fiscal year ending 09/30/09	\$35,000
Amount received for current fiscal year ending 09/30/10	\$35,000
Amount requested for upcoming fiscal year ending 09/30/11	\$50,000

Rec'd 4/27/10 2:01

CERTIFICATION

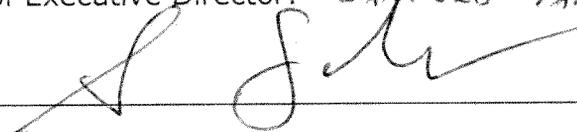
To the best of our knowledge and belief, the information contained in this application and attachments is true and correct. Monroe County is hereby authorized to verify all information contained herein, and we understand that any inaccuracies, omissions, or any other information found to be false may result in rejection of this application. This certifies that this request for funding is consistent with our organization's Articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors.

We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

We understand that the agency must substantially meet the eligibility criteria to be considered for Monroe County funding and that any applicable attachments not included disqualify the agency's application.

We further understand that meeting the Eligibility Criteria in no way ensures that the agency will be recommended for funding by the Human Services Advisory Board. These recommendations are determined by service needs of the community, availability of funds, etc. HSAB funding recommendations must be approved by the Monroe County Board of County Commissioners.

Typed Name of Executive Director: SANFORD YANKOW MD

Signature 

Date: 4/19/10

Typed Name of Board President/Chairman: ROBERT FOLGY DVM

Signature 

Date: 4/19/10

1. Insert your agency's board-approved mission statement below.

The mission of the Good Health Clinic is to provide medical care to uninsured and indigent residents of the Upper Keys of Monroe County, Florida, at no cost.

2. List the services your agency provides.

The Good Health Clinic (GHC) provides, on a gratis basis, non-emergent medical care and services to qualified recipients residing in the Upper Florida Keys. These services include:

- General medical/primary care;
- Specialty and sub-specialty care;
- Linkage to free secondary and tertiary care, including:
 - ✓ Internal Medicine,
 - ✓ General Surgery,
 - ✓ Gynecology,
 - ✓ Dermatology,
 - ✓ Neurology,
 - ✓ Oncology,
 - ✓ Ophthalmology,
 - ✓ Pediatrics,
 - ✓ Ear, Nose and Throat (ENT),
 - ✓ Orthopedic Surgery,
 - ✓ Podiatry,
 - ✓ Optometry,
 - ✓ Mental Health Services,
- Medications through pharmaceutical industry-sponsored prescription assistance, "compassionate need", and related programs,
- Lab and other outpatient services.

3. What services will be funded by this request?

Funding from the HSAB will be used to support salaries for direct-service personnel: an Advanced Registered Nurse Practitioner (ARNP) and a clinic support staff person. This support will allow the GCH to increase the number of patient healthcare service hours offered weekly, and therefore serve more indigent patients in need.

4. Will County HSAB funds be used as match for a grant?

No

5. If you answered "yes" to number four, please specify the:

- a. grant award title, granting agency, and purpose: N/A

- b. grant amount: N/A
- c. match percentage requirement and amount: N/A

6. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another organization?

No

7. Does your organization allocate sub-grants to other organizations using other sources (non County) of funding?

No

8. Will you or have you applied for other sources of County funding? If yes, please list source(s) and amount(s).

None

9. What needs or problems in this community does your agency address?

The GHC addresses the very serious problem of the dearth of accessible health care for the uninsured poor in our Monroe County community. An economic recession, a lack of health insurance coverage, our extremely high cost of living and the lack of affordable housing in the Florida Keys all combine to magnify this problem. Without health insurance, with limited or no income, and without access healthcare services, Monroe County residents often postpone or completely forgo important screenings and early intervention for prevalent conditions including diabetes, cancer, heart disease and asthma. The later these conditions are detected and treated, the greater the cost for treatment, and the less positive the outcomes. GHC addresses the pressing health needs of indigent, uninsured Upper Keys residents by delivering primary, secondary and tertiary medical and ancillary care *at no cost* to low-income, uninsured residents.

10. What statistical data support the needs listed in number nine?

Sources such as the U.S. Census Bureau, the Florida Department of Health, and the Florida Agency for Health Care Administration vary in their reports of the exact number of uninsured in Monroe County. However, all sources agree that the rate of uninsured in the Florida Keys is well above the State of Florida rate of 18.7% and the national rate of 16.6%. In addition to lacking health insurance, nearly 13% of full-time residents in the Florida Keys live at or below the Federal poverty level.

The combination of a higher percentage of residents who are both low-income and uninsured in our region is extremely problematic and must be addressed for the welfare of our community as a whole. It is well documented that those without access to healthcare, those who are low-income and uninsured, often delay life-saving preventative and early-intervention tests, screenings and procedures. As a result, those with lower incomes are more likely to experience poorer health. Numerous studies have demonstrated that the uninsured are more likely than those with private insurance to receive a more serious health diagnosis in the later stages, which reduces their chances of survival. For example, the American Cancer Society states that advanced-stage diagnosis "leads to increased morbidity, decreased quality of life and survival and, often, increased costs."

What are the causes (not the symptoms) of these problems?

The problem of addressing the health care needs of the uninsured poor in our Monroe County community is multi-layered, and exacerbated by the following regional realities:

- High cost of living, including housing,
 - While some adjustment in the cost of local real estate has taken place, housing in the Florida Keys remains expensive, and often out of reach for those at the lower end of the economic spectrum;
- Low wages,
 - Often associated with tourism-related jobs;
- Restricted medical benefits,
 - Insurance is usually not available to those working part-time jobs, even if one is working multiple jobs well in excess of forty hours per week;
- Current limitations of private health insurance due to underwriting guidelines,
 - Healthcare reform elimination of pre-existing condition exclusions is not predicted to take place until 2014;
- Overall downturn of the economy;
- Changing demographics of local residents;
- Limited number of medical facilities in the County,
 - There are no other free clinics available in our specific region,
 - Without accessible health care, patients often delay care, seek care in expensive venues such as the emergency room, or postpone treatment until a disease has progressed and more likely to result in death.

11. What does your agency do to address these causes?

GHC offers a comprehensive range of free medical services. Preventative medicine, wellness, women's health and early detection screenings are all available at GHC. Because all of the services of the GHC are free, patients are able to access potentially life-saving screening tests for some of the most common and serious health conditions. Early disease detection decreases morbidity, increases survival rates, and decreases potential future healthcare costs to Monroe County. The net result is not only the enhancement of lifestyle, but greater productivity and reduced cost to the community.

The GHC provides free general medical and primary care. Our agency treats illness, both acute and chronic, for those who are low-income and lack health care coverage. While many of the other non-profit healthcare providers in the Keys offer a sliding scale or reduced-fees for care, the services of the GHC are completely free for those who meet financial screening eligibility. This feature truly sets us apart, as we eliminate the largest barrier to seeking medical care for those who are poor.

The ability of the GHC to offer linkage to free secondary and tertiary medical care is also incredibly unique for our region, and targets a critical area of concern. Many similar local resources (non-profits which meet the medical needs of those who are low income and uninsured) encounter challenges when a patient must seek follow-up care for conditions outside of the scope of practice of the primary care agency. The GHC has established a thorough network of providers to address serious issues as they are identified, at no cost to the patient.

This network greatly increases the likelihood of follow-through and successful treatment of the diagnosed condition.

12. Describe your target population as specifically as possible.

The GHC targets low-income and uninsured residents of the Upper Florida Keys. Specifically, our patients are living at or below 200% of Federal poverty level guidelines. We serve residents typically between the ages of 18-64, of both sexes and a range of races/ethnicities. Our most recent client demographic survey (1st Quarter, January – March 2010) indicates that nearly half of our patients are unemployed and that all live within Monroe County.

13. How are clients referred to your agency?

As is so often the case in such a small community, the vast majority of our patients hear about the GHC through a friend or "word of mouth". We accept qualified recipients on a walk-in basis. GHC provides outreach to residents by advertising in various media, distributing press releases, and posting flyers. Community partners such as the Monroe County Health Department, Mariner's Hospital, the Rural Health Network, private physicians and other hospital sources also commonly rely on the GHC as an important resource for patients.

14. What steps are taken to be sure that prospective clients are eligible and that the neediest clients are given priority?

The mission of the Good Health Clinic is to provide medical care to uninsured and indigent residents. Our website, marketing and outreach materials all advertise "Free healthcare services for the needy residents of the Upper Keys". It is our agency's priority and foremost purpose to deliver care to those who are neediest in our region. Care is free and available to those living below 200% of the Federal poverty level.

To ensure that prospective clients are eligible for our free services, GHC administers a financial screening. Our Clinic Manager performs this screening in accordance with established Federal poverty guidelines and parameters developed and periodically revised by GHC Board of Directors. These mirror the criteria set forth by the Baptist Health System Division of Pastoral Care (BHSDPC). Ultimately, BHSDPC renders the final determination of financial eligibility. This process ensures that those who are ineligible, because of high income or private insurance coverage, do not take advantage of services designed for our target population.

15. Describe any networking arrangements that are in place with other agencies.

The incredible success of GHC's networking efforts has resulted in strong, innovative and - in some cases - unique collaborative relationships which make the delivery of our mission possible.

First and foremost, our close collaboration with Baptist Health of South Florida, including subsidiary hospitals and outpatient services, has resulted in extremely efficient and low-cost service delivery, unparalleled continuity of care, and extremely low agency overhead.

Many GHC patients present with serious and/or chronic illnesses such as hypertension, diabetes, asthma, obesity, lung disease, or cancer. GHC appropriately treats as many issues as possible within the agency's scope of practice. Those more serious issues requiring tests, procedures, diagnostics, and/or interventions (*including surgery*) outside of the scope and

ability of the GHC are referred, both locally and within a network of consultant-partners in the greater Miami area. GHC has formed a network of providers so that our patients can obtain the needed follow-up care, *also at no cost to the patient.*

This network of providers includes volunteer physicians that provide services as an in-kind donation to qualified GHC patients. *In the first quarter of 2010 alone, 276 volunteer clinician hours have been donated with a value of \$150,949 in medical services delivered to GHC patients.* Additionally, the GHC partnership with Baptist Health of South Florida covers all lab specimen fees, nearly eliminating what is often one of the largest expenses for a healthcare entity.

GHC has also effectively partnered with the Department of Health to greatly reduce what is also frequently another major expense for healthcare providers: insurance. This collaboration extends state sovereign immunity protection to our network of health care professionals that provide free health care services to the poor. The volunteer program is extremely cost effective and increases healthcare access. The GHC also collaborates with the Monroe County Department of Health in accepting patient referrals.

Another physician networking relationship contributes to GHC in a unique way: in a reduction in GHC's rent, which is also a burdensome expense for so many non-profits. While the GHC makes use of approximately 1,600 square feet of space, the agency pays only \$12,500 annually for rent. This significant discount in overhead is the result of an in-kind rent donation from one of our volunteer physicians.

GHC invests staff time to work with pharmaceutical companies and related programs to connect our patients to industry-sponsored "compassionate need" prescription assistance. *In the 2009, this networking relationship has secured 504 prescriptions for GHC patients, with a value of \$153,711.*

Finally, the GHC networks with Florida Keys Radiology, pathology services, the Rural Health Network, the Center for Independent Living, and several area religious organizations. The Medical Director of the GHC also served as a member of the Florida Keys Healthy Start Coalition and as Medical Director of WomanKind, Inc., and WomanKind shares an agency grant writer with the GHC. This involvement allows the leader of the GHC – along with those from other organizations- to better understand the operations of other agencies that serve a similar clientele, quickly identify areas where our agencies may overlap, eliminate duplication, collaborate, and share resources such as staff and materials, as needed.

GHC's networking efforts have produced collaborative relationships which make the delivery of our mission cost effective and efficient. Our agency has by far the smallest budget and lowest overhead of similar non-profit healthcare agencies in Monroe County. We have succeeded in entirely eliminating or greatly reducing expenses such as rent, insurance and lab fees, while delivering health care services to a significant number of Upper Keys residents each year.

16.
List all sites and hours of operation.

The GHC physical site is located at 91555 Overseas Highway, #2
Tavernier, Florida.

Our clinic operates from Wednesday through Friday, from 9 a.m. until 5 p.m. GHC provides additional hours and/or days by special accommodation. With HSAB support at the \$50,000 level, we intend to increase our hours of availability and serve additional clients.

17.
What financial challenges do you expect in the next two years, and how do you plan to respond to them?

The catastrophic economic downturn has impacted GHC greatly. As with so many other non-profits, GHC is experiencing an increase in the number of low-income, uninsured individuals seeking out and qualifying for our services. As the economy has faltered, individuals have lost jobs, and many of those with employment have lost health insurance coverage. While the national debate has focused so intensely on healthcare reform, many of the proposed changes will not take place until 2014. In the meantime, there is a growing pool of individuals that need care now and cannot yet benefit from systemic changes on the horizon. GHC continues our constant struggle for adequate funding that is not subject to annual reductions in the face of growing costs. Funds must be received in order to ensure the uninterrupted provision of services to those in our community who are most vulnerable and in need of care.

Clearly, spiraling healthcare costs combined with funding reductions and an increased client demand also challenge the sustainability of the GHC. We plan to focus our efforts on streamlining operations, explore and implement additional community partnerships, and optimize the delivery of health care services to meet the increasing need brought on by current economic circumstances.

We also plan to continue to nurture benefactors such as donors, corporate and other grantors, and explore the possibility of using a contracted grant writer to seek both private and governmental support. In this vein, ongoing HSAB support of GHC is crucial, as many grants require matching funds and have a clear expectation of demonstrated local support in order to bring outside dollars into the community.

18.
What organizational challenges do you expect in the next two years, and how do you plan to respond to them?

Future challenges include attracting and maintaining excellent staff, physicians, and support personnel. Relationship cultivation with potential clinical staff members is an ongoing process in which our Medical Director constantly participates. Continued marketing of the GHC is paramount not only to attract patients, but also qualified physicians and volunteers, and our two year plan includes an acknowledgement of the importance of this.

Ultimately, the GHC must find more qualified providers and increase our clinic office staff to meet the needs of our growing demand for free medical care. Our most significant organizational challenge is meeting the ever-increasing demand for GHC services. Support from the HSAB is crucial in our ability to adequately respond to this mounting challenge.

19.
How are clients represented in the operation of your agency?

GHC recognizes the importance of client representation in agency operations. The Board of Directors includes a member of the targeted recipient population as a board member of GHC, and this individual serves as a board officer. Our Medical Director, all physician volunteers and ancillary personnel are "Patient Advocates". Members of our advisory board include the Monroe County Health Department, Mariners Hospital Administrative Staff, a local pediatrician and the Chief Executive Officer of Florida Keys AHEC.

20.
Is your agency monitored by an outside entity? If so, by whom and how often?

GHC is monitored by the Florida Department of Health on an annual basis. GHC board of Directors, medical director and staff physicians are monitored by the Baptist Health System Division of Pastoral Care (BHS DPC).

21. 1039 hours of program service were contributed by 35 volunteers in the last year.

22.
Will any services funded by the County be performed under subcontract by another agency? If so, what services, and who will perform them?

No

23.
What measurable outcomes do you plan to accomplish in the next funding year?

Funding from the HSAB will be used to support salaries for direct-service personnel: an Advanced Registered Nurse Practitioner (ARNP) and clinic assistance. This support will allow the GHC to increase the number of patient healthcare service hours offered weekly, and therefore serve more indigent patients in need.

In 2009, GHC served 474 patients over the course of 1,746 medical office visits. The support of the HSAB at the \$50,000 level will allow the GHC to increase the number of clinical appointments available by 16 hours per week and as a result, allow an 40% increase in the number of clients served.

24.
How will you measure these outcomes?

The GHC keeps maintains detailed statistics about the total number of clients served, demographics, provider hours, and productivity. Data is monitored by the Executive Director daily and on a quarterly basis. This data tracking and monitoring will allow the GHC to measure on an ongoing basis the accomplishment of our projected versus actual outcomes.

26. Provide information about units of service below.

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Per Capita Patient Visit	Single Visit	\$250-\$500 New Patient \$150-\$350 Established Patient
Medication	Single Prescription	\$275

ATTACHMENT CHECKLIST

LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	ATTACHED?		COMMENTS
	YES	NO	You must explain any "NO" answers
A. Board Information Form	X		
B. Agency Compensation Detail	X		
C. Profile of Clients and Services	X		
D – F. Financial Information	X		
G. Copy of Audited Financial Statement from most recent fiscal year if organization's expenses are \$150,000 or greater.	X		
H. Copy of IRS Form 990 from most recent fiscal year	X		
I. Copy of current fee schedule		X	All of our services are free of charge
J. Copy of IRS Letter of Determination indicating 501 C 3 status	X		
K. Copy of Current Monroe County and City Occupational Licenses	X		
L. Copy of Florida Dept. of Children And Families License or Certification		X	N/A
M. Copy of any other Federal or State Licenses		X	N/A
N. Copy of Florida Dept. of Health Licenses/Permits	X		
O. Copy of front page of Agency's EEO Policy/Plan	X		
P. Copy of Summary Report of most current Evaluation/Monitoring *	X		
Q. Data showing need for your program (optional, see question 7)		X	
R. Other (specify) TWO PAGE LIMIT		X	

* must include summary of deficiencies and suggested corrective action; may include your responses and actions taken.

ATTACHMENT A 1 - BOARD INFORMATION

This attachment has changed; please note additional information request at bottom of page.

You must have at least five directors.

Good Health Clinic

2011

Name/Board Position	Affiliation/Title	City/State	Telephone No.	Years Served	Current Term Expiration Date
Robert Foley, DVM, President	Veterinarian	Islamorada, FI	(305) 517-9628	6	2010
Dennis Ward, Vice President	State Attorney	Tavernier, FL	(305) 853-7410	2	2012
Patricia Sinervo, MBA, Secretary	Patient Representative	Tavernier, FI	(305) 852-0757	2	2012
Shawn Tolley, Treasurer	CPA, Business Owner	Key Largo, FL	(305) 451-4000	2	2012
Brett Ekblom	Owner of Construction Co.	Islamorada, FL	(305) 393-2990	2	2012
Nancy Herschoff, RN	Law Firm Administrator	Tavernier, FI	(305) 393-4061	2	2013
Brenda Pierce	CEO of Center for Independent Living	Key Largo, FI	(305) 453-3491	2	2013
David Dehaas	Home Designer	Tavernier, FI	(305) 852-9851	1	2011
Gerald Hirsch	Retired Commodity Broker	Islamorada, FI	(305) 852-6494	<1	2012
Patricia Mull	Financial Planner, CPA	Tavernier, FI	(305) 394-0530	<1	2012
Patti Stanley	Real Estate Broker	Islamorada, FI	(305) 393-4433	<1	2012
Shelly Miklas	Marketing	Islamorada, FI	(305) 393-4009	<1	2012
Claudia Moran Stober	Banker	Islamorada, FI	(305) 393-4009	<1	2012

****ATTACHMENT A 2 - EVIDENCE OF ANNUAL ELECTION OF OFFICERS:** The Good Health Clinic does not hold an annual election of officers, and board terms vary. Officers are nominated and elected as vacancies occur.

ATTACHMENT B - AGENCY COMPENSATION DETAIL

2011

Include each position in the entire agency.

Put an "X" next to each position directly related to program for which funding is requested.

Good Health Clinic

Please round all dollar amounts to the nearest dollar; do not round FTE'S.

A 40-hour/week employee would be 1.00 FTE; a 20-hour/week employee would be .5 FTE, etc.

		Proposed - Upcoming Year Ending:		Projected - Current Year Ending:	
		12/31/2011		12/31/2010	
Position Title	"X"	# FTE'S	Total Compensation Package	# FTE'S	Total Compensation Package
Clinic Manager	X	0.60	50,780	0.60	50,780
Nurse Practitioner	X	0.40	41,600	0.00	0
Administrative Assistant	X	0.60	14,196	0.00	0
Clinic Medical Director (Executive Director and Full-time Medical Service Provider)*		0.60	100,000	0.60	100,000
* Not a salaried employee. Compensation directly offset by grant from Baptist Health System					
Totals	3	2.20	206,576	1.20	150,780

ATTACHMENT F - AGENCY REVENUE

2011

Complete this worksheet for the entire agency.
Please round all amounts to the nearest dollar.
In-Kind will not be included in percentages or total.

Good Health Clinic

	Proposed Revenue Budget for Upcoming Year Ending:			Projected Revenue for Current Year Ending:		
	12/31/2011			12/31/2010		
Revenue Sources	Cash	In-Kind	%-age of Total	Cash	In-Kind	%-age of Total
Monroe County	50,000		18%	35,000		17%
Children and Fam			0%			0%
M.C. Sheriff's Dept.			0%			0%
Key West			0%			0%
Marathon			0%			0%
Islamorada			0%			0%
Layton			0%			0%
Key Colony Beach			0%			0%
Client fees			0%			0%
Donations			0%	1,680		1%
Sheriff Shared Asset	3,600		1%			0%
United Way			0%			0%
<i>List all others below</i>			0%			0%
Baptist Health System	150,000	7,399,591	55%	100,000	6,726,901	48%
Grants - TBD	68,210	0	25%	70,125		34%
Pharmaceutical prescription assistance		169,082	0%		153,711	0%
Donated physician services		464,961	0%		422,692	0%
Copy charges paid			0%	300		0%
Interest Income			0%	500		0%
			100%			100%
Total Revenue	271,810	8,033,634		207,605	7,303,304	

ROSENBLUM & PEARL, P.L.L.C.

CERTIFIED PUBLIC ACCOUNTANTS

15715 South Dixie Highway
Suite #415
Palmetto Bay, Florida 33157
Office: 305-668-8500
Facsimile: 305-234-1304

INDEPENDENT AUDITOR'S REPORT

Board of Directors
The Good Health Clinic, Inc.
Tavernier, Florida

We have audited the accompanying statements of financial position of The Good Health Clinic, Inc. (a nonprofit organization) as of December 31, 2008 and 2007, and the related statements of activities, cash flows, and functional expenses for the years 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. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined 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 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.

As explained in note #1, basis of presentation, to the financial statements, 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 did not adopt Statement of Financial Accounting Standards ("SFAS") No. 117 until December 31, 2007. Organization management stated there were no restrictions on net assets at December 31, 2007. In our opinion, accounting principles generally accepted in the United States of America require that net assets be presented in the aforementioned three distinct classes. It was not practicable to determine the potential effects of any incorrectly stated net asset balance.

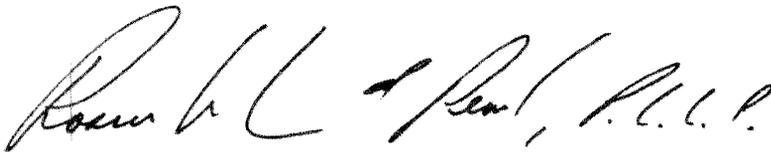
*[updated:
2009/2008 provided w/ supp. mat'ls; also attached.]*

ROSENDLOOM & PEARL, P.L.L.C.

CERTIFIED PUBLIC ACCOUNTANTS

As explained in note #4, SFAS No. 157, Fair Value Measurements, provides that contributions of property and equipment should be recognized at fair value at the date of contribution. SFAS No. 93, Recognition of Depreciation by Not-for-Profit Organizations, requires all not-for-profit organizations to recognize depreciation for all property and equipment except land used as a building site and similar assets. The Organization originally recorded donated property based upon the fair value as reported in the Organizations tax returns. No depreciation was recorded for any periods prior to December 31, 2007. Management elected to retroactively depreciate the contributed assets over the three year period ended December 31, 2006. We were not provided with any documentation to substantiate the basis of fair values of the fixed assets or the related depreciation expense. It was not practicable to determine the potential effects of any incorrectly stated asset balances or related depreciation expense.

In our opinion, except for the effects of potentially incorrectly classifying net assets according to the three required asset classes to properly evaluate net asset restrictions, and as discussed in the third paragraph, and the inability to determine the fair value of fixed assets and the appropriateness of the related depreciation expense discussed in the preceding paragraph, the financial statements referred to in the first paragraph present fairly, in all material respects, the financial position of The Good Health Clinic, Inc. as of December 31, 2008 and 2007, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.



Palmetto Bay, Florida
July 2, 2009

GOOD HEALTH CLINIC, INC.
STATEMENTS OF FINANCIAL POSITION
AT DECEMBER 31, 2008 AND 2007

	2008	2007
CURRENT ASSETS		
Cash and equivalents	117,029	\$ 77,298
Grants and Contributions Receivable - Current	5,864	14,721
Prepaid Insurance	-	1,137
Prepaid Rent and other current assets	3,381	-
Total Current Assets	126,273	93,156
 PROPERTY AND EQUIPMENT (See Note 4)		
Medical Equipment	24,594	24,594
Office Equipment	11,979	11,979
Total Property and Equipment	36,573	36,573
Accumulated Depreciation - Equipment.	(36,573)	(36,573)
Net Property and Equipment	-	-
	\$ 126,273	\$ 93,156
 CURRENT LIABILITIES		
Accounts payable and Accrued Expenses	7,440	1,963
Due to Sub-Lessee	-	1,945
Due to Funding Source	3,679	1,500
Total Current Liabilities	11,119	5,408
 COMMITMENTS AND CONTINGENCIES		
 NET ASSETS (See Note 1, Basis of Presentation)		
Unrestricted Net Assets	98,798	80,821
Temporarily Restricted Net Assets	16,357	6,927
Total Net Assets	115,154	87,748
	\$ 126,273	\$ 93,156

See accompanying notes to financial statements

GOOD HEALTH CLINIC, INC.
STATEMENTS OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2008
(WITH SUMMARIZED COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2007)

	Unrestricted		Temporarily Restricted	Total 2008	Total 2007
	Operations	Property and Equipment			
SUPPORT AND REVENUES					
Support:					
Contributions	\$12,035	-	-	\$12,035	\$106,299
Grants	155,816	-	\$16,357	172,172	29,906
Funds Released from Restriction	6,927	-	(6,927)	-	-
	<u>174,778</u>	<u>-</u>	<u>9,430</u>	<u>184,207</u>	<u>136,205</u>
Revenues:					
Interest and Other Income	6,217	-	-	6,217	355
	<u>6,217</u>	<u>-</u>	<u>-</u>	<u>6,217</u>	<u>355</u>
Total Support and Revenues	180,995	-	9,430	190,424	136,560
Expenses					
Program services	118,597	-	-	118,597	79,820
Support services	44,421	-	-	44,421	25,029
	<u>163,018</u>	<u>-</u>	<u>-</u>	<u>163,018</u>	<u>104,849</u>
CHANGE IN NET ASSETS	17,977	-	9,430	27,406	31,711
NET ASSETS, BEGINNING OF YEAR	80,821	-	6,927	87,748	56,037
(See Note 1. Basis of Presentation)					
NET ASSETS, END OF YEAR	\$98,798	\$0	\$16,357	\$115,154	\$87,748

See accompanying notes to financial statements

THE GOOD HEALTH CLINIC, INC.
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2008 and 2007

	<u>2008</u>	<u>2007</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$27,406	\$31,711
Adjustments to reconcile changes in net assets to to net cash flows from operating activities:		
Changes in operating assets and liabilities:		
Grants and contributions receivable	8,857	(10,099)
Prepaid expenses	(2,244)	28
Accounts payable	5,477	1,576
Due to sub-lessee	(1,945)	1,945
Due to funding source	2,179	1,500
Net cash flows from operating activities	<u>39,731</u>	<u>26,661</u>
CASH FLOWS FROM INVESTING ACTIVITIES	<u>-</u>	<u>-</u>
CASH FLOWS FROM FINANCING ACTIVITIES	<u>-</u>	<u>-</u>
NET CHANGE IN CASH AND EQUIVALENTS	39,731	26,661
CASH AND EQUIVALENTS, BEGINNING OF YEAR	<u>77,297</u>	<u>-</u>
CASH AND EQUIVALENTS, END OF YEAR	<u>\$117,028</u>	<u>\$77,297</u>

See accompanying notes to financial statements

GOOD HEALTH CLINIC, INC.
 STATEMENTS OF FUNCTIONAL EXPENSES
 FOR THE YEAR ENDED DECEMBER 31, 2008
 (WITH SUMMARIZED COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2007)

	Program Services	Management and General	Program Development/ Fund		2007 Total
			Raising	2008 Total	
Salaries and Benefits	\$37,306	\$1,963	\$0	\$39,270	\$34,828
Professional Fee - Physician/Management	55,922	15,978	7,989	79,888	45,464
Occupancy	8,400	2,400	1,200	12,000	6,945
Utilities	4,510	1,289	644	6,443	6,259
Clinic - Supplies and Cleaning	1,206	-	-	1,206	1,079
Insurance	1,502	429	215	2,146	2,131
Promotion	-	-	7,654	7,654	2,998
Office Supplies	1,857	531	265	2,653	2,146
Dues & Subscriptions	684	195	98	977	1,030
Software and Software Subscriptions	325	93	46	465	820
Grant Writing	-	-	585	585	780
Office Costs	607	173	87	867	240
Repair and Maintenance	643	184	92	919	-
Licenses and Permits	241	-	-	241	130
Accounting and Bookkeeping	5,394	1,541	771	7,705	-
Total Expenses	\$118,597	\$24,776	\$19,645	\$163,018	\$104,849

See accompanying notes to financial statements

**GOOD HEALTH CLINIC, INC.
NOTES TO FINANCIAL STATEMENTS**

NOTE 1 - NATURE OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

The Good Health Clinic, Inc. (the "Organization") was incorporated in the State of Florida in September of 2003 and is a tax exempt organization under Section 501(c)(3) of the Internal Revenue Code. The Organization has one location in Monroe County, FL. The mission of the Organization is to provide primary, secondary and tertiary medical care to the uninsured indigent residents of the Upper Florida Keys. The Organization participates in the state of Florida Volunteer Health Care Provider Program ("VHCPP"). The VHCPP, a result of the "Access to Health Care Act" (section 766.1115, Florida Statutes) which was signed into law in 1992, provides licensed healthcare professionals sovereign immunity protection for uncompensated services rendered to eligible clients.

Basis of Accounting

The financial statements of the Organization have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables, and other liabilities.

Basis of Presentation

Financial statement presentation follows the requirements of the Financial Accounting Standard Board in its Statement of Financial Accounting Standards ("SFAS") No. 117, Financial Statements of Not-For-Profit Organizations. Under SFAS No. 117 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 did not adopt SFAS No. 117 until the year ended December 31, 2007. In years prior to 2007 the Organization did not classify the difference between its assets and liabilities as unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets based on the existence or absence of donor-imposed restrictions. The Organization elected not to reconstruct the account balances for its unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets as of December 31, 2006. Management represented there were no restricted assets at December 31, 2006. We were unable to obtain any assurance as to the composition of these account balances. In adopting SFAS No. 117, the difference at December 31, 2006 between the Organizations assets and liabilities increased \$5,700 due to an increase in contributions and grants receivable of \$4,622 and an increase in prepaid insurance of \$1,165. These adjustments, while not considered material, have been incorporated into the balance of the Statement of Financial Position at December 31, 2007. There were no permanently restricted assets as of December 31, 2008 and 2007.

Unrestricted net assets - Net assets that are not subject to donor-imposed restrictions.

Temporarily restricted net assets - Net assets subject to donor-imposed stipulations that may or will be met, either by actions of the Organization/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions.

**GOOD HEALTH CLINIC, INC.
NOTES TO FINANCIAL STATEMENTS**

Basis of Presentation (continued)

<u>Temporarily Restricted Net Assets</u>	<u>2008</u>	<u>2007</u>
Baptist Health South Florida	\$16,357	\$6,927
<u>Net Assets Released from Restriction</u>	<u>2008</u>	<u>2007</u>
Net assets which were released from restrictions by incurring expenses, which satisfied the restrictions specified by the grantor Baptist Health South Florida	\$6,927	-

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Cash and Cash Equivalents

The Organization maintains its cash deposits at a bank. Cash deposits at the bank as of December 31, 2008 and 2007 are within the federal insurance limits. All cash deposits are in an interest bearing investments held by banks with an initial maturity of three months or less to be cash equivalents. Cash and cash equivalents does not include cash received with donor-imposed restrictions that limit their use to long-term purposes. Cash and cash equivalents also does not include cash held by investment managers and designated for investment.

Accounts receivable

Accounts receivable are stated at the amount management expects to collect from balances outstanding at December 31, 2008 and 2007 from contributions and grants. Management has concluded that realization of losses on balances outstanding at December 31, 2008 and 2007, if any, will be immaterial. Certain amounts in the 2007 financial statements have been reclassified to conform to the 2008 presentation.

Functional Expenses

The costs of providing various programs and other activities have been summarized on a functional basis in the statements of activities and in the statements of functional expenses. Accordingly, certain costs have been estimated and allocated among the programs and supporting services benefited.

Revenue Recognition

Grants and contributions received are recorded at fair value as increases in unrestricted, temporarily or permanently restricted net assets, depending on the existence and/or nature of any donor restrictions.

**GOOD HEALTH CLINIC, INC.
NOTES TO FINANCIAL STATEMENTS**

Revenue Recognition (continued)

All grant and donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets, depending on 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.

Donations

Donations are reflected as contributions in the accompanying statements at their estimated values at the date of receipt. The Organization records contributions if they meet the criteria for recognition under SFAS No. 116, *Accounting for Contributions Received and Contributions Made*.

Income Taxes

The Organization is exempt from federal and state income taxes under Internal Revenue Code Section 501(c) (3).

NOTE 2. Summary of Funding

The following summarizes the Organizations funding for the periods January 1, through December 31, 2008 and 2007:

<u>Grants</u>	<u>2008</u>	<u>2007</u>	<u>Asset Class/Comment</u>
Baptist Health South Florida	\$125,000	\$86,871	\$16,357 Restricted 2008; \$6,927 Restricted 2007 Restrictions for 2008 and 2007 require use for operating expenses
Monroe County, Florida	\$47,172	\$29,906	Unrestricted

The above grants are to assist the Organization in meeting its operating expenses.

Contributions

Health Foundation of South Florida	-	10,000	
All Other	<u>\$12,034</u>	<u>\$14,428</u>	
	<u>\$184,206</u>	<u>\$141,205</u>	

GOOD HEALTH CLINIC, INC.
NOTES TO FINANCIAL STATEMENTS

Note 3 Grants and Other Accounts Receivable

Grants and other accounts receivable are composed of the following amounts due:

Classification/ Due From	2008	2007
<i>Current</i>		
<u>Grant Receivable</u>		
Baptist Health South Florida	-	\$11,871
Monroe County, Florida	\$3,608	2,850
<u>Other Account Receivable</u>		
Florida Keys Area Health Education Center – rent on sublease	2,256	-
	<u>\$5,864</u>	<u>\$14,721</u>

Note 4 Property and Equipment / Prior period Adjustment

SFAS No. 157, Fair Value Measurements, provides that contributions of property and equipment should be recognized at fair value at the date of contribution. SFAS No. 93, Recognition of Depreciation by Not-for-Profit Organizations, requires all not-for-profit organizations to recognize depreciation for all property and equipment except land used as a building site and similar assets. The Organization recorded donated property based upon the fair value as reported in the Organizations tax returns. No depreciation was recorded for any prior periods. Management elected at December 31, 2007 to retrospectively depreciate the contributed assets over a three year period ended December 31, 2006. The Statement of Financial Position at December 31, 2008 and 2007 has been prepared providing for this change. The cumulative effect on net assets at December 31, 2006 was \$36,573. We were unable to obtain documentation as to the fair value of the fixed assets at the dates of contribution.

Note 5 Due to Funding Source

The Organization records income received in advance as a refundable advance until it is earned. The refundable advance's consisted of the following:

	2008	2007
Florida Keys Area Health Education Center	\$3,679	\$1,500

GOOD HEALTH CLINIC, INC.
NOTES TO FINANCIAL STATEMENTS

Note 6 Insurance

The organization has elected not to carry insurance covering its assets or business papers. No employee fidelity insurance is carried. As referred to above in Note 1, nature of the organization and summary of significant accounting policies, The Organization participates in the state of Florida Volunteer Health Care Provider Program ("VHCPP"). The VHCPP, a result of the "Access to Health Care Act" (section 766.1115, Florida Statutes) provides licensed healthcare professionals sovereign immunity protection for uncompensated services rendered to eligible clients.

Note 7 Commitments

The Organization is the lessee of office space in Tavernier, Florida under a non-cancelable operating lease. Rental expense paid to the lessor, exclusive of reimbursement for utilities, was \$12,000 and \$6,750 for the years ended December 31, 2008 and 2007, respectively. Future minimum annual rental payment under this lease for 2009 is \$12,000.

Note 8 Economic Dependency

The Organization does not charge any fees for its services rendered. For the years ended December 31, 2008 and 2007 the Organization received all its funding from contributions and grants.

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)

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning and ending

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

Please use IRS label or print or type.
C Name of organization
 GOOD HEALTH CLINIC, INC.
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 91555 OVERSEAS HIGHWAY 2
 City or town, state or country, and ZIP + 4
 TAVERNIER, FL 33070

D Employer identification number
 04-3745805

E Telephone number
 305-853-1788

G Gross receipts \$
 190,424.

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

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

J Website: ▶ N/A

K Type of organization: Corporation Trust Association Other ▶ **L Year of formation:** 2003 **M State of legal domicile:** FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>MEDICAL</u>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5 Total number of employees (Part V, line 2a)	5	
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		136,205.	184,207.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		278.	6,077.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		77.	140.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		136,560.	190,424.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	34,828.	39,269.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	780.	
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 19,645.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	69,241.	123,749.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	104,849.	163,018.	
19 Revenue less expenses. Subtract line 18 from line 12	31,711.	27,406.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	93,156.	126,273.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,408.	11,119.
		87,748.	115,154.

Part II Signature Block

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

Sign Here ▶ Signature of officer _____ Date _____
 ▶ Type or print name and title _____

Paid Preparer's Use Only
 Preparer's signature ▶ _____ Date 10/14/09
 Check if self-employed Preparer's identifying number (see instructions) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CATARINEAU & CATARINEAU, LLC
 91750 OVERSEAS HIGHWAY
 TAVERNIER, FL 33070
 EIN ▶ _____
 Phone no. ▶ 305-852-4833

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: NONE

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 118,597. including grants of \$ 172,172.) (Revenue \$ 18,252.) FREE HEALTH CLINIC FOR THE INDIGENT

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 \$ 118,597. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
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.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X

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)? If "Yes," complete Schedule L, Part IV		X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a			0
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?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a			0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
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)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7a			
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
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?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	
	N/A	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 2-7b 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		0
1b	Enter the number of voting members that are independent		0
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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
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		X
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		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		X
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
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?		X
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)		X
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?		X
16b	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 FL
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: NORMA J ANDERSON - 305-853-1788 91555 OVERSEAS HIGHWAY, TAVERNIER, FL 33070

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	12,035.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	172,172.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		184,207.				
	Program Service Revenue	2 a	OTHER INCOME	Business Code				
b			900099	6,077.	6,077.			
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		6,077.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		140.	140.			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue								
11 a		Business Code						
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			190,424.	6,217.	0.	0.	

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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				
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	39,269.	37,306.	1,963.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	3,520.	2,464.	704.	352.
14 Information technology				
15 Royalties				
16 Occupancy	12,000.	8,400.	2,400.	1,200.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 PROFESSIONAL FEES - PHY	79,889.	55,922.	15,978.	7,989.
b ACCOUNTING AND BOOKKEEP	7,706.	5,394.	1,541.	771.
c PROMOTION	7,654.			7,654.
d UTILITIES	6,443.	4,510.	1,289.	644.
e INSURANCE	2,146.	1,502.	429.	215.
f All other expenses	4,391.	3,099.	472.	820.
25 Total functional expenses. Add lines 1 through 24f	163,018.	118,597.	24,776.	19,645.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	77,298.	1	117,028.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	14,721.	3	5,864.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,137.	9	3,381.
	10a	Land, buildings, and equipment: cost basis		10a	
	b	Less: accumulated depreciation. Complete Part VI of Schedule D		10b	
	11	Investments - publicly traded securities		10c	
	12	Investments - other securities. See Part IV, line 11		11	
	13	Investments - program-related. See Part IV, line 11		12	
	14	Intangible assets		13	
	15	Other assets. See Part IV, line 11		14	
16	Total assets. Add lines 1 through 15 (must equal line 34)	93,156.	15	126,273.	
Liabilities	17	Accounts payable and accrued expenses	1,963.	16	7,440.
	18	Grants payable		17	
	19	Deferred revenue		18	
	20	Tax-exempt bond liabilities		19	
	21	Escrow account liability. Complete Part IV of Schedule D		20	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable		23	
	25	Other liabilities. Complete Part X of Schedule D	3,445.	24	
	26	Total liabilities. Add lines 17 through 25	5,408.	25	3,679.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets		26	11,119.
	28	Temporarily restricted net assets		27	
	29	Permanently restricted net assets		28	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds	87,748.	29	
	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	115,154.
	32	Retained earnings, endowment, accumulated income, or other funds	0.	31	0.
	33	Total net assets or fund balances	87,748.	32	0.
	34	Total liabilities and net assets/fund balances	93,156.	33	115,154.
			34	126,273.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?		X
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?		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b If "Yes," did the organization undergo the required audit or audits?		X

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 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 lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4.						

Section B. 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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15		%
16a 33 1/3% support 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 type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 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 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 type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 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 June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16		%

Section D. 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% support 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% support 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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

GOOD HEALTH CLINIC, INC.

Employer identification number

04-3745805

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

GOOD HEALTH CLINIC, INC.

04-3745805

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NON CASH 91555 OVERSEAS HIGHWAY TAVERNIER, FL 33070	\$ 0.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	OTHER CASH-LESS THAN \$5,000 EACH 91555 OVERSEAS HIGHWAY TAVERNIER, FL 33070	\$ 12,034.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

GOOD HEALTH CLINIC, INC.

04-3745805

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

GOOD HEALTH CLINIC, INC.

Employer identification number
04-3745805

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).
 Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 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?

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 section 170(h)(4)(B)(ii)?

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2008

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12-23-08

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 organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

Table with columns for Amount and rows for 1c Additions during the year, 1d Distributions during the year, 1e 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 organization answered "Yes" to Form 990, Part IV, line 10.

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value and rows for 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total

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

GOOD HEALTH CLINIC, INC.

Employer identification number

04-3745805

FORM 990, PART VI, SECTION A, LINE 10: TAX RETURN IS SENT TO THE BOARD FOR REVIEW BEFORE FINALIZING.

FORM 990, PART VI, SECTION C, LINE 19: TAX RETURNS ARE AVAILABLE ON GUIDESTAR.COM AND EVERYTHING ELSE IS AVAILABLE UPON REQUEST.

SMITH, ORTIZ, GOMEZ AND BUZZI, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
132 MINORCA AVENUE
CORAL GABLES, FLORIDA 33134
TEL. (305) 441-1012
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RODOLFO L. ORTIZ, CONSULTANT

MEMBERS:
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
The Good Health Clinic, Inc.:

We have audited the accompanying statements of financial position of The Good Health Clinic, Inc. (a non-profit organization), as of December 31, 2009 and 2008 and the related statements of activities, cash flows and functional expenses for the years then ended. These financial statements are the responsibility of The Good Health Clinic, Inc.'s management. Our responsibility is to express an opinion on these financial statements based on our audits. We did not audit the financial statements as of and for the year ended December 31, 2008. Those statements were audited by other auditors whose unqualified report dated July 2, 2009 has been furnished to us, and our opinion, insofar as it relates to the amounts included in those financial statements is based solely on the report of the other auditors.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America, Government Auditing Standards, issued by the Comptroller General of the United States and the provisions of Office of Management and Budget 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 audits 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 significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

(provided w/ supp. mat'ls)

In our opinion, based on our audit and the report of other auditors, the financial statements referred to above present fairly, in all material respects, the financial position of The Good Health Clinic, Inc., as of December 31, 2009 and 2008 and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Smith, Orley, Gorney & Buzzzi PA

May 15, 2010

THE GOOD HEALTH CLINIC, INC.
 Statements of Financial Position
 December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
CURRENT ASSETS		
Cash and Equivalents	\$ 83,224	117,028
Grants and Contributions Receivable - Current	8,124	5,864
Prepaid Insurance	1,138	-
Prepaid Rent and Other Current Assets	<u>2,920</u>	<u>3,381</u>
Total Current Assets	<u>95,406</u>	<u>126,273</u>
 PROPERTY AND EQUIPMENT		
Medical Equipment	24,594	24,594
Office Equipment	<u>12,759</u>	<u>11,979</u>
Total Property and Equipment	37,353	36,573
Accumulated Depreciation - Equipment	<u>(36,729)</u>	<u>(36,573)</u>
Net Property and Equipment	<u>624</u>	<u>-</u>
	<u>\$ 96,030</u>	<u>126,273</u>
 CURRENT LIABILITIES		
Accounts Payable and Accrued Expenses	\$ 3,418	7,440
Due to Sub-Lessee	1,000	-
Deferred Revenue	<u>1,500</u>	<u>3,679</u>
Total Current Liabilities	<u>5,918</u>	<u>11,119</u>
 COMMITMENTS AND CONTINGENCIES		
 NET ASSETS		
Unrestricted Net Assets	58,641	98,798
Temporarily Restricted Net Assets	<u>31,471</u>	<u>16,356</u>
Total Net Assets	<u>90,112</u>	<u>115,154</u>
	<u>\$ 96,030</u>	<u>126,273</u>

See accompanying notes to financial statements

THE GOOD HEALTH CLINIC, INC.

Statements of Activities

For the Year Ended December 31, 2009
(With Summarized Comparative Totals for the Year Ended December 31, 2008)

	Unrestricted				Temporarily Restricted	Total 2009	Total 2008
	Operations	Property and Equipment	Total				
SUPPORT AND REVENUES:							
Support:							
Contributions	\$ 19,118	-	19,118		19,118	12,035	
Grant	139,979	-	139,979		139,979	172,172	
Funds Released from Restriction	15,576	780	16,356	(16,356)	-	-	
Total support	174,673	780	175,453	(16,356)	159,097	184,207	
Revenues:							
Interest and Other Income	936	-	936		936	6,217	
Total revenues	936	-	936		936	6,217	
Total Support and Revenues	175,609	780	176,389	(16,356)	160,033	190,424	
Expenses:							
Program services	139,679	-	139,679		139,679	118,597	
Management and administration	45,240	156	45,396		45,396	44,421	
Total expenses	184,919	156	185,075		185,075	163,018	
CHANGE IN NET ASSETS	(9,310)	624	(8,686)	(16,356)	(25,042)	27,406	
Net assets, beginning of year	98,798	-	98,798	16,356	115,154	87,740	
Net assets, end of year	\$ 89,488	624	90,112	-	90,112	115,154	

See accompanying notes to financial statements.

THE GOOD HEALTH CLINIC, INC.

Statements of Cash Flows

For the Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ (25,042)	27,406
Adjustments to reconcile changes in net assets to net cash flows from operating activities:		
Depreciation expense	156	-
Changes in operating assets and Liabilities:		
Grants and contributions receivable	(2,260)	8,857
Prepaid expenses	(677)	(2,244)
Accounts payable	(4,022)	5,478
Due to sub-lessee	1,000	(1,945)
Deferred revenue	<u>(2,179)</u>	<u>2,179</u>
Net cash flows from operating activities	<u>(33,024)</u>	<u>39,731</u>
 CASH FLOWS FROM INVESTING ACTIVITIES	 <u>(780)</u>	 <u>-</u>
 CASH FLOWS FROM FINANCING ACTIVITIES	 <u>-</u>	 <u>-</u>
 NET CHANGE IN CASH AND EQUIVALENTS	 (33,804)	 39,731
 CASH AND EQUIVALENTS, BEGINNING OF YEAR	 <u>117,028</u>	 <u>77,297</u>
 CASH AND EQUIVALENTS, END OF YEAR	 <u>\$ 83,224</u>	 <u>117,028</u>

See accompanying notes to financial statements

THE GOOD HEALTH CLINIC, INC.

Statements of Functional Expenses

For the Year Ended December 31, 2009
 (With Summarized Comparative Totals for the Year Ended December 31, 2008)

	Program Services	Management and General	Program Development/ Fund Raising	Total 2009	Total 2008
Salaries and Benefits	\$ 44,340	7,825	-	52,165	39,270
Professional Fee - Physician/Management	63,579	15,223	10,746	89,548	79,888
Occupancy	8,267	1,690	1,293	11,250	12,000
Utilities	3,518	905	603	5,026	6,443
Clinic - Supplies and Cleaning	413	100	57	570	1,206
Insurance	1,878	332	-	2,210	2,146
Promotion	2,813	718	459	3,990	7,654
Office Supplies	2,540	564	423	3,527	2,653
Dues and Subscriptions	579	110	94	783	977
Software and Software Subscriptions	425	278	78	781	465
Grant Writing	-	-	-	-	585
Office Costs	2,497	513	411	3,421	867
Repairs and Maintenance	217	56	36	309	919
Licenses and Permits	819	-	-	819	241
Accounting and Bookkeeping	7,794	1,601	1,281	10,676	7,704
Total Expenses	\$ 139,679	29,915	15,481	185,075	163,018

See accompanying notes to financial statements.

THE GOOD HEALTH CLINIC, INC.

Notes to Financial Statements

December 31, 2009 and 2008

(1) Summary of Significant Accounting Policies

(a) Organization

The Good Health Clinic, Inc. (the "Organization") was incorporated in the State of Florida in September of 2003 and is a tax exempt organization under Section 501(c)(3) of the Internal Revenue Code. The Organization has one location in Monroe County, Florida. The mission of the Organization is to provide primary, secondary and tertiary medical care to the uninsured indigent residents of the Upper Florida Keys. The Organization participates in the state of Florida Volunteer Health care Provider Program ("VHCPP"). The VHCPP, a result of the "Access to Health Care Act" (section 766.1115, Florida Statutes) which was signed into law in 1992, provides licensed healthcare professionals sovereign immunity protection for uncompensated services rendered to eligible clients.

(b) Basis of Accounting

The financial statements of the Organization have been prepared on the accrual basis of accounting reflecting all significant receivables, payables and other liabilities and conform to accounting principles generally accepted in the United States of America as applicable to not-for-profit organizations.

(c) Basis of Presentation

Financial statement presentation follows the requirement of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards ("SFAS") No. 117, "Financial Statements of Not-for-Profit Organizations". Under SFAS No. 117, 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 adopted SFAS No. 117 for the year ended December 31, 2007. There were no permanently restricted assets as of December 31, 2009 and 2008.

THE GOOD HEALTH CLINIC, INC.
Notes to Financial Statements
December 31, 2009 and 2008

(1) Summary of Significant Accounting Policies - (Cont.)

(c) Basis of Presentation - (Cont.)

The present classes of net assets are reported as follows:

- Unrestricted Net Assets - Net assets that are not subject to donor-imposed restrictions.

- Temporarily Restricted Net Assets - Net assets subject to donor-imposed stipulations that may or will be met either by actions of the Organization/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions.

	<u>2009</u>	<u>2008</u>
<u>Temporarily Restricted</u>		
<u>Net Assets:</u>		
Baptist Health South Florida	\$ -	\$ 16,356
 <u>Net Assets Released from</u>		
<u>Restriction:</u>		
Net assets which were released from restriction by incurring expenses, which satisfied the restrictions specified by the grantor Baptist Health South Florida	\$ (16,356)	\$ 6,927

THE GOOD HEALTH CLINIC, INC.
Notes to Financial Statements
December 31, 2009 and 2008

(1) Summary of Significant Accounting Policies - (Cont.)

(d) Uses of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

(e) Cash and Cash Equivalents

The Organization maintains its cash deposits at a bank. Cash deposits at the bank as of December 31, 2009 and 2008 are within the federal insurance limits. All cash deposits are in interest bearing investments held by banks with an initial maturity of three months or less to be cash equivalents. Cash and cash equivalents does not include cash received with donor-imposed restrictions that limit their use to long-term purposes. Cash and cash equivalents also does not include cash held by investment managers and designated for investment.

(f) Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from balances outstanding at December 31, 2009 and 2008 from contributions and grants. Management has concluded that realization of losses on balances outstanding at December 31, 2009 and 2008, if any, will be immaterial.

(g) Revenue Recognition

Grants and contributions received are recorded at fair value as increases in unrestricted, temporarily or permanently restricted net assets, depending on the existence and/or nature of any donor restrictions.

All grant and donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets, depending on 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.

THE GOOD HEALTH CLINIC, INC.

Notes to Financial Statements

December 31, 2009 and 2008

(1) Summary of Significant Accounting Policies - (Cont.)

(h) Donations

Donations are reflected as contributions in the accompanying statements at their estimated values at the date of receipt. The Organization records contributions if they meet the criteria for recognition under SFAS No. 116, "Accounting for Contributions Received and Contributions Made".

(i) Income Taxes

The Organization was organized as a non-profit organization and has received exemption under the provisions of Section 501(c)(3) of the Internal Revenue Code.

(j) Functional Expenses

The costs of providing various programs and other activities have been summarized on a functional basis in the statements of activities and in the statements of functional expenses. Accordingly, certain costs have been estimated and allocated among the programs and supporting services benefited.

(2) Summary of Funding

The following summarizes the Organizations funding for the years ending December 31, 2009 and 2008, respectively:

<u>Grants</u>	<u>2009</u>	<u>2008</u>
Baptist Health South Florida	\$100,000	\$125,000
Monroe County Florida	34,084	47,172
Other	5,895	-
<u>Contributions</u>		
Other	<u>19,118</u>	<u>12,035</u>
	<u>\$159,097</u>	<u>184,207</u>

THE GOOD HEALTH CLINIC, INC.
Notes to Financial Statements
December 31, 2009 and 2008

(3) Grants and Other Accounts Receivable

Grants and other accounts receivable are composed of the following amounts due:

	<u>2009</u>	<u>2008</u>
<u>Grant Receivable</u>		
Baptist Health South Florida	\$ -	-
Monroe County, Florida	5,831	3,608
Other	1,043	-
<u>Other Account Receivable</u>		
Florida Keys Area Health Education Center - rent on sublease	<u>1,250</u>	<u>2,256</u>
	<u>\$ 8,124</u>	<u>5,864</u>

(4) Property and Equipment/Prior Period Adjustment

SFAS No. 157, Fair Value Measurements, provides that contributions of property and equipment should be recognized at fair value at the date of contribution. SFAS No. 93, Recognition of Depreciation by Not-For-Profit Organizations, requires all not-for-profit organizations to recognize depreciation for all property and equipment except land used as a building site and similar assets. The Organization recorded donated property based upon the fair value as reported in the Organizations tax returns.

THE GOOD HEALTH CLINIC, INC.

Notes to Financial Statements

December 31, 2009 and 2008

(5) Deferred Revenue

The Organization records income received in advance as a refundable advance (deferred revenue) until it is earned. The refundable advance consisted of the following:

	<u>2009</u>	<u>2008</u>
Florida Keys Area Health Education Center	\$1,500	3,679

(6) Insurance

The Organization has elected not to carry insurance covering its assets or business papers. No employee fidelity insurance is carried. As referred to above in Note 1, nature of the organization and summary of significant accounting policies, the Organization participates in the State of Florida Volunteer Health Care Provider Program ("VHCPE"). The VHCPE, a result of the "Access to Health Care Act" (section 766.1115, Florida Statutes) provides licensed healthcare professionals sovereign immunity protection for uncompensated services rendered to eligible clients.

(7) Commitments

The Organization is the lessee of office space in Tavernier, Florida under a non-cancelable operating lease. Rental expense paid to the lessor, exclusive of reimbursement for utilities, was \$11,250 and \$2,000 for the years ended December 31, 2009 and 2008, respectively. Future minimum annual rental payment under this lease for 2010 is \$12,000.

(8) Economic Dependency

The Organization does not charge any fees for its services rendered. For the years ended December 31, 2009 and 2008 the Organization received all its funding from contributions and grants.

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning _____, and ending _____

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

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

C Name of organization
GOOD HEALTH CLINIC, INC.
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
91555 OVERSEAS HIGHWAY
 City or town, state or country, and ZIP + 4
TAVERNIER FL 33070

D Employer identification number
04-3745805

E Telephone number _____

G Gross receipts \$ **160,033**

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

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

J Website: **N/A**

K Type of organization: Corporation Trust Association Other

L Year of formation: **2003** **M** State of legal domicile: **FL**

H(c) Group exemption number _____

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: FREE HEALTH CLINIC FOR THE INDIGENT		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of employees (Part V, line 2a)	5	
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	184,207	159,097
	9	Program service revenue (Part VIII, line 2g)	6,077	363
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	140	573
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	190,424	160,033
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	39,269	52,165
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25)	15,481	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	123,749	132,910
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	163,018	185,075
	19	Revenue less expenses. Subtract line 18 from line 12	27,406	-25,042
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	126,273	96,030
	21	Total liabilities (Part X, line 26)	11,119	5,918
	22	Net assets or fund balances. Subtract line 21 from line 20	115,154	90,112

Part II Signature Block

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

Sign Here
 Signature of officer: *Robert H. Foley*
 Date: **8/19/10**
 Type or print name and title: **Robert H. Foley**

Paid Preparer's Use Only
 Preparer's signature: *[Signature]*
 Date: **08/13/10**
 Check if self-employed:
 Preparer's identifying number (see instructions): **P00853282**
 Firm's name (or yours if self-employed), address, and ZIP + 4: **Smith, Ortiz, Gomez and Buzzi, PA
132 Minorca Avenue
Coral Gables, FL 33134**
 EIN: **65-0232836**
 Phone no.: **305-441-1012**

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

FREE HEALTH CLINIC FOR THE INDIGENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **139,679** including grants of\$) (Revenue \$ **300**)

FREE HEALTH CLINIC FOR THE INDIGENT

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 ► **139,679**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
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 similar funds or 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. • Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
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		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
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		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL CUNNINGHAM BOARD MEMBER	1.00						0	0	0	
CHRIS CLARK BOARD MEMBER	1.00						0	0	0	
SHAWN TOLLEY TREASURER	1.00						0	0	0	
BRETT EKBLUM BOARD MEMBER	1.00						0	0	0	
NELSON LAZO BOARD MEMBER	1.00						0	0	0	
DENNIS WARD VICE PRESIDENT	1.00						0	0	0	
ROBERT FOLLEY PRESIDENT	1.00						0	0	0	
NANCY HERSHOFF BOARD MEMBER	1.00						0	0	0	
BRENDA PRICE BOARD MEMBER	1.00						0	0	0	
PATRICIA SINERVO SECRETARY	1.00						0	0	0	
LESLIE SAFER BOARD MEMBER	1.00						0	0	0	
PEGGY BRYAN BOARD MEMBER							0	0	0	
DAVID DEHAAS BOARD MEMBER							0	0	0	
FRANK DERFLER BOARD MEMBER							0	0	0	

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				
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	52,165	44,340	7,825	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	6,948	5,037	1,077	834
14 Information technology				
15 Royalties				
16 Occupancy	11,250	8,267	1,690	1,293
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 PROFESSIONAL FEES - PHYSICIAN	89,548	63,579	15,223	10,746
b ACCOUNTING AND BOOKKEEPING	10,676	7,794	1,601	1,281
c UTILITIES	5,026	3,518	905	603
d PROMOTION	3,990	2,813	718	459
e OTHER OPERATING	3,262	2,453	544	265
f All other expenses	2,210	1,878	332	
25 Total functional expenses. Add lines 1 through 24f	185,075	139,679	29,915	15,481
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
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		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
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?		X
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 **FL**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **NORMA ANDERSON 305-853-1788 91555 OVERSEAS HIGHWAY TAVERNIER FL 33070**

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	117,028	1	83,224
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	5,864	3	8,124
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,381	9	4,058
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 37,353		
	b Less: accumulated depreciation	10b 36,729	10c	624
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		126,273	16	96,030
Liabilities	17 Accounts payable and accrued expenses	7,440	17	3,418
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	3,679	25	2,500
	26 Total liabilities. Add lines 17 through 25		11,119	26
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	115,154	30	90,112
	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		115,154	33	90,112
34 Total liabilities and net assets/fund balances		126,273	34	96,030

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b		X
2c		
3a		
3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization

GOOD HEALTH CLINIC, INC.

Employer identification number

04-3745805

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 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 X A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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...
10 An organization organized and operated exclusively to test for public safety.
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...
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...
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: 11g(i), 11g(ii), 11g(iii)

h Provide the following information about the supported organization(s).

Table with 7 main 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. Includes a Total row at the bottom.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

GOOD HEALTH CLINIC, INC.

04-3745805

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization GOOD HEALTH CLINIC, INC.	Employer identification number 04-3745805
---	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DIRECT TV	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	OTHER CONTRIBUTIONS LESS THAN \$5,000	\$ 9,118	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

GOOD HEALTH CLINIC, INC.

04-3745805

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 1 column: Held at the End of the Tax Year. Rows 2a, 2b, 2c, 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, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 section 170(h)(4)(B)(ii)?
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:
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:

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| 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 organization answered "Yes" to Form 990, Part IV, line 10.

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

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Term endowment ▶ _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | 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 | |

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	37,353		36,729	624
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 624

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Employer identification number
04-3745805

GOOD HEALTH CLINIC, INC.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990
TREASURER, WHO IS A PRACTICING CPA, PERFORMS INITIAL REVIEW OF TAX RETURN
AND THEN PROVIDES RETURN TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND
ACCEPTANCE.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
TAX RETURNS ARE AVAILABLE ON GUIDESTAR.COM AND ALL OTHER DOCUMENTS ARE MADE
AVAILABLE UPON REQUEST.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: SEP 17 2003

GOOD HEALTH CLINIC, INC.
C/O SANFORD L. YANKOW, M.D.
91555 OVERSEAS HWY, SUITE 2
TAVERNIER, FL 33070

Employer Identification Number:
04-3745805
DLN:
17053122014023
Contact Person:
JOHN M WHITE ID# 52118
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Form 990 Required:
Yes
Addendum Applies:
Yes

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(iii).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the

Letter 947 (DO/CG)

Attachment J
GOOD HEALTH CLINIC, INC.

GOOD HEALTH CLINIC, INC.

part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

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

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete, so be sure your return is complete before you file it.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

Letter 947 (DO/CG)

Attachment J
GOOD HEALTH CLINIC, INC.

GOOD HEALTH CLINIC, INC.

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

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

This ruling is based on the understanding that the majority of your Board of Directors will be non-salaried and will not be related to salaried personnel or to parties providing services. It is also based on the understanding that salaried individuals cannot vote on their own compensation and that compensation decisions will be made by the board.

In accordance with section 508(a) of the Code, the effective date of this determination letter is March 4, 2003.

This determination is based on evidence that your funds are dedicated to the purposes listed in section 501(c)(3) of the Code. To assure your continued exemption, you should keep records to show that funds are expended only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), there should be evidence that the funds will remain dedicated to the required purposes and that they will be used for those purposes by the recipient.

If distributions are made to individuals, case histories regarding the recipients should be kept showing names, addresses, purposes of awards, manner of selection, relationship (if any) to members, officers, trustees or donors of funds to you, so that any and all distributions made to individuals can be substantiated upon request by the Internal Revenue Service. (Revenue Ruling 56-304, C.B. 1956-2, page 306.)

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

Letter 947 (DO/CG)

Attachment J
GOOD HEALTH CLINIC, INC.

GOOD HEALTH CLINIC, INC.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosure(s) :
Addendum

Letter 947 (DO/CG)

Attachment J
GOOD HEALTH CLINIC, INC.

GOOD HEALTH CLINIC, INC.

The value of time or personal services contributed to your organization by volunteers is not deductible by those volunteers as a charitable contribution for Federal income tax purposes. You should advise your volunteers to this effect.

Letter 947 (DO/CG)

Attachment J
GOOD HEALTH CLINIC, INC.



Florida Department of Agriculture & Consumer Services
CHARLES H. BRONSON, Commissioner
Tallahassee, Florida

January 14, 2010

Division of Consumer Services
2005 Apalachee Pkwy
Tallahassee FL 32399-6500
Phone: 1-800-HELP-FLA
URL: <http://www.800helpfla.com>

Refer To: CH16323

GOOD HEALTH CLINIC, INC.
91555 OVERSEAS HWY STE 2
TAVERNIER, FL 33070-2505

RE: GOOD HEALTH CLINIC, INC.
REGISTRATION#: CH16323
EXPIRATION DATE: October 16, 2010

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 60 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Karena Jackson

Karena Jackson
Regulatory Consultant
1-800-HELP-FLA, (850) 488-2221
Fax: 850-410-3804
E-mail: jacksok@doacs.state.fl.us



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 04/05
04/22/09

85-8013069170C-8	04/30/2009	04/30/2014	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

GOOD HEALTH CLINIC INC
91555 OVERSEAS HWY STE 2
TAVERNIER FL 33070-2505

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 04/05

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (FAC).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is PO BOX 6480, Tallahassee, FL 32314-6480.

Attachment J
GOOD HEALTH CLINIC, INC.

**2009 / 2010
MONROE COUNTY BUSINESS TAX RECEIPT
EXPIRES SEPTEMBER 30, 2010**

RECEIPT# 47162-88349

Business Name: GOOD HEALTH CLINIC INC

Owner Name: YANKOW SANFORD L PRES
Mailing Address: 91555 OVERSEAS HWY
Ste 2
TAVERNIER, FL 33070

Exemption: 003-22.00: NON PROFIT
Business Location: 91555 OVERSEAS HWY STE 2
TAVERNIER, FL 33070
Business Phone: 305-853-1788
Business Type: MEDICAL OFFICES (CLINIC
OFFICE)

Rooms **Seats** **Employees** **Machines** **Stalls**
0 0 5 0 / 0 0
STATE LICENSE: ME 17585

For Vending Business Only
Number of Machines: Vending Type:

Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
				\$0.00		

PAID-124-08-00000865 07/27/2009 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT
WHEN VALIDATED

Danise D. Henriquez, CFC, Tax Collector
PO Box 1129, Key West, FL 33041

THIS IS ONLY A TAX. YOU MUST
MEET ALL COUNTY AND/OR
MUNICIPALITY PLANNING AND
ZONING REQUIREMENTS.



STATE OF FLORIDA
DEPARTMENT OF HEALTH

313339

OPERATING PERMIT

For: **BioMedical Waste Program-SurgiCenter/Walk-in Clinic**

Audit Control: **M00234**
Permit Number: **44-64-90249**

Issued To: **Good Health Clinic, The**
91555 Overseas Hwy
Numb 2
Tavernier, FL 33070

County: **Monroe**

Issue Date: 09/09/09
Amount Paid: \$ 85.00
Date Paid: 9/9/09

Mailed To: **The Good Health Clinic**
91555 Overseas Hwy
Numb 2
Tavernier, FL 33070

Permit Expires On:
September 30, 2010

Bobbi Slaughter

ISSUED BY: Monroe County Health Dept.
3333 Overseas Highway, Marathon, Florida 33050 (305) 289-2721

ENVIRONMENTAL HEALTH ADMINISTRATOR
Please verify all information, make changes where applicable



STATE OF FLORIDA
DEPARTMENT OF HEALTH

313339

OFFICIAL RECEIPT

RETAIN THIS PORTION FOR YOUR RECORDS

For: **BioMedical Waste Program-SurgiCenter/Walk-in Clinic**

Audit Control: **M00234**
Permit Number: **44-64-90249**

Issued To: **Good Health Clinic, The**
91555 Overseas Hwy
Numb 2
Tavernier, FL 33070

County: **Monroe**

Issue Date: 09/09/09
Amount Paid: \$ 85.00
Date Paid: 9/9/09

Mailed To: **The Good Health Clinic**
91555 Overseas Hwy
Numb 2
Tavernier, FL 33070

Permit Expires On:
September 30, 2010

Issued by: Monroe County Health Dept.

Check Number:
Date Paid: 9/9/09

THE GOOD HEALTH CLINIC, INC.
A FLORIDA, NOT-FOR-PROFIT CORPORATION

POLICIES and PROCEDURES

CLINIC OPERATIONS

HIRING PRACTICES AND POLICIES

The Good Health Clinic, Inc. is an equal opportunity employer and does not discriminate against any person based on race, color, religion, sex, or national origin.

ALCOHOL/DRUG FREE WORK PLACE

Any and all employees of The Good Health Clinic, Inc. are hereby notified that the Clinic is a drug-free and alcohol-free work place. Alcohol use and drug use [with the exception of physician- prescribed medications] on the premises of the Clinic during business hours is strictly forbidden.



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

April 7, 2009

Ms. Norma Anderson
Clinic Coordinator
Good Health Clinic
91555 Overseas Hwy
Tavernier, Florida 33070

Dear Ms. Anderson:

I would like to take this opportunity to thank you for your cooperation and assistance during my visit to the clinic. A review of 10 records was conducted to verify that the Eligibility and Patient Referral Forms were part of the records, correctly completed, and signed as required by the 766.115 F.S.

All cases were found accurately prepared and eligible for services with the exception of one case, which was over the eligibility criteria.

As discussed, even though all your clients go through a pre-screening at Baptist Health South Florida, the Volunteer Health Care Provider Program-Financial Eligibility Form (DH1032E) must be completed and signed by an Active Chapter 110 volunteer following federal poverty levels guideline, *prior* to being referred to a 766 provider, as required by the 766.1115 F.S. This is a critical link in *qualifying* the organization and licensed provider for sovereign immunity protection.

I wish to thank you for your assistance and for everything you do to ensure the Good Health Clinic continues its commitment to excellence. If you have any question, do not hesitate to call me at (305) 336-1280.

Sincerely,

A handwritten signature in cursive script that reads "Maria Ortega".

Maria Ortega
Volunteer Coordinator
Miami-Dade County Health Department

cc: Rene Ynestroza, MBA, MSMIS
Sr. Public Health Services Manager



Miami-Dade County Health Department
8175 NW 12 Street, #300, Miami, Florida 33126
Tel: (305) 324-2400 Fax: (786) 336-1297
Website: www.dadehealth.org

The logo for Good Health Clinic, featuring a stylized figure with arms raised inside a shield-like shape.

Attachment P
GOOD HEALTH CLINIC, INC.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE/TREATMENT
INSPECTION REPORT**



PURPOSE:

- ROUTINE
- CONSTRUCT
- COMPLAINT
- QA SURVEY
- OTHER
- REINSPECTION
- CHANGE OF OWNER
- CONSULTATION
- EPIDEMIOLOGY

NAME GOOD HEALTH CLINIC
 ADDRESS 91555 ORLEANS HWY CITY TAVERNIER
 PHONE 305-853-1788 ZIP 33070
 OWNER/CONTACT PERSON NORMA ANDERSON

RESULTS

- Satisfactory
 - Incomplete
 - Unsatisfactory
- Correct Violations by
 Next Inspection
 8:00 AM on:
 Letter of Compliance by:

BEGIN	END
1:00	1:20
2:00	2:05
3:10	3:10
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
022610
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SITE
81071
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ID NUMBER
44-64-90249
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- TYPE**
- Generate
 - Transport
 - Store
 - Treat
 - Other

DATE
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OUT OF BUSINESS

- Hospital
- Nursing Home
- Medical Doctor
- Osteopath
- Clinical Laboratory
- Abortion Clinic
- Funeral Home
- Veterinarian
- Dentist
- Home Health
- SurgiCenter/Walk-in
- Other
- Dialysis Clinic
- Tattoo Body Pierce
- Podiatrist
- State Laboratory/Clinic
- Blood Bank

Items marked below violate the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-16 of the Florida Administrative Code and Chapters 381, and 336 of the Florida Statutes. Violations must be corrected as indicated in the Results section above, or a citation, administrative fine, or other legal action will be initiated.

- 1. Permit/Exemption/Registration
- 2. Written Plan
- 3. Training
- 4. Records
- 5. Segregation
- 6. Containers
- 7. Storage
- 8. Transport Vehicle(s)
- 9. Labeling
- 10. Transfer/Transport
- 11. Treatment Method:
- 12. Other

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	WILL BE APPLYING FOR EXEMPTION KEEP LOG OF MONTHLY WASTE GENERATED
	** NO VIOLATIONS AT THIS TIME **

INSPECTION CONDUCTED BY: Diana A. Chessa PHONE: 853-1906
 COPY OF REPORT RECEIVED BY: Norma Anderson DATE: 2-26-10