

**Short Form  
Return of Organization Exempt From Income Tax**

**2008**

Department of the Treasury  
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public  
Inspection

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> THE NEIGHBORHOOD CHRISTIAN CLINIC, INC 1929 WEST FILLMORE STREET BLD C PHOENIX, AZ 85009	<b>D</b> Employer identification number 86-0839580
		<b>E</b> Telephone number 602-258-6008
		<b>F</b> Group Exemption Number

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

**I** Website: ▶ WWW.THECHRISTIANCLINIC.ORG

**J** Organization type (check only one) —  501(c) ( 3 ) (insert no.) 4947(a)(1) or 527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 913,323.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>REVENUE</b>	1	Contributions, gifts, grants, and similar amounts received	1	758,634.
	2	Program service revenue including government fees and contracts	2	136,173.
	3	Membership dues and assessments	3	
	4	Investment income	4	18,516.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ )	8		
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	913,323.	
<b>EXPENSES</b>	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	558,269.
	13	Professional fees and other payments to independent contractors	13	76,079.
	14	Occupancy, rent, utilities, and maintenance	14	74,854.
	15	Printing, publications, postage, and shipping	15	19,110.
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	349,973.
17	<b>Total expenses</b> (add lines 10 through 16)	17	1,078,285.	
<b>ASSETS</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-164,962.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,448,774.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	1,283,812.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	678,860.	465,197.
23	Land and buildings	572,980.	582,834.
24	Other assets (describe ▶ SEE STATEMENT 2)	207,528.	261,659.
25	<b>Total assets</b>	1,459,368.	1,309,690.
26	<b>Total liabilities</b> (describe ▶ SEE STATEMENT 3)	10,594.	25,878.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	1,448,774.	1,283,812.

Extension Attached PUBLIC INFORMATION

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses
What is the organization's primary exempt purpose? <u>SEE STATEMENT 4</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	<u>SEE STATEMENT 5</u>	
	(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	28a 878,565.
29		
	(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	29a
30		
	(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	30a
31	Other program services (attach schedule)	
	(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32 878,565.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
DAVID W. TELLEZ, MD 1929 W. FILLMORE ST., BLDG C PHOENIX, AZ 85009	PRESIDENT 5.00	0.	0.	0.
SCOTT K. OBERG 1929 W. FILLMORE ST., BLDG C PHOENIX, AZ 85009	SECRETARY 0	0.	0.	0.
GREG HARMAN 1929 W. FILLMORE ST., BLDG C PHOENIX, AZ 85009	DIRECTOR 0	0.	0.	0.
KIT DANLEY 1929 W. FILLMORE ST., BLDG C PHOENIX, AZ 85009	DIRECTOR 0	0.	0.	0.
ARLAN FUHR 1929 W. FILLMORE ST., BLDG C PHOENIX, AZ 85009	DIRECTOR 0	0.	0.	0.
STEVEN KESSLER 1929 W. FILLMORE ST., BLDG C PHOENIX, AZ 85009	DIRECTOR 0	0.	0.	0.
MARK HARSHBARGER 1929 W. FILLMORE ST., BLDG C PHOENIX, AZ 85009	DIRECTOR 0	0.	0.	0.
PAUL LORENTSEN, MD 1929 W. FILLMORE ST., BLDG C PHOENIX, AZ 85009	MEDICAL DIRECTR 40.00	91,744.	4,313.	0.
GARY PLOOSTER 1929 W. FILLMORE ST., BLDG C PHOENIX, AZ 85009	EXECUTIVE DIREC 40.00	44,308.	0.	0.
GREG MORELL 1929 W. FILLMORE ST., BLDG C PHOENIX, AZ 85009	TREASURER 0	0.	0.	0.
JOE LINDNER, DDS 1929 W. FILLMORE ST., BLDG C PHOENIX, AZ 85009	DENTAL DIRECTOR 20.00	31,000.	0.	0.

**Part V Other Information** (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	X	
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b N/A		
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities. 39b N/A		
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I. 40b X		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. 40e X		
41 List the states with which a copy of this return is filed ▶ AZ		

42a The books are in care of ▶ NEIGHBORHOOD CHRISTIAN CLINIC Telephone no. ▶ 602-258-6008  
 Located at ▶ 1929 WEST FILMORE STREET PHOENIX AZ ZIP + 4 ▶ 85009

	Yes	No
b 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)? If 'Yes,' enter the name of the foreign country: ... ▶		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ... ▶		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here  N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. **SEE STATEMENT 6**

	Yes	No
46 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
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.....		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		X
49a Did the organization make any transfers to an exempt non-charitable related organization?.....		X
b If 'Yes,' was the related organization(s) a section 527 organization?.....		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000.....				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000.....		

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: *[Handwritten Signature]* Date: \_\_\_\_\_

Type or print name and title: \_\_\_\_\_

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**Paid Preparer's Use Only**

Preparer's signature: *Vicki L Sanders* Date: *8.6.09*

Firm's name (or yours if self-employed), address, and ZIP + 4: **ROMER SANDERS & CO.**  
**1757 E BASELINE RD STE 105**  
**GILBERT, AZ 85233-1533**

Check if self-employed:  Preparer's Identifying Number (See instructions): *900647852*

EIN: *86-0649284*

Phone no.: *(480) 820-5041*

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

BAA Form 990-EZ (2008)



**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 'unusual grants'.)	396,632.	896,785.	917,160.	572,352.	716,049.	3,498,978.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-3	396,632.	896,785.	917,160.	572,352.	716,049.	3,498,978.
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).						1,068,056.
6 Public support. Subtract line 5 from line 4.						2,430,922.

**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.	396,632.	896,785.	917,160.	572,352.	716,049.	3,498,978.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	3,455.	3,778.	12,613.	19,546.	18,516.	57,908.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						3,556,886.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
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	68.3%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	61.3%
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3 support test – 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"/>	