

**Short Form**  
**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**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations 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	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> The Roberto Clemente - Santa Ana Health Clinic, Inc. 105 W. Monument Street Baltimore, MD 21201	<b>D</b> Employer identification number 71-0926873  <b>E</b> Telephone number 410-783-8410  <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).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ WWW.NICACLINIC.ORG

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**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. ▶ \$ 291,586.

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

<b>R E V E N U E</b>	1	Contributions, gifts, grants, and similar amounts received .....	1	215,767.
	2	Program service revenue including government fees and contracts.....	2	69,917.
	3	Membership dues and assessments.....	3	
	4	Investment income.....	4	5,902.
	5a	Gross amount from sale of assets other than inventory.....	5a	
	b	Less: cost or other basis and sales expenses.....	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 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"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1).....	6a	
b	Less: direct expenses other than fundraising expenses.....	6b		
c	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		
b	Less: cost of goods sold.....	7b		
c	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	291,586.	
<b>E X P E N S E S</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	72,318.
	13	Professional fees and other payments to independent contractors.....	13	30,467.
	14	Occupancy, rent, utilities, and maintenance.....	14	
	15	Printing, publications, postage, and shipping.....	15	1,164.
	16	Other expenses (describe ▶ See Statement 1).....	16	94,337.
17	<b>Total expenses</b> (add lines 10 through 16)..... ▶	17	198,286.	
<b>A S S E T S</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9).....	18	93,300.
	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	241,481.
	20	Other changes in net assets or fund balances (attach explanation)..... See Statement 2.....	20	28,492.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20..... ▶	21	363,273.

**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.....		155,696.	22	286,014.
23 Land and buildings.....		96,085.	23	94,176.
24 Other assets (describe ▶ See Statement 3).....		8,831.	24	5,621.
25 <b>Total assets</b> .....		260,612.	25	385,811.
26 <b>Total liabilities</b> (describe ▶ See Statement 4).....		19,131.	26	22,538.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21).....		241,481.	27	363,273.