

February 5, 2023

Bethesda Health Clinic
409 W. Ferguson Street
Tyler, TX 75702

Dear Dr. English:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2023.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Kevin Cashion

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer BETHESDA HEALTH CLINIC		EIN or SSN 26-0036674
Name and title of officer or person subject to tax DR JOHN ENGLISH EXECUTIVE DIR		

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>10,041,396.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize GOLLOB MORGAN PEDDY PC to enter my PIN 25674
 ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

80549546409
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ KEVIN CASHION Date ▶ 02/05/23

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **990**

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

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BETHESDA HEALTH CLINIC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 409 W. FERGUSON STREET City or town, state or province, country, and ZIP or foreign postal code TYLER, TX 75702 F Name and address of principal officer: DR. JOHN ENGLISH SAME AS C ABOVE	D Employer identification number 26-0036674 E Telephone number 903-596-8353 G Gross receipts \$ 13,791,539. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.BETHESDACLINIC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2003		M State of legal domicile: TX

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: _____ 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	237
	6 Total number of volunteers (estimate if necessary)	6	369
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		7,661,853.	9,061,280.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		967,603.	1,167,019.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-28,725.	3,638.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-179,918.	-190,541.
		8,420,813.	10,041,396.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,169,380.	3,774,807.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,378,117.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,397,088.	5,774,745.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,566,468.	9,549,552.	
19 Revenue less expenses. Subtract line 18 from line 12	-145,655.	491,844.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8,698,830.	10,707,586.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,325,559.	1,195,603.
	7,373,271.	9,511,983.	

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 DR. JOHN ENGLISH, EXECUTIVE DIR. Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name KEVIN CASHION	Preparer's signature KEVIN CASHION	Date 02/05/23	Check <input type="checkbox"/> if self-employed	PTIN P00246409
	Firm's name ▶ Firm's address ▶	GOLLOB MORGAN PEDDY PC 1001 ESE LOOP 323, STE. 300 TYLER, TX 75701	Firm's EIN ▶ 75-2147296	Phone no. 903-534-0088	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission:
BETHESDA HEALTH CLINIC IS A CHRIST-CENTERED CLINIC DEVOTED TO PROVIDING AFFORDABLE HEALTH AND DENTAL CARE TO HARDWORKING LOW-INCOME ADULTS WHO ARE UNINSURED OR UNDERINSURED.

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
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 [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 7,327,165. including grants of \$) (Revenue \$ 1,167,019.)
FROM JULY 1, 2021 TO JUNE 30, 2022 THE MEDICAL CLINIC HAD 14,107 PATIENT VISITS. THE DENTAL CLINIC HAD 5,805 PATIENT VISITS. APPROXIMATELY 369 VOLUNTEERS FOR OVER 11,523 HOURS. WE ARE VERY PROUD THAT EVEN DURING COVID WE HAD HIGHER OUTCOMES WITH DIABETES, HIGH BLOOD PRESSURE AND DEPRESSION COMPARED TO NATIONAL AVERAGES.

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

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

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

4e Total program service expenses 7,327,165.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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>	6	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>	7	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>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b 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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	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? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</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), 501(c)(4), and 501(c)(29) 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 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

		Yes	No
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 237		
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. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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 line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		X
b	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).		
a	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 22		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 22		
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, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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 on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did 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 on 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **MELISSA BRISCOE - 903-596-8353**
409 W. FERGUSON STREET, TYLER, TX 75702

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

- 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, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) DR. JOHN ENGLISH CHIEF EXECUTIVE OFFIER	40.00	X		X			179,146.	0.	0.	
(2) TAYLOR HOLLAND EMPLOYEE	40.00				X		132,031.	0.	0.	
(3) MELISSA BRISCOE CFO	40.00	X		X			83,083.	0.	0.	
(4) DIANE THOMASON CHIEF DEVELOPMENT OFFICER	40.00	X		X			71,577.	0.	0.	
(5) AARON FLEET DIRECTOR	2.00	X					0.	0.	0.	
(6) AMBER OWEN SECRETARY/DEVEOPMENT CHAIR	2.00	X		X			0.	0.	0.	
(7) BECKY WESTERN DIRECTOR	2.00	X					0.	0.	0.	
(8) DAVID KRAFVE PRESIDENT	2.00	X		X			0.	0.	0.	
(9) JOSH ROBERTS TREASURER/FINANCE CHAIR	2.00	X		X			0.	0.	0.	
(10) LAURIE LEHNHOF-WATTS DIRECTOR	2.00	X					0.	0.	0.	
(11) MICHELLE BROOKSHIRE DIRECTOR	2.00	X					0.	0.	0.	
(12) MICHELLE CARR DIRECTOR	2.00	X					0.	0.	0.	
(13) RANDALL CHILDRESS DIRECTOR	2.00	X					0.	0.	0.	
(14) SHANE BUTLER DIRECTOR	2.00	X					0.	0.	0.	
(15) SHANNON DACUS VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(16) SHELLY WELCH DIRECTOR	2.00	X					0.	0.	0.	
(17) JENNIFER BAILEY DIRECTOR	2.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) WADE BARKER DDS MD DIRECTOR	2.00	X						0.	0.	0.
(19) LEE R GIBSON DIRECTOR	2.00	X						0.	0.	0.
(20) KATY KUMMERFELD DIRECTOR	2.00	X						0.	0.	0.
(21) KAY LATTA DIRECTOR	2.00	X						0.	0.	0.
(22) SANDRA OWENS DIRECTOR	2.00	X						0.	0.	0.
(23) CARRIE TUTT MD DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal							465,837.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							465,837.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	2,783.				
	c Fundraising events	1c	676,398.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	8,382,099.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 6,062,079.				
	h Total. Add lines 1a-1f		9,061,280.				
	Program Service Revenue	2 a PATIENT FEES	Business Code				
		621300	1,167,019.	1,167,019.			
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		1,167,019.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,638.			3,638.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ 676,398. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
b Less: direct expenses	8b		72,388.				
c Net income or (loss) from fundraising events			-72,388.				
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		3,528,788.				
b Less: cost of goods sold	10b		3,677,755.				
c Net income or (loss) from sales of inventory			-148,967.				
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		900099	30,814.	30,814.			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d		30,814.					
12 Total revenue. See instructions		10,041,396.	1,048,866.	0.	-68,750.		

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).

Check if Schedule O contains a response or note to any line in this Part IX

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	359,327.	215,596.	53,899.	89,832.
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	2,878,014.	1,726,809.	431,702.	719,503.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	276,565.	153,501.	59,105.	63,959.
10 Payroll taxes	260,901.	156,541.	39,135.	65,225.
11 Fees for services (nonemployees):				
a Management	205,203.	205,203.		
b Legal				
c Accounting	28,982.		28,982.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	234,589.	179,597.	18,508.	36,484.
12 Advertising and promotion	43,445.	17,378.	8,689.	17,378.
13 Office expenses	61,749.	48,068.	5,457.	8,224.
14 Information technology	85,189.	72,410.	8,518.	4,261.
15 Royalties				
16 Occupancy	575,284.	280,554.	62,344.	232,386.
17 Travel	7,556.			7,556.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,883.	7,885.	1,089.	1,909.
20 Interest	40,063.			40,063.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	171,488.	151,727.	17,785.	1,976.
23 Insurance	72,136.	67,953.	3,718.	465.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL PROFESSIONAL SE	2,100,303.	2,100,303.		
b MEDICAL SUPPLIES	1,518,088.	1,518,088.		
c LABORATORY	181,145.	181,145.		
d DENTAL SUPPLIES	105,907.	105,907.		
e All other expenses	332,735.	138,500.	105,339.	88,896.
25 Total functional expenses. Add lines 1 through 24e	9,549,552.	7,327,165.	844,270.	1,378,117.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	773,593.	1	538,428.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	599,820.	8	788,744.
	9 Prepaid expenses and deferred charges	33,323.	9	53,458.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,009,722.		
	b Less: accumulated depreciation	10b 1,812,428.	3,288,975.	10c 3,197,294.
	11 Investments - publicly traded securities	991,033.	11	3,422,038.
	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	3,012,086.	15	2,707,624.
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,698,830.	16	10,707,586.	
Liabilities	17 Accounts payable and accrued expenses	240,502.	17	196,467.
	18 Grants payable		18	
	19 Deferred revenue	68.	19	92,566.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,084,989.	23	906,570.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,325,559.	26	1,195,603.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,235,729.	27	7,257,191.
	28 Net assets with donor restrictions	1,137,542.	28	2,254,792.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	7,373,271.	32	9,511,983.
33 Total liabilities and net assets/fund balances	8,698,830.	33	10,707,586.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,041,396.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,549,552.
3	Revenue less expenses. Subtract line 2 from line 1	3	491,844.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,373,271.
5	Net unrealized gains (losses) on investments	5	-674,234.
6	Donated services and use of facilities	6	2,321,102.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,511,983.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
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? _____		X
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 on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support 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. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: BETHESDA HEALTH CLINIC Employer identification number: 26-0036674

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 12, 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 (Form 990).)
3 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). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 [X] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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 2021 (line 6, column (f), divided by line 11, column (f)).....	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 VI 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 - 2020. 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 VI 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,736,226.	5,037,099.	6,875,788.	7,661,853.	8,384,882.	31,695,848.
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	655,393.	667,762.	1,170,303.	967,603.	1,167,019.	4,628,080.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	1,276,446.	1,929,559.	3,181,085.	2,884,706.	3,528,788.	12,800,584.
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	5,668,065.	7,634,420.	11,227,176.	11,514,162.	13,080,689.	49,124,512.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		529,895.	1,595,715.	1,412,169.	1,542,433.	5,080,212.
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						0.
c Add lines 7a and 7b		529,895.	1,595,715.	1,412,169.	1,542,433.	5,080,212.
8 Public support. (Subtract line 7c from line 6.)						44,044,300.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	5,668,065.	7,634,420.	11,227,176.	11,514,162.	13,080,689.	49,124,512.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,906.	713.	4,208.	15,775.	3,638.	28,240.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,906.	713.	4,208.	15,775.	3,638.	28,240.
11 Net income from unrelated business activities not included on 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 VI.)	12,552.	3,020.	5,346.	909.	24,054.	45,881.
13 Total support. (Add lines 9, 10c, 11, and 12.)	5,684,523.	7,638,153.	11,236,730.	11,530,846.	13,108,381.	49,198,633.

14 First 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	89.52 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	88.66 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	.06 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	.07 %

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2017 AMOUNT: \$ 12,552.

2018 AMOUNT: \$ 3,020.

2019 AMOUNT: \$ 5,346.

2020 AMOUNT: \$ 909.

2021 AMOUNT: \$ 24,054.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

BETHESDA HEALTH CLINIC

Employer identification number

26-0036674

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization BETHESDA HEALTH CLINIC	Employer identification number 26-0036674
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MS DARLA BENNETT PO BOX 7458 TYLER, TX 75711-7458	\$ 1,016,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	EAST TEXAS COMMUNITIES FOUNDATION TTL 315 N BROADWAY STE 210 TYLER, TX 75702-5757	\$ 138,860.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	UNITED WAY OF SMITH COUNTY PO BOX 10029 TYLER, TX 75711-0029	\$ 115,086.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JOHN SOULES FOODS PO BOX 4579 TYLER, TX 75712-4579	\$ 109,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BOB L. HERD FOUNDATION P O BOX 9340 TYLER, TX 75711-9340	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BEN AND MAYTEE FISCH FOUNDATION 3300 S BROADWAY AVE, STE 200 TYLER, TX 75701-7849	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BETHESDA HEALTH CLINIC**26-0036674****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE ROGERS FOUNDATION 2335 OAK ALLEY TYLER, TX 75703-5892	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BEN AND MAYTEE FISCH FOUNDATION 3300 S BROADWAY AVE, STE 200 TYLER, TX 75701-7849	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	SCHWAB CHARITABLE FUND 101 MONTGOMERY ST SAN FRANCISCO, CA 94104-4151	\$ 55,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	LOWERY FAMILY FOUNDATION 5912 QUAIL CREEK DR TYLER, TX 75703-4531	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	LOUIS & PEACHES OWEN FAMILY FOUNDATION 3300 S BROADWAY AVE, STE 200 TYLER, TX 75701-7849	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	MRS SANDRA KING 1431 HOLLYTREE PL TYLER, TX 75703-5773	\$ 46,983.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BETHESDA HEALTH CLINIC	Employer identification number 26-0036674
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	AMERICAN ENDOWMENT FOUNDATION 5700 DARROW RD STE 118 HUDSON, OH 44236-5026	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	WOMEN'S FUND PO BOX 6965 TYLER, TX 75711-6965	\$ 34,490.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	MR AND MRS BRANDON PARKER 6514 ROCHESTER WAY TYLER, TX 75703-4241	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	COMMUNITIES FOUNDATION OF TEXAS 5500 CARUTH HAVEN LN DALLAS, TX 75225-8146	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	MS BILLIE PAT JONES 2117 PARKWAY PL TYLER, TX 75701-4754	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	TXACC PROJECT HOPE 1220 19TH ST NEW STE 800 WASHINGTON, DC 20036	\$ 21,201.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BETHESDA HEALTH CLINIC	Employer identification number 26-0036674
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	SOUTHSIDE BANK 1201 S BECKHAM AVE TYLER, TX 75701-3320	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	WATSON W WISE FOUNDATION 110 N COLLEGE AVE STE 311 TYLER, TX 75702-7345	\$ 18,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	A W RITER JR FAMILY FOUNDATION 1012 FRUITT PL TYLER, TX 75703-1132	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	BYERS FAMILY PARTNERSHIP, LTD. 102 N COLLEGE AVE STE 402 TYLER, TX 75702-7332	\$ 14,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	SHERI WISE 6516 HIDDEN CREEK COURT PLANO, TX 75024	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	MRS DANNY HARRIS 2700 GUM TREE TRAIL WYLIE, TX 75098	\$ 13,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BETHESDA HEALTH CLINIC	Employer identification number 26-0036674
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	THE HONORABLE AMY MCCULLOUGH AND MR DAVID MCCULLOUGH 521 PARK HEIGHTS CIRCLE TYLER, TX 75701-4124	\$ 13,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	MRS PAUL POWELL 5603 ELDERWOOD DRIVE TYLER, TX 75703-3969	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	BANK OF AMERICA CHARITABLE FDN 100 N TYRON ST NC1-021-0601 CHARLOTE , NC 28255	\$ 12,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	MR AND MRS JEFF JOHNSTON 2504 BARRETT CT TYLER, TX 75703-7497	\$ 12,632.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	MR AND MRS DANIEL WILLSON 7632 TIMBER TRAIL TYLER, TX 75703-0716	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	MR AND MRS RAY ROBINSON 1940 STONEGATE BLVD. TYLER, TX 75703-0126	\$ 11,382.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BETHESDA HEALTH CLINIC

26-0036674

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	DR AND MRS KENT DAVIS 1910 ESE LOOP 323 #219 TYLER, TX 75701	\$ 11,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	JUNIOR LEAGUE OF TYLER, INC 1919 S DONNYBROOK TYLER, TX 75701-4236	\$ 10,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	MR AND MRS MICHAEL WALLACE 3510 PAT LN TYLER, TX 75701-8656	\$ 10,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	MR AND MRS GERHARD BOUWER PO BOX 275 BULLARD, TX 75757-0275	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	DR AND MRS CHIP SWINNEY 1510 JEFF DAVIS DR TYLER, TX 75703-5546	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	MR LIN BARKER 9525 TESSA LN FLINT, TX 75762-9340	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BETHESDA HEALTH CLINIC	Employer identification number 26-0036674
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	MR AND MRS DAVID TURMAN 5905 WILDERNESS RD TYLER, TX 75703-4546	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	DR AND MRS CHARLES GORDON 7302 HOLLYTREE DR TYLER, TX 75703-0919	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	MR AND MRS RANDALL BROOKS 7104 GLENEAGLES DR TYLER, TX 75703-5758	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	MR AND MRS JAMES PERKINS 6405 HOLLYTREE CIR TYLER, TX 75703-5768	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	DR AND MRS MARK HEMBREE 6809 LA COSTA DR TYLER, TX 75703-5751	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	DR AND MRS CRAIG RADFORD 6405 GLENEAGLES DR TYLER, TX 75703-5827	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BETHESDA HEALTH CLINIC**26-0036674****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	MR AND MRS DANIEL JOHNSON 16944 RAINBOW POINT TYLER, TX 75707	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	MR AND MRS TIM BROOKSHIRE 440 SHERRY LN TYLER, TX 75701-7728	\$ 6,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	DR AND MRS JOHN STUART CRUTCHFIELD 2006 CANBERRA CT TYLER, TX 75703-5802	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	MR AND MRS JON SNYDER 6903 GLENEAGLES TYLER, TX 75703	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	ROSEMAN WEALTH ADVISORS 3300 S BROADWAY AVE, STE 200 TYLER, TX 75701	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	DR AND MRS CRAIG HARRISON 719 TIMBERWILDE DR TYLER, TX 75703-1127	\$ 5,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BETHESDA HEALTH CLINIC**26-0036674****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	MR AND MRS BILLY BASS 1606 JEB STUART DR TYLER, TX 75703-6391	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	DR AND MRS STEPHEN HILLIS 1701 DEVONSHIRE DR TYLER, TX 75703-2408	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	AUSTIN BANK PO DRAWER 438 WHITEHOUSE, TX 75791-0438	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	MRS VERNON FAULCONER 2600 S CHILTON AVE TYLER, TX 75701-5313	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	REPUBLIC SERVICES (GENE KEENON) P.O. BOX 1139 KILGORE, TX 75663-1139	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	MS MARY ANN CLOYD 2302 DIETZ LN TYLER, TX 75701-5636	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BETHESDA HEALTH CLINIC**26-0036674****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	BANK OF AMERICA 1300 AMERICAN BLVD., MSC 0303 PENNINGTON, NJ 08534-4135	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	ECHO 1350 CONCOURSE AVE STE 142 MEMPHIS, TN 38104-2020	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	PERSHING 400 N ROBERT ST SAINT PAUL, MN 55101-2037	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	MR AND MRS JOHN SOULES 1401 CUMBERLAND RD TYLER, TX 75703-9341	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	DR MARVIN STEPHENS 7835 CROSS ROAD TYLER, TX 75703-0515	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	MR AND MRS JOHN MURPHY 7529 CROSS GATE WAY TYLER, TX 75703-0714	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BETHESDA HEALTH CLINIC

26-0036674

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	MR AND MRS CHAD OSBORNE 14308 STATE HIGHWAY 155 N WINONA, TX 75792-5140	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	DR AND MRS MARK SAUNDERS 1506 S. CHILTON AVE. TYLER, TX 75701-2909	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	DR AND MRS MARK ROBBINS 14613 NORTHWEST ROAD WHITEHOUSE, TX 75791	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	MR AND MRS WOODROW WEAVER 22409 BENEDICT DR FLINT, TX 75762-9687	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	DR AND MRS RICHARD HANDLEY 536 PARK HEIGHTS CIR TYLER, TX 75701-4123	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	MR AND MRS JAMES WYNNE 511 W 6TH ST TYLER, TX 75701-4021	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BETHESDA HEALTH CLINIC	Employer identification number 26-0036674
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	GOUDARZI & YOUNG, LLP <hr/> PO BOX 910 <hr/> GILMER, TX 75644-0910	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	MR BLAIR RICHARDSON <hr/> 205 DETROIT ST STE 800 <hr/> DENVER, CO 80206-4858	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	DR AND MRS ROY GERARD <hr/> 3065 STONEGATE BLVD. <hr/> TYLER, TX 75703-0114	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	AMERICARES FOUNDATION <hr/> 99 HAMILTON AVE <hr/> STAMFORD, CT 06902	\$ 550,886.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
71	DIRECT RELEIF <hr/> 27 S LA PATERA LANE <hr/> GOLETA, CA 93117	\$ 898,878.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BETHESDA HEALTH CLINIC	Employer identification number 26-0036674
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
70	DRUGS AND MEDICAL SUPPLIES _____ _____ _____	\$ 550,886.	06/30/22
71	PHARMACEUTICALS _____ _____ _____	\$ 898,878.	06/30/22
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization BETHESDA HEALTH CLINIC	Employer identification number 26-0036674
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: BETHESDA HEALTH CLINIC; Employer identification number: 26-0036674

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, and monitoring details.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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" on 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 XIII 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 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" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		535,444.		535,444.
b Buildings		1,839,689.	278,965.	1,560,724.
c Leasehold improvements		1,436,398.	580,736.	855,662.
d Equipment		648,737.	541,930.	106,807.
e Other		549,454.	410,797.	138,657.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,197,294.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTEREST IN NET ASSETS OF BETHESDA FOUND	1,766,654.
(2) CIP - BUILDING EXPANSION	917,000.
(3) CAPITAL EXPANSION PROJECT	23,970.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,707,624.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2021

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
BETHESDA HEALTH CLINIC

Employer identification number
26-0036674

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			

Total

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		BIRTHDAY BASH	DR. LUKE DINNER	1	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	283,504.	216,372.	176,522.	676,398.
	2	Less: Contributions	283,504.	216,372.	176,522.	676,398.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	19,790.	10,324.		30,114.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	25,710.	3,974.	12,590.	42,274.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				72,388.
11	Net income summary. Subtract line 10 from line 3, column (d)				-72,388.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

- 13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

BETHESDA HEALTH CLINIC

Employer identification number

26-0036674

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. JOHN ENGLISH CHIEF EXECUTIVE OFFIER	(i)	179,146.	0.	0.	0.	0.	179,146.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MELISSA BRISCOE CFO	(i)	83,083.	0.	0.	0.	0.	83,083.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

2021

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

BETHESDA HEALTH CLINIC

Employer identification number

26-0036674

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2021

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KRYSTI MCWHA	FORMER OFFICER/EMPL	0.	DURING 2022		X
JUDY WEST	FORMER EMPLOYEE	0.	DURING 2022		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: KRYSTI MCWHA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FORMER OFFICER/EMPLOYEE

(D) DESCRIPTION OF TRANSACTION: DURING 2022 AND 2021 TWO EMPLOYEES

PROVIDED CONSULTING SERVICES RELATED TO THE CLINIC'S POINT OF SALE SYSTEM AT ITS THRIFT STORES THROUGH A COMPANY THEY OWNED. BOTH EMPLOYEES LEFT EMPLOYMENT OF THE CLINIC DURING 2022. NO DIRECT PAYMENTS WERE MADE TO THE EMPLOYEES OR THEIR COMPANY RELATED TO THESE SERVICES DURING 2022.

(A) NAME OF PERSON: JUDY WEST

(D) DESCRIPTION OF TRANSACTION: DURING 2022 AND 2021 TWO EMPLOYEES

PROVIDED CONSULTING SERVICES RELATED TO THE CLINIC'S POINT OF SALE SYSTEM AT ITS THRIFT STORES THROUGH A COMPANY THEY OWNED. BOTH EMPLOYEES LEFT EMPLOYMENT OF THE CLINIC DURING 2022. NO DIRECT PAYMENTS WERE MADE TO THE EMPLOYEES OR THEIR COMPANY RELATED TO THESE SERVICES DURING 2022.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **BETHESDA HEALTH CLINIC** Employer identification number **26-0036674**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		3,717,712.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	2	1,146,999.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2021

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

BETHESDA HEALTH CLINIC

Employer identification number

26-0036674

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BETHESDA HEALTH CLINIC IS A CHRIST-CENTERED CLINIC DEVOTED TO PROVIDING AFFORDABLE HEALTH AND DENTAL CARE TO HARDWORKING LOW-INCOME ADULTS WHO ARE UNINSURED OR UNDERINSURED.

FORM 990, PART VI, SECTION B, LINE 11B:

LINE 11B EXPLANATION - A DRAFT OF THE RETURN WILL BE PRESENTED AT A FINANCE COMMITTEE MEETING FOR THEIR REVIEW. A COPY OF THE DRAFT WILL ALSO BE MADE AVAILABLE TO ALL BOARD MEMBERS FOR THEIR REVIEW. ONCE APPROVED BY THE BOARD, THE RETURN WILL BE FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THEIR CONFLICT OF INTEREST POLICY BY REVIEWING THE POLICY AT BOARD MEETINGS. ANY POTENTIAL CONFLICTS ARE DISCUSSED AND HANDLED AS THEY ARISE.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE EXECUTIVE DIRECTOR AND OTHER MEMBERS OF MANAGEMENT IS DETERMINED BASED ON AN ANNUAL EVALUATION PROCESS UNDERTAKEN BY THE BOARD OF DIRECTORS. THE PROCESS INCLUDES AN EVALUATION OF THE PERFORMANCE IN KEY AREAS AS COMPARED TO THE EXPECTED PERFORMANCE FOR THE POSITION AND ATTAINMENT OF ESTABLISHED GOALS.

FORM 990, PART VI, SECTION C, LINE 19:

DISCLOSURE OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

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

Schedule O (Form 990) 2021

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021
Open to Public Inspection

Name of the organization **BETHESDA HEALTH CLINIC** Employer identification number **26-0036674**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BETHESDA HEALTH CLINIC FOUNDATION - 20-2755891, P.O. BOX 1999, TYLER, TX 75710	TO PROVIDE FINANCIAL MGMT SERVICES FOR THE BETHESDA CLINIC.	TEXAS	501(C)(3)	509(A)(3) I		X	
BETHESDA PHYSICIAN ASSOCIATES - 46-3482286 P.O. BOX 199 TYLER, TX 75710	PERFORM MEDICAL SERVICES & PROCEDURES	TEXAS	501(C)(3)	509(A)(3) I		X	

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

Schedule R (Form 990) 2021

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BETHESDA PHYSICIAN ASSOCIATES	M	205,203.	CASH VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule A **Payments from Disqualified Persons** **2021**
Included on Part III, Line 7a

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
A.W. RITER JR FAMILY FOUNDATION	0.	0.	30,000.	5,000.	0.
ANDERSON-VUKELJA FOUNDATION	0.	0.	14,250.	5,000.	0.
AUSTIN BANK	0.	0.	9,500.	7,000.	5,500.
BEN AND MAYTEE FISCH FOUNDATION	0.	25,000.	25,000.	35,000.	120,000.
BOB L. HERD FOUNDATION	0.	20,000.	20,000.	20,000.	100,000.
BROOKSHIRE GROCERY CO	0.	6,000.	0.	0.	0.
CHARLES AND RITA ANDERSON FOUNDATIO	0.	5,000.	5,000.	0.	0.
CHRISTUS TRINITY MOTHER FRANCES	0.	5,000.	0.	0.	0.
COMMUNITY FOUNDATION OF MIDDLE TENN	0.	16,500.	0.	0.	0.
DOCTORS MEMORIAL FOUNDATION	0.	45,000.	56,000.	950,000.	0.
DR AND MRS THOMAS LOWERY	0.	0.	1,000,000.	0.	0.
DR AND MRS TODD RAABE	0.	0.	25,250.	0.	0.
EAST TEXAS MEDICAL CENTER	0.	0.	100,000.	54,249.	0.
FIRST BAPTIST CHURCH	0.	0.	11,000.	9,000.	0.
GREEN ACRES BAPTIST CHURCH	0.	0.	12,751.	12,050.	0.
GREENBERG SMOKED TURKEY, INC	0.	12,500.	12,500.	0.	0.
JOHN SOULES FOODS	0.	37,075.	42,810.	82,000.	109,000.
JULIETTA JARVIS FOUNDATION	0.	10,000.	0.	10,000.	0.
JUNIOR LEAGUE OF TYLER, INC	0.	10,000.	0.	7,500.	10,700.
LOUIS & PEACHES OWEN FAMILY FOUNDAT	0.	25,000.	25,000.	0.	50,000.
MR AND MRS BILL SKILLERN	0.	19,000.	7,750.	0.	0.
MR AND MRS C.R. NEAL	0.	5,000.	5,000.	0.	0.
MR AND MRS DAVID ENRIGHT	0.	25,000.	0.	0.	0.
MR AND MRS DAVID KRAFVE	0.	11,020.	0.	0.	0.
Total to Schedule A, Part III, Line 7a					

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2021

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
MR AND MRS FRANCIS KAY	0.	10,000.	10,000.	10,050.	0.
MR AND MRS JEFF JOHNSTON	0.	0.	7,750.	22,500.	0.
MR AND MRS JOHN SOULES	0.	8,620.	5,000.	5,000.	5,000.
MR AND MRS LIN BARKER	0.	0.	0.	5,000.	0.
MRS BEVERLY CASTLEBERRY	0.	0.	8,145.	7,470.	0.
MRS SANDRA KING	0.	37,430.	12,165.	38,000.	46,983.
MS CAROLE WILSON	0.	0.	0.	10,000.	0.
MS DARLA BENNETT	0.	72,750.	73,944.	87,950.	1,016,750.
ORBIT LAND SERVICES	0.	5,000.	5,000.	0.	0.
ROGERS FOUNDATION	0.	50,000.	50,000.	0.	60,000.
ROSE HEIGHTS CHURCH OF GOD	0.	0.	8,400.	8,400.	0.
WATSON W WISE FOUNDATION	0.	13,500.	13,500.	21,000.	18,500.
WILLINGHAM FAMILY FOUNDATION	0.	5,000.	0.	0.	0.
WILLINGHAM FAMILY FOUNDATION	0.	5,000.	0.	0.	0.
ZERO-THE END OF PROSTATE CANCER	0.	45,500.	0.	0.	0.
Total to Schedule A, Part III, Line 7a		529,895.	1,595,715.	1,412,169.	1,542,433.

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	FURNITURE & FIXTURES														
1	CUBICAL WALLS	04/15/03	SL	5.00		16	3,500.				3,500.	3,500.		0.	3,500.
2	64 OFFICE CHAIRS	10/14/05	SL	5.00		16	1,269.				1,269.	1,269.		0.	1,269.
3	8 60"" ROUND TABLES	10/31/05	SL	5.00		16	791.				791.	791.		0.	791.
4	POTRAIT-PAT MALLORY	10/26/06	SL	3.00		16	1,005.				1,005.	1,005.		0.	1,005.
5	LATERAL FILE CABINET	12/27/06	SL	5.00		16	1,056.				1,056.	1,056.		0.	1,056.
6	FURNITURE	02/05/07	SL	5.00		16	39.				39.	39.		0.	39.
7	KITCHEN TABLE	12/31/09	SL	5.00		16	530.				530.	530.		0.	530.
8	OFFICE FURNITURE	06/01/10	SL	5.00		16	19,357.				19,357.	19,357.		0.	19,357.
9	OFFICE FURNITURE	09/28/11	SL	7.00		16	662.				662.	662.		0.	662.
65	PATIENT CHAIRS-WAITING RM	04/17/12	SL	7.00		16	2,007.				2,007.	1,960.		0.	1,960.
72	FURNITURE-VOLUNTEER COORD	11/27/12	SL	7.00		16	2,073.				2,073.	2,060.		0.	2,060.
74	OFFICE FURNITURE	12/31/12	SL	7.00		16	1,904.				1,904.	1,904.		0.	1,904.
87	OFFICE FURNITURE	01/23/13	SL	7.00		16	3,995.				3,995.	3,995.		0.	3,995.
100	12"" FAN TECH	06/10/14	SL	5.00		16	1,962.				1,962.	1,880.		0.	1,880.
101	OFFICE FURNITURE	06/10/14	SL	5.00		16	3,800.				3,800.	3,641.		0.	3,641.
102	OFFICE FURNITURE	06/18/14	SL	5.00		16	1,588.				1,588.	1,510.		0.	1,510.
124	ANGEL MOSAIC	03/31/15	SL	7.00		16	8,250.				8,250.	7,369.		881.	8,250.

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125	DESK	01/31/15	SL	7.00		16	1,420.				1,420.	1,302.		118.	1,420.
126	CONFERENCE TABLE/CHAIRS	03/05/15	SL	7.00		16	4,332.				4,332.	3,921.		411.	4,332.
127	CONFERENCE CREDENZA	03/05/15	SL	7.00		16	1,409.				1,409.	1,274.		135.	1,409.
128	OFFICE CREDENZA- LAURA	03/20/15	SL	7.00		16	1,489.				1,489.	1,331.		158.	1,489.
129	DESK- DIANE	03/20/15	SL	7.00		16	2,436.				2,436.	2,175.		261.	2,436.
130	WINDOW BLINDS	02/28/15	SL	7.00		16	2,427.				2,427.	2,198.		229.	2,427.
131	BREAKROOM CHAIRS	04/23/15	SL	7.00		16	2,350.				2,350.	2,072.		278.	2,350.
132	DENTAL OFFICE & CUBICAL	04/30/15	SL	7.00		16	1,505.				1,505.	1,325.		180.	1,505.
133	TRAINING TABLE & CHAIRS	05/05/15	SL	7.00		16	5,448.				5,448.	4,798.		650.	5,448.
134	LETTERING FOR DONOR WALL	04/30/15	SL	7.00		16	3,905.				3,905.	3,441.		464.	3,905.
135	ARTWORK- GENESIS ROOM	03/31/15	SL	7.00		16	2,590.				2,590.	2,313.		277.	2,590.
142	DENTAL CABINET- 15B5580	04/01/15	SL	7.00		16	8,448.				8,448.	7,544.		904.	8,448.
143	DENTAL CABINET- 15B5580	04/01/15	SL	7.00		16	8,448.				8,448.	7,543.		905.	8,448.
144	DENTAL CABINET- 15B5580	04/01/15	SL	7.00		16	8,448.				8,448.	7,544.		904.	8,448.
145	DENTAL CABINET- 15B5543	04/01/15	SL	7.00		16	14,175.				14,175.	12,656.		1,519.	14,175.
146	DENTAL CABINET- 15B5543	04/01/15	SL	7.00		16	4,549.				4,549.	4,062.		487.	4,549.
147	DENTAL CABINET- 15B5543	04/01/15	SL	7.00		16	4,549.				4,549.	4,062.		487.	4,549.
148	DENTAL CABINET- 15B5543	04/01/15	SL	7.00		16	4,489.				4,489.	4,007.		482.	4,489.

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149	DENTAL CABINET- 15B5543	04/01/15	SL	7.00		16	4,489.				4,489.	4,006.		483.	4,489.
150	DENTAL CABINET- 15B5580	04/01/15	SL	7.00		16	16,041.				16,041.	14,325.		1,716.	16,041.
157	DENTAL CABINET- 12F77922	04/01/15	SL	7.00		16	6,377.				6,377.	5,693.		684.	6,377.
158	DENTAL CABINET- 12F77918	04/01/15	SL	7.00		16	10,552.				10,552.	9,420.		1,132.	10,552.
163	DRUFOMAT DENTAL MACHINE	06/23/16	SL	7.00		16	4,010.				4,010.	2,865.		573.	3,438.
164	ELITE SENTOR XRAY	08/18/16	SL	7.00		16	9,164.				9,164.	6,326.		1,309.	7,635.
166	CHAIR	09/22/16	SL	7.00		16	17,913.				17,913.	12,155.		2,559.	14,714.
167	PANORAMIC XRAY	11/29/16	SL	7.00		16	21,799.				21,799.	14,273.		3,114.	17,387.
168	DENTAL XRAY MACHINE	01/27/16	SL	7.00		16	4,359.				4,359.	3,375.		623.	3,998.
169	VACSTAR PUMP DENTAL	12/31/16	SL	7.00		16	5,238.				5,238.	3,366.		748.	4,114.
170	SHELVING - HOH	12/31/16	SL	7.00		16	4,800.				4,800.	3,087.		686.	3,773.
175	DENTAL CHAIR #A18092	03/30/17	SL	7.00		16	8,159.				8,159.	4,955.		1,166.	6,121.
176	RADIUS STYLE #A11123	03/30/17	SL	7.00		16	5,974.				5,974.	3,626.		853.	4,479.
177	HALOGEN LIGHT #16D12650	03/30/17	SL	7.00		16	2,130.				2,130.	1,292.		304.	1,596.
178	REAR MOUNT ADJUST #A12681	03/30/17	SL	7.00		16	1,650.				1,650.	1,003.		236.	1,239.
179	COLPOSCOPE CENTER POST GY	05/12/17	SL	7.00		16	4,466.				4,466.	2,658.		638.	3,296.
180	ELECTROSURGICAL SYSTEM OB	05/12/17	SL	7.00		16	5,105.				5,105.	3,037.		729.	3,766.
181	DENTAL CHAIR #A18236	07/01/17	SL	7.00		16	8,723.				8,723.	4,984.		1,246.	6,230.

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182	RADIUS STYLE #A18236	07/01/17	SL	7.00		16	6,128.				6,128.	3,501.		875.	4,376.
183	REAR MOUNT ADJUST #A11740	07/01/17	SL	7.00		16	1,553.				1,553.	888.		222.	1,110.
184	HALOGEN LIGHT #17D19595	07/01/17	SL	7.00		16	2,217.				2,217.	1,268.		317.	1,585.
185	NOMAD PR 2X XRAY #22519	12/01/17	SL	7.00		16	6,348.				6,348.	3,250.		907.	4,157.
186	SCHICK 33SZ 2 SENSOR 4981	12/01/17	SL	7.00		16	9,172.				9,172.	4,694.		1,310.	6,004.
187	ECG #9027373	12/14/17	SL	7.00		16	5,106.				5,106.	2,613.		729.	3,342.
188	CUBICLES FOR PATIENT CARE	12/31/17	SL	7.00		16	6,558.				6,558.	3,279.		937.	4,216.
189	DENTAL STERILIZER #884818	12/31/17	SL	7.00		16	6,426.				6,426.	3,213.		918.	4,131.
197	TCI SOFTWARE	01/04/18	SL	5.00		16	3,000.				3,000.	2,100.		600.	2,700.
198	PATIENT PORTAL MODULE	01/04/18	SL	5.00		16	3,100.				3,100.	2,170.		620.	2,790.
199	DATAMAX	12/31/18	SL	5.00		16	15,032.				15,032.	6,764.		3,006.	9,770.
200	HOH SIGN	05/11/18	SL	5.00		16	13,207.				13,207.	8,363.		2,641.	11,004.
201	EAST TEXAS ALARM	07/26/18	SL	5.00		16	6,482.				6,482.	3,726.		1,296.	5,022.
202	DENTAL SUPPLY	09/01/18	SL	5.00		16	6,375.				6,375.	3,507.		1,275.	4,782.
203	PROCEDURE CHAIR	09/30/18	SL	5.00		16	7,801.				7,801.	4,095.		1,560.	5,655.
204	MOBILE PROCEDURE LIGHT	09/30/18	SL	5.00		16	2,673.				2,673.	1,404.		535.	1,939.
205	RHINOLARYNGOSCOPE	10/31/18	SL	5.00		16	3,995.				3,995.	1,998.		799.	2,797.
206	AUTOCLAVE, ULTRCLAVE AUTO	11/01/18	SL	5.00		16	4,396.				4,396.	2,198.		879.	3,077.

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207	DENTAL SUPPLY	05/31/18	SL	5.00		16	5,098.				5,098.	3,145.		1,020.	4,165.
212	PRINTER	05/08/19	SL	5.00		16	668.				668.	279.		134.	413.
214	X-RAY SENSOR	06/30/19	SL	5.00		16	6,523.				6,523.	2,610.		1,305.	3,915.
215	DIGITAL PHONE SYSTEM	06/21/19	SL	5.00		16	15,726.				15,726.	6,290.		3,145.	9,435.
240	CCTV	07/29/21	SL	5.00		16	1,823.				1,823.			334.	334.
241	STORE DISPLAYS	10/28/21	SL	5.00		16	8,636.				8,636.			1,151.	1,151.
243	CUBICLES	04/19/22	SL	5.00		16	12,682.				12,682.			423.	423.
244	DATTO SIRIS	06/30/22	SL	5.00		16	2,670.				2,670.			0.	
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						440,549.				440,549.	297,897.		55,467.	353,364.
	MACHINERY & EQUIPMENT														
25	OFFICE EQUIPMENT	05/15/02	SL	5.00		16	500.				500.	500.		0.	500.
26	SOFTWARE (MEDINFO)	09/01/03	SL	3.00		16	150,000.				150,000.	150,000.		0.	150,000.
27	OFFICE EQUIPMENT	11/17/03	SL	5.00		16	2,405.				2,405.	2,405.		0.	2,405.
28	TREATMENT CHAIR	10/22/04	SL	7.00		16	5,000.				5,000.	5,000.		0.	5,000.
29	DENTAL X-RAY MACHINE	04/14/05	SL	5.00		16	6,000.				6,000.	6,000.		0.	6,000.
30	PHONE/COMPUTER WIRING	06/20/05	SL	5.00		16	933.				933.	933.		0.	933.
31	2 DENTAL CHAIRS	04/14/05	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.
32	7 EXAM TABLES REGULAR	06/30/05	SL	5.00		16	3,500.				3,500.	3,500.		0.	3,500.

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33	GI EQUIPMENT	06/30/05	SL	5.00		16	25,000.				25,000.	25,000.		0.	25,000.
34	SPIROMETRY	06/30/05	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
35	DISPLAY BOARD	03/28/06	SL	5.00		16	627.				627.	627.		0.	627.
36	ACCOUNTING SOFTWARE	03/28/06	SL	5.00		16	19,758.				19,758.	19,758.		0.	19,758.
37	COMPUTER FIREWALL	04/27/06	SL	5.00		16	955.				955.	955.		0.	955.
38	N-COMM PHONE SYSTEM	09/13/06	SL	5.00		16	7,369.				7,369.	7,369.		0.	7,369.
39	EPSON POWERLITE 76C	03/26/07	SL	5.00		16	749.				749.	749.		0.	749.
40	ECG ATRIA 3100	06/30/07	SL	5.00		16	3,486.				3,486.	3,486.		0.	3,486.
41	AUTOCLAVE	06/30/07	SL	5.00		16	3,291.				3,291.	3,291.		0.	3,291.
42	DELL OFFICE SERVER	10/31/07	SL	5.00		16	501.				501.	501.		0.	501.
43	WASHER & DRYER	11/30/07	SL	5.00		16	1,187.				1,187.	1,187.		0.	1,187.
44	SURGICAL LIGHT	01/25/08	SL	5.00		16	2,263.				2,263.	2,263.		0.	2,263.
45	GLUCOMA PEN	01/25/08	SL	5.00		16	2,725.				2,725.	2,725.		0.	2,725.
46	DELL SERVER	03/31/08	SL	5.00		16	7,203.				7,203.	7,203.		0.	7,203.
47	COMPUTER	03/31/08	SL	5.00		16	1,809.				1,809.	1,809.		0.	1,809.
48	BATTERY BACKUP	06/20/08	SL	3.00		16	149.				149.	149.		0.	149.
49	EXTERNAL BACKUP	06/20/08	SL	5.00		16	838.				838.	838.		0.	838.
50	AC UNIT	08/04/08	SL	5.00		16	351.				351.	351.		0.	351.

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51	UNIVERSAL FOOTCARE	09/04/08	SL	5.00		16	1,295.				1,295.	1,295.		0.	1,295.
52	ABI MACHINE	12/31/08	SL	5.00		16	1,313.				1,313.	1,313.		0.	1,313.
53	REFRIDGERATOR	12/31/09	SL	10.00		16	2,675.				2,675.	2,675.		0.	2,675.
54	CONVECTION OVEN	12/31/09	SL	10.00		16	3,000.				3,000.	3,000.		0.	3,000.
55	SINK/SINK OCMBO	12/31/09	SL	10.00		16	1,315.				1,315.	1,315.		0.	1,315.
56	KITCHEN EQUIPMENT	07/13/10	SL	5.00		16	610.				610.	610.		0.	610.
57	ID BADGE MACHINE	07/23/10	SL	7.00		16	1,550.				1,550.	1,550.		0.	1,550.
58	EQUIPMENT	12/31/10	SL	3.00		16	84.				84.	84.		0.	84.
59	MEDICAL EQUIPMENT	07/18/11	SL	7.00		16	9,673.				9,673.	9,673.		0.	9,673.
60	DENTAL EQUIPMENT	08/31/11	SL	7.00		16	17,579.				17,579.	17,579.		0.	17,579.
61	COMPUTERS	11/01/11	SL	5.00		16	6,979.				6,979.	6,979.		0.	6,979.
63	FIRE EXTINGUISHING SYSTEM	12/19/12	SL	5.00		16	1,960.				1,960.	1,960.		0.	1,960.
66	DENTAL EQUIPMENT	04/30/12	SL	5.00		16	3,487.				3,487.	3,487.		0.	3,487.
67	COMPUTERS	06/14/12	SL	5.00		16	1,694.				1,694.	1,694.		0.	1,694.
68	DENTAL PAN-X	07/10/12	SL	10.00		16	9,028.				9,028.	8,126.		902.	9,028.
69	DIGITAL X-RAY	10/04/12	SL	10.00		16	33,980.				33,980.	29,733.		3,398.	33,131.
70	LAB EQUIPMENT	11/08/12	SL	5.00		16	1,181.				1,181.	1,181.		0.	1,181.
71	COMPUTERS	11/27/12	SL	5.00		16	1,390.				1,390.	1,390.		0.	1,390.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
73	REFRIGERATOR-BREAK ROOM	12/15/12	SL	5.00		16	1,807.				1,807.	1,807.		0.	1,807.
82	DIGITAL XRAY	07/17/12	SL	10.00		16	6,875.				6,875.	6,134.		688.	6,822.
83	DENTAL MINI-SPLIT	07/31/12	SL	7.00		16	3,949.				3,949.	3,831.		0.	3,831.
84	TECH SOUP COMPUTERS	08/31/12	SL	5.00		16	1,268.				1,268.	1,268.		0.	1,268.
85	COMPUTERS	11/08/12	SL	5.00		16	2,310.				2,310.	2,310.		0.	2,310.
88	COMPUTER	02/07/13	SL	5.00		16	2,085.				2,085.	2,085.		0.	2,085.
89	CPAP MACHINE	05/16/13	SL	5.00		16	1,350.				1,350.	1,350.		0.	1,350.
92	PROMOTIONAL VIDEO	12/16/13	SL	3.00		16	4,000.				4,000.	4,000.		0.	4,000.
94	STRETCHER	03/30/13	SL	5.00		16	6,927.				6,927.	6,927.		0.	6,927.
98	SOFTWARE	04/08/14	SL	3.00		16	1,750.				1,750.	1,750.		0.	1,750.
103	MINI SPLIT AIR CONDITIONR	07/03/14	SL	5.00		16	5,841.				5,841.	5,548.		0.	5,548.
104	HEALTHWAVE SOFTWARE	07/29/14	SL	3.00		16	6,620.				6,620.	6,620.		0.	6,620.
105	ABILA FUND ACCT. SOFTWARE	12/01/14	SL	3.00		16	2,853.				2,853.	2,853.		0.	2,853.
106	DENTAL CAMERA	12/18/14	SL	5.00		16	3,147.				3,147.	3,147.		0.	3,147.
108	COMPUTER EQUIPMENT	03/20/15	SL	5.00		16	13,112.				13,112.	13,112.		0.	13,112.
109	DENTAL SENSORS	06/18/15	SL	5.00		16	4,534.				4,534.	4,534.		0.	4,534.
111	SOFTWARE UPG MEDINFORTIXFTW	12/11/15	SL	3.00		16	3,148.				3,148.	3,148.		0.	3,148.
112	F3 TECH INVOICE #24827	12/11/15	SL	3.00		16	1,050.				1,050.	1,050.		0.	1,050.

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113	VIDEO COLONSCOPE	12/31/15	SL	5.00		16	1,518.				1,518.	1,518.		0.	1,518.
114	VIDEO GASTROSCOPE	12/31/15	SL	5.00		16	1,518.				1,518.	1,518.		0.	1,518.
115	ECG FOR LINDALE	06/25/15	SL	5.00		16	1,662.				1,662.	1,662.		0.	1,662.
116	EXAM LIGHT	12/03/15	SL	5.00		16	3,079.				3,079.	3,079.		0.	3,079.
117	DENTAL XRAY RCLS	12/31/15	SL	5.00		16	4,359.				4,359.	4,359.		0.	4,359.
118	LIGHTING ON ANGEL	12/31/15	SL	7.00		16	1,330.				1,330.	1,045.		190.	1,235.
123	SMART BOARD	02/28/15	SL	5.00		16	6,881.				6,881.	6,881.		0.	6,881.
136	DENTAL EQUIPMENT-15B332	04/01/15	SL	5.00		16	5,261.				5,261.	5,261.		0.	5,261.
137	DENTAL EQUIPMENT-15B332	04/01/15	SL	5.00		16	5,261.				5,261.	5,261.		0.	5,261.
138	DENTAL LIGHT- 15B11741	04/01/15	SL	5.00		16	2,106.				2,106.	2,106.		0.	2,106.
139	DENTAL LIGHT- 15B11740	04/01/15	SL	5.00		16	2,106.				2,106.	2,106.		0.	2,106.
140	DENTAL EQUIPMENT-15B20055	04/01/15	SL	5.00		16	1,671.				1,671.	1,671.		0.	1,671.
141	DENTAL EQUIPMENT-15B20056	04/01/15	SL	5.00		16	1,671.				1,671.	1,671.		0.	1,671.
151	DENTAL STOOL- 15B12304	04/01/15	SL	5.00		16	729.				729.	729.		0.	729.
152	DENTAL STOOL- 15B12308	04/01/15	SL	5.00		16	729.				729.	729.		0.	729.
153	DENTAL STOOL- 14B87369	04/01/15	SL	5.00		16	848.				848.	848.		0.	848.
154	DENTAL STOOL- 14B87375	04/01/15	SL	5.00		16	848.				848.	848.		0.	848.
155	DENTAL CHAIR- 15B411	04/01/15	SL	7.00		16	6,488.				6,488.	5,794.		694.	6,488.

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156	DENTAL CHAIR- 15B411	04/01/15	SL	7.00		16	6,488.				6,488.	5,793.		695.	6,488.
159	FLOWMETER- 2043-3152	04/01/15	SL	5.00		16	3,933.				3,933.	3,933.		0.	3,933.
160	AUTOCLAVE STRLZR-V1620001	04/01/15	SL	5.00		16	5,690.				5,690.	5,690.		0.	5,690.
161	COMPRESSOR AIRSTAR-533269	04/01/15	SL	5.00		16	6,879.				6,879.	6,879.		0.	6,879.
217	GI EQUIPMENT	09/24/19	SL	5.00		16	16,840.				16,840.	5,894.		3,368.	9,262.
218	EQUIPMENT	10/24/19	SL	5.00		16	14,250.				14,250.	4,750.		2,850.	7,600.
221	DENTAL EQUIPMENT	05/20/20	SL	5.00		16	49,048.				49,048.	10,627.		9,810.	20,437.
222	DENTAL EQUIPMENT	06/18/20	SL	5.00		16	11,317.				11,317.	2,263.		2,263.	4,526.
229	GYN TABLE, COLPOSCOPE AND CAMERA	04/05/21	SL	5.00		16	16,226.				16,226.	811.		3,245.	4,056.
231	AP PYMT-PATTERSON DENTAL SUPPLY MAY STATEMENT 2021	05/21/21	SL	5.00		16	8,531.				8,531.	142.		1,706.	1,848.
242	CYSTOSCOPE	11/30/21	SL	7.00		16	14,753.				14,753.			1,229.	1,229.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						622,538.				622,538.	508,085.		31,038.	539,123.
	TRANSPORTATION EQUIPMENT														
249	TRUCK-HOH	09/30/21	SL	7.00		16	26,199.				26,199.			2,807.	2,807.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						26,199.				26,199.	0.		2,807.	2,807.
	LAND														
174	HOH LAND	05/26/16	L				535,444.				535,444.			0.	
250	LAND	03/30/22		.000	HY	16	850,000.				850,000.			0.	

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	* 990 PAGE 10 TOTAL LAND						1,385,444.				1,385,444.	0.		0.	0.
	OTHER														
245	LEASEHOLD IMPROVEMENTS	07/27/21	SL	4.00		16	3,003.				3,003.			688.	688.
173	HOH BUILDING HOH BUILDING	07/01/16	SL	39.00	MM	16	1,784,236.				1,784,236.	228,750.		45,750.	274,500.
195	RENOVATIONS AT HOH HOH BUILDING	10/16/17	SL	39.00	MM	16	9,000.				9,000.	846.		231.	1,077.
210	SAMSUNG HEAT PUMP HOH BUILDING	05/31/18	SL	39.00	MM	16	4,347.				4,347.	343.		111.	454.
211	HEIL 14 SEER CONDENSER HOH BUILDING	07/20/18	SL	39.00	MM	16	3,413.				3,413.	252.		88.	340.
234	ETR AC & HEATING CUSTOMER #0000133 DUCT COVERS DEMO &	04/29/21	SL	5.00		16	1,994.				1,994.	66.		399.	465.
236	RCLS LOOP AC UNITS TO BUILDING	10/09/20	SL	39.00	MM	16	28,896.				28,896.	556.		741.	1,297.
237	AVCO ROOFING- REMEDIATE ROOF LEAKS AR HOH LOOP	05/04/21	SL	39.00	MM	16	4,800.				4,800.	21.		123.	144.
	* 990 PAGE 10 TOTAL OTHER						1,839,689.				1,839,689.	230,834.		48,131.	278,965.
	* 990 PAGE 10 TOTAL -						4,314,419.				4,314,419.	1,036,816.		137,443.	1,174,259.
	FURNITURE & FIXTURES														
247	TRAIN 5-TOON SYSTEM	07/26/21	SL	7.00		16	23,904.				23,904.			3,130.	3,130.
248	THRASH COMPACTOR	08/30/21	SL	5.00		16	1,818.				1,818.			303.	303.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						25,722.				25,722.	0.		3,433.	3,433.
	OTHER														
10	LEASEHOLD IMPROVEMENTS	01/31/03	SL	39.00	MM	16	411,473.				411,473.	194,309.		10,551.	204,860.

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11	2004 LEASEHOLD IMPROVEMENTS	03/22/04	SL	39.00	MM	16	239,067.				239,067.	105,742.		6,130.	111,872.
12	FINISH OUT IMPROVEMENTS	10/31/05	SL	39.00	MM	16	19,408.				19,408.	7,800.		498.	8,298.
13	2006 LEASEHOLD IMPROVEMEN	06/15/06	SL	39.00	MM	16	4,080.				4,080.	1,582.		105.	1,687.
14	OFFICE SPACE	06/30/07	SL	39.00	MM	16	5,408.				5,408.	1,944.		139.	2,083.
15	BUILDING PAINTING LABOR	07/05/08	SL	15.00		16	2,224.				2,224.	1,925.		148.	2,073.
16	AC UNIT	07/31/08	SL	15.00		16	2,500.				2,500.	2,156.		167.	2,323.
17	PAINT INTERIOR BUILDING	09/30/08	SL	15.00		16	3,402.				3,402.	2,894.		227.	3,121.
18	DUCT WORK	12/31/08	SL	3.00		16	169.				169.	169.		0.	169.
19	(2) CARRIER AIR CONDITION	05/23/08	SL	15.00		16	36,320.				36,320.	31,676.		2,421.	34,097.
20	FIRE ALARM	05/31/09	SL	10.00		16	8,804.				8,804.	8,619.		0.	8,619.
21	RENOVATIONS TO OFFICE	01/19/09	SL	15.00		16	6,673.				6,673.	5,525.		445.	5,970.
22	KITCHEN REMODEL	01/19/09	SL	15.00		16	8,276.				8,276.	6,853.		552.	7,405.
23	OFFICE RENOVATIONS-SCREEN	06/01/10	SL	7.00		16	4,778.				4,778.	4,778.		0.	4,778.
24	BUILDING IMPROVEMENTS	11/15/11	SL	15.00		16	2,260.				2,260.	1,459.		151.	1,610.
75	ELECTRICAL CHANGES-KITCHE	12/21/12	SL	15.00		16	1,125.				1,125.	637.		75.	712.
76	PLUMBING IMPROVEMENTS	03/19/12	SL	15.00		16	4,000.				4,000.	2,469.		267.	2,736.
77	CLINIC FLOORING	06/30/12	SL	5.00		16	1,812.				1,812.	1,812.		0.	1,812.
78	AC ZONE SYSTEM	09/06/12	SL	15.00		16	7,880.				7,880.	4,637.		525.	5,162.

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79	XRAY ROOM REMODEL	12/21/12	SL	15.00		16	4,552.				4,552.	2,575.		303.	2,878.
80	XRAY ROOM REMODEL	12/15/12	SL	15.00		16	1,779.				1,779.	1,022.		119.	1,141.
81	AC	12/13/12	SL	15.00		16	10,649.				10,649.	6,094.		710.	6,804.
107	HOT WATER HEATER	12/31/14	SL	7.00		16	1,200.				1,200.	1,111.		86.	1,197.
119	FLOORING DEPOSIT	09/10/15	SL	15.00		16	13,389.				13,389.	5,210.		893.	6,103.
120	FLOORING FINAL PAYMENT	10/29/15	SL	15.00		16	4,867.				4,867.	1,836.		324.	2,160.
121	LIGHTS OUTSIDE	09/17/15	SL	7.00		16	1,250.				1,250.	1,029.		179.	1,208.
122	BUILDING EXPANSION	07/15/15	SL	39.00	MM	16	459,940.				459,940.	70,759.		11,793.	82,552.
162	CLINIC FLOORING REMAINING BASIS	05/15/12	SL	5.00		16	21,068.				21,068.	21,068.		0.	21,068.
171	LH IMPROVEMENTS	05/25/16	SL	15.00		16	10,500.				10,500.	3,558.		700.	4,258.
172	LH IMPROVEMENTS	06/09/16	SL	15.00		16	8,420.				8,420.	2,852.		561.	3,413.
190	A/C UNIT 7.5 TON #44666	04/27/17	SL	15.00		16	6,890.				6,890.	1,913.		459.	2,372.
191	WALL IN GL ROOM	11/09/17	SL	15.00		16	1,500.				1,500.	367.		100.	467.
208	HEATING AIR UNIT	01/18/18	SL	39.00	MM	16	7,000.				7,000.	613.		179.	792.
209	AIR COMPRESSOR	06/27/18	SL	39.00	MM	16	2,850.				2,850.	219.		73.	292.
213	4 TON A/C SYSTEM	05/07/19	SL	39.00	MM	16	6,114.				6,114.	327.		157.	484.
216	A/C UNIT - LOOP	06/06/19	SL	39.00	MM	16	17,604.				17,604.	921.		451.	1,372.
220	SHELVES	03/31/20	SL	5.00		16	4,972.				4,972.	1,243.		994.	2,237.

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223	WALL IN GL ROOM	02/28/20	SL	39.00	MM16	4,200.				4,200.	144.		108.	252.
224	DENTAL ROOM PLUMBING	05/08/20	SL	39.00	MM16	6,505.				6,505.	195.		167.	362.
225	HVAC	06/17/20	SL	39.00	MM16	4,281.				4,281.	110.		110.	220.
232	TRANE ROOFTOP PACKAGE UNIT DUCT COVER/HANGUARD AT CLINI	01/31/21	SL	5.00	16	9,994.				9,994.	833.		1,999.	2,832.
235	FITZPATRICK ARCHITECTS: BETHESDA CLIIC RENOVATION	06/07/21	SL	39.00	MM16	2,456.				2,456.	5.		63.	68.
238	BILL-RL CONSTRUCTION DBA LEE'S CONSTURCTION CO.	06/28/21	SL	39.00	MM16	4,705.				4,705.			121.	121.
246	LEASEHOLD IMPROVEMENTS	03/31/22	SL	4.00	16	3,258.				3,258.			204.	204.
	* 990 PAGE 10 TOTAL OTHER					1,389,602.				1,389,602.	510,990.		43,254.	554,244.
	* 990 PAGE 10 TOTAL -					1,415,324.				1,415,324.	510,990.		46,687.	557,677.
	OTHER													
95	BOOK CASE - HOH HOH F&F	07/31/13	SL	7.00	16	2,770.				2,770.	2,770.		0.	2,770.
99	BOOKSHELF - HOH HOH F&F	04/30/14	SL	5.00	16	1,040.				1,040.	1,005.		0.	1,005.
110	CHECK OUT COUNTER HOH HOH F&F	12/31/15	SL	7.00	16	1,355.				1,355.	1,067.		194.	1,261.
	* 990 PAGE 10 TOTAL OTHER					5,165.				5,165.	4,842.		194.	5,036.
	* 990 PAGE 10 TOTAL -					5,165.				5,165.	4,842.		194.	5,036.
	OTHER													
90	HANGERS OF HOPE SIGN HOH IMPROVEMENTS	09/30/13	SL	10.00	16	8,576.				8,576.	6,649.		858.	7,507.
96	FLOORING - HOH HOH IMPROVEMENTS	12/16/13	SL	15.00	16	16,443.				16,443.	8,220.		1,096.	9,316.

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97	SECURITY SYSTEM - HOH HOH IMPROVEMENTS	03/31/14	SL	7.00		16	4,230.				4,230.	4,230.		0.	4,230.
165	SIGN - HOH HOH IMPROVEMENTS	08/18/16	SL	7.00		16	4,092.				4,092.	2,828.		585.	3,413.
192	HANGERS OF HOPE SIGN HOH IMPROVEMENTS	02/09/17	SL	39.00	MM	16	1,219.				1,219.	137.		31.	168.
193	HOH LIGHTED SIGN HOH IMPROVEMENTS	03/02/17	SL	39.00	MM	16	3,132.				3,132.	347.		80.	427.
194	CAMERA SYSTEM HOH IMPROVEMENTS	03/02/17	SL	39.00	MM	16	5,270.				5,270.	586.		135.	721.
196	ELEC OUTLET - TRASH COMP HOH IMPROVEMENTS	12/14/17	SL	39.00	MM	16	2,084.				2,084.	190.		53.	243.
233	PLUMBING- HOH LOOP	02/28/21	SL	5.00		16	1,750.				1,750.	117.		350.	467.
	* 990 PAGE 10 TOTAL OTHER						46,796.				46,796.	23,304.		3,188.	26,492.
	* 990 PAGE 10 TOTAL -						46,796.				46,796.	23,304.		3,188.	26,492.
	OTHER														
91	CLOTHING RACKS - HOH HOH M&E	11/25/13	SL	7.00		16	11,559.				11,559.	11,559.		0.	11,559.
93	SORTING EQUIPMENT - HOH HOH M&E	12/29/13	SL	5.00		16	2,505.				2,505.	2,505.		0.	2,505.
	* 990 PAGE 10 TOTAL OTHER						14,064.				14,064.	14,064.		0.	14,064.
	* 990 PAGE 10 TOTAL -						14,064.				14,064.	14,064.		0.	14,064.
	FURNITURE & FIXTURES														
239	PHONE AND CABLES	07/14/21	SL	5.00		16	7,181.				7,181.			1,436.	1,436.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						7,181.				7,181.	0.		1,436.	1,436.
	OTHER														

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62	SOFTWARE	09/15/11	SL	3.00		16	5,148.				5,148.	5,148.		0.	5,148.
64	UPGRADE MEDINFORMATIX	03/19/12	SL	3.00		16	7,722.				7,722.	7,722.		0.	7,722.
86	HR SOFTWARE UPGRADE	11/14/12	SL	3.00		16	5,085.				5,085.	5,085.		0.	5,085.
219	DONOR PERFECT SOFTWARE	07/01/19	SL	3.00		16	3,934.				3,934.	2,622.		1,312.	3,934.
226	UPGRADE MEDINFORMATIX	07/31/20	SL	3.00		16	2,244.				2,244.	686.		748.	1,434.
227	FINAL PAYMENT FOR UPGRADE	10/31/20	SL	3.00		16	561.				561.	125.		187.	312.
228	PURCHASE OF INTACCT WITH ANNUAL SUPPORT AND IMPRLEMEN	11/30/20	SL	5.00		16	28,123.				28,123.	3,281.		5,625.	8,906.
230	SOFTWARE INC: 64720	05/03/21	SL	5.00		16	3,956.				3,956.	132.		791.	923.
	* 990 PAGE 10 TOTAL OTHER						56,773.				56,773.	24,801.		8,663.	33,464.
	* 990 PAGE 10 TOTAL -						63,954.				63,954.	24,801.		10,099.	34,900.
	* GRAND TOTAL 990 PAGE 10 DEPR						5,859,722.				5,859,722.	1,614,817.		197,611.	1,812,428.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						4,903,795.			0.	4,903,795.	1,614,817.			1,800,723.
	ACQUISITIONS						955,927.			0.	955,927.	0.			11,705.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						5,859,722.			0.	5,859,722.	1,614,817.			1,812,428.
	ENDING ACCUM DEPR											1,812,428.			

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. BETHESDA HEALTH CLINIC	Taxpayer identification number (TIN) 26-0036674
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 409 W. FERGUSON STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TYLER, TX 75702	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

MELISSA BRISCOE

• The books are in the care of ▶ **409 W. FERGUSON STREET - TYLER, TX 75702**

Telephone No. ▶ **903-596-8353**

Fax No. ▶ **903-596-9471**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.