

GOLLOB MORGAN PEDDY PC
1001 ESE LOOP 323, STE. 300
TYLER, TX 75701

BETHESDA HEALTH CLINIC
409 W. FERGUSON STREET
TYLER, TX 75702



December 4, 2023

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

Dear Dr. English:

Enclosed is the organization's 2022 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, 2024.

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

BE674:V1

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

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>9,285,294.</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 2022 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 2022 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 2022 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 2022 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

12/04/23

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** (2022)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
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 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

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 \$ 13,642,459. 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 30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 30
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 130
	6	Total number of volunteers (estimate if necessary)	6 424
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)
9		Program service revenue (Part VIII, line 2g)	1,167,019. 1,156,308.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,638. 3,941.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-190,541. -157,130.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,041,396. 9,285,294.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,774,807. 4,670,373.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	1,609,569.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,774,745. 6,211,785.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,549,552. 10,882,158.
	19	Revenue less expenses. Subtract line 18 from line 12	491,844. -1,596,864.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 10,707,586. End of Year: 12,385,146.
	21	Total liabilities (Part X, line 26)	1,195,603. 1,730,001.
	22	Net assets or fund balances. Subtract line 21 from line 20	9,511,983. 10,655,145.

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.	Date	
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name KEVIN CASHION	Preparer's signature KEVIN CASHION	Date 12/04/23
	Firm's name GOLLOB MORGAN PEDDY PC	Firm's EIN 75-2147296	Check if self-employed <input type="checkbox"/> PTIN P00246409
	Firm's address 1001 ESE LOOP 323, STE. 300 TYLER, TX 75701	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 [X]

1 Briefly describe the organization's mission:
BETHESDA HEALTH CLINIC PROVIDES WORKING, UNINSURED ADULTS WITH HIGH-QUALITY, CHRIST-CENTERED HEALTHCARE. THE LARGEST PROGRAMS INCLUDE: PRIMARY MEDICAL CARE, FULL-SERVICE DENTAL, AND MEDICATION ASSISTANCE. BETHESDA FUNDS THE HEALTHCARE GAP BY GIVING PATIENTS

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 \$ 8,238,202. including grants of \$) (Revenue \$ 1,156,308.)
BETHESDA HEALTH CLINIC PROVIDES WORKING, UNINSURED ADULTS WITH HIGH-QUALITY, CHRIST-CENTERED HEALTHCARE. THE LARGEST PROGRAMS INCLUDE: PRIMARY MEDICAL CARE, FULL-SERVICE DENTAL. AND MEDICATION ASSISTANCE. BETHESDA FUNDS THE HEALTHCARE GAP BY GIVING PATIENTS ACCESS TO QUALITY CARE AT A PRICE THAT IS AFFORDABLE, WITH COPAYS AT EITHER \$20 OR \$30. THE COMBINATION OF STAFF PLUS EXPERIENCED MEDICAL AND DENTAL VOLUNTEERS ALLOW OUR PATIENTS ACCESS TO MANY SERVICES THAT WOULD OTHERWISE BE UNAVAILABLE TO THEM WITHOUT INSURANCE. EACH YEAR THE CLINIC PROVIDES MORE THAN 15,000 VISITS AND MILLIONS OF DOLLARS IN FREE MEDICATION FOR OUR COMMUNITY.

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 8,238,202.

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 130		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
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?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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? <i>If "No," provide an explanation on Schedule O</i>	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, or any disqualified or other person 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 30		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 30		
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?		
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	
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?		

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, box 6 of 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			186,613.	0.	6,410.	
(2) STEPHANIE WILSON DENTAL DIRECTOR	40.00	X		X			117,255.	0.	3,240.	
(3) MELISSA BRISCOE CFO	40.00	X		X			83,193.	0.	2,870.	
(4) DIANE THOMASON CHIEF DEVELOPMENT OFFICER	40.00	X		X			84,104.	0.	841.	
(5) JENNIFER BAILEY DIRECTOR	2.00	X					0.	0.	0.	
(6) WADE BARKER DIRECTOR	2.00	X					0.	0.	0.	
(7) SHELLY BIRMINGHAM DIRECTOR	2.00	X					0.	0.	0.	
(8) BOB BONDURANT DIRECTOR	2.00	X					0.	0.	0.	
(9) AARON FLEET DIRECTOR	2.00	X					0.	0.	0.	
(10) AMBER OWEN DIRECTOR	2.00	X					0.	0.	0.	
(11) BECKY WESTERN DIRECTOR	2.00	X					0.	0.	0.	
(12) GLEN CHRISTENSEN DIRECTOR	2.00	X					0.	0.	0.	
(13) DAVID KRAFVE DIRECTOR	2.00	X					0.	0.	0.	
(14) DEBBY DAVIS DIRECTOR	2.00	X					0.	0.	0.	
(15) DR. TODD RAABE BOARD EMERITUS	2.00	X		X			0.	0.	0.	
(16) BOB GARRETT DIRECTOR	2.00	X					0.	0.	0.	
(17) LEE GIBSON VICE PRESIDENT	2.00	X		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) KATY KUMMERFELD DIRECTOR	2.00	X						0.	0.	0.
(19) KEN LACKNER DIRECTOR	2.00	X						0.	0.	0.
(20) KAY LATTA DIRECTOR	2.00	X						0.	0.	0.
(21) MICHELLE CARR SECRETARY	2.00	X		X				0.	0.	0.
(22) LAURIE LEHNHOF-WATTS DIRECTOR	2.00	X						0.	0.	0.
(23) SCOTT MARTINEZ DIRECTOR	2.00	X						0.	0.	0.
(24) RANDALL CHILDRESS DIRECTOR	2.00	X						0.	0.	0.
(25) C SHANE BUTLER DIRECTOR	2.00	X						0.	0.	0.
(26) SHANNON DACUS PRESIDENT	2.00	X		X				0.	0.	0.
1b Subtotal								471,165.	0.	13,361.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								471,165.	0.	13,361.

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**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Rachel Means, April Munoz, Sandra Owens, Sheryl Palmer, Josh Roberts, Elizabeth Simmons, Steve Smith, and Carrie Tutt.

Total to Part VII, Section A, line 1c

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	851.				
	c Fundraising events	1c	792,230.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	7,489,094.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 5,953,382.				
	h Total. Add lines 1a-1f		8,282,175.				
Program Service Revenue	2 a PATIENT FEES	Business Code					
		621300	1,156,308.	1,156,308.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		1,156,308.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,941.			3,941.	
	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 \$ 792,230. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
b Less: direct expenses	8b	155,013.					
c Net income or (loss) from fundraising events		-155,013.			-155,013.		
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		4,050,154.				
b Less: cost of goods sold	10b	4,202,152.					
c Net income or (loss) from sales of inventory		-151,998.	-151,998.				
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		900099	149,881.	149,881.			
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d		149,881.					
12 Total revenue. See instructions		9,285,294.	1,154,191.	0.	-151,072.		

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	353,911.	212,346.	53,087.	88,478.
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	3,605,770.	2,163,463.	540,865.	901,442.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	405,737.	223,612.	88,953.	93,172.
10 Payroll taxes	304,955.	182,973.	45,743.	76,239.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	29,936.		29,936.	
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.)	222,606.	174,041.	16,343.	32,222.
12 Advertising and promotion	87,764.	35,106.	17,553.	35,105.
13 Office expenses	59,725.	41,632.	8,872.	9,221.
14 Information technology	100,146.	85,125.	10,014.	5,007.
15 Royalties				
16 Occupancy	586,329.	290,500.	69,019.	226,810.
17 Travel	11,290.			11,290.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,966.	7,331.	1,196.	3,439.
20 Interest	33,139.			33,139.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	159,351.	140,711.	16,776.	1,864.
23 Insurance	89,280.	83,487.	5,149.	644.
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	2,271,947.	2,271,947.		
b MEDICAL SUPPLIES	1,897,549.	1,897,549.		
c LABORATORY	145,494.	145,494.		
d DENTAL SUPPLIES	120,994.	120,994.		
e All other expenses	384,269.	161,891.	130,881.	91,497.
25 Total functional expenses. Add lines 1 through 24e	10,882,158.	8,238,202.	1,034,387.	1,609,569.
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 <input type="checkbox"/> 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	538,428.	1	962,171.
	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	788,744.	8	837,917.
	9 Prepaid expenses and deferred charges	53,458.	9	69,958.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,081,489.		
	b Less: accumulated depreciation	10b 1,998,828.	3,197,294.	10c 3,082,661.
	11 Investments - publicly traded securities	3,422,038.	11	4,034,339.
	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	2,707,624.	15	3,398,100.
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,707,586.	16	12,385,146.	
Liabilities	17 Accounts payable and accrued expenses	196,467.	17	405,947.
	18 Grants payable		18	
	19 Deferred revenue	92,566.	19	160,854.
	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	906,570.	23	1,163,200.
	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	1,195,603.	26	1,730,001.
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	7,257,191.	27	8,400,268.
	28 Net assets with donor restrictions	2,254,792.	28	2,254,877.
	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	9,511,983.	32	10,655,145.	
33 Total liabilities and net assets/fund balances	10,707,586.	33	12,385,146.	

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	9,285,294.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,882,158.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,596,864.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,511,983.
5	Net unrealized gains (losses) on investments	5	246,677.
6	Donated services and use of facilities	6	2,493,349.
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	10,655,145.

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		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 _____		

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.

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).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An 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.
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...
11 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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.

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,037,099.	6,875,788.	7,661,853.	8,384,882.	7,489,945.	35,449,567.
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	667,762.	1,170,303.	967,603.	1,167,019.	1,156,308.	5,128,995.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	1,929,559.	3,181,085.	2,884,706.	3,528,788.	4,050,154.	15,574,292.
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	7,634,420.	11,227,176.	11,514,162.	13,080,689.	12,696,407.	56,152,854.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	529,895.	1,595,715.	1,412,169.	1,542,433.	1,033,178.	6,113,390.
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.	1,033,178.	6,113,390.
8 Public support. (Subtract line 7c from line 6.)						50,039,464.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	7,634,420.	11,227,176.	11,514,162.	13,080,689.	12,696,407.	56,152,854.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	713.	4,208.	15,775.	3,638.	3,941.	28,275.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	713.	4,208.	15,775.	3,638.	3,941.	28,275.
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.)	3,020.	5,346.	909.	24,054.	149,881.	183,210.
13 Total support. (Add lines 9, 10c, 11, and 12.)	7,638,153.	11,236,730.	11,530,846.	13,108,381.	12,850,229.	56,364,339.

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 2022 (line 8, column (f), divided by line 13, column (f))	15	88.78 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	90.07 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	.05 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	.07 %

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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

2018 AMOUNT: \$ 3,020.

2019 AMOUNT: \$ 5,346.

2020 AMOUNT: \$ 909.

2021 AMOUNT: \$ 24,054.

2022 AMOUNT: \$ 149,881.

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

2022

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) (2022)

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	BEN AND MAYTEE FISCH FOUNDATION C/O MS DAWN FRANKS TYLER, TX 75701	\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MS DARLA BENNETT PO BOX 7458 TYLER, TX 75711	\$ 48,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MRS BEVERLY CASTLEBERRY 2421 HOMESTEAD LN TYLER, TX 75701	\$ 8,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DOCTORS MEMORIAL FOUNDATION PO BOX 132238 TYLER, TX 75713	\$ 62,304.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	EAST TEXAS COMMUNITIES FOUNDATION 315 N BROADWAY STE 210 TYLER, TX 75702	\$ 192,216.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277	\$ 17,500.	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
7	FIRST BAPTIST CHURCH 301 W FERGUSON TYLER, TX 75702	\$ 10,687.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	GREEN ACRES BAPTIST CHURCH 1607 TROUP HWY 110 TYLER, TX 75701	\$ 24,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	JOHN SOULES FOODS PO BOX 4579 TYLER, TX 75712	\$ 70,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	MR AND MRS JEFF JOHNSTON 2329 MIRABEAU DR TYLER, TX 75703	\$ 20,337.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	JULIETTA JARVIS FOUNDATION 100 E FERGUSON STE 1006 TYLER, TX 75702	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	MR AND MRS FRANCIS KAY 321 W 6TH ST TYLER, TX 75701	\$ 20,000.	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
13	MRS SANDRA KING 1431 HOLLYTREE PI TYLER, TX 75703	\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	DR AND MRS TODD RAABE 16987 FM 756 WHITEHOUSE, TX 75791	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	ROGERS FOUNDATION 2335 OAK ALLEY TYLER, TX 75703	\$ 43,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	ROSE HEIGHTS CHURCH OF GOD 2120 OLD OMEN RD TYLER, TX 75701	\$ 8,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	MR AND MRS JOHN SOULES 1401 CUMBERLAND RD TYLER, TX 75703	\$ 6,253.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	WATSON W WISE FOUNDATION 110 N COLLEGE STE 205 TYLER, TX 75702	\$ 27,500.	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
19	MS CAROLE WILSON 6118 PLANTATION DR TYLER, TX 75703	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	A.W. RITER JR FAMILY FOUNDATION 1012 PRUITT PLACE TYLER, TX 75703	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	GENECOV FOUNDATION PO BOX 132450 TYLER, TX 75713	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	MR AND MRS BARRY JONES 3800 CLOVERDALE TYLER, TX 75701	\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	MR AND MRS DAVID MCCULLOUGH 521 PARK HEIGHTS CIRCLE TYLER, TX 75701	\$ 6,270.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	MR AND MRS HERB BUIE 2025 STERLING DR TYLER, TX 75701	\$ 34,750.	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
25	MR AND MRS RANDALL BROOKS 7104 GLENEAGLES DR TYLER, TX 75703	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	MR AND MRS ROBERT BONDURANT 2848 STEWART WAY TYLER, TX 75709	\$ 102,775.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	BOB L. HERD FOUNDATION 3901 MANHATTAN TYLER, TX 75701	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	MR AND MRS DAVID KRAFVE 18031 S SHORE DR FLINT, TX 75762	\$ 17,275.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	MORGAN STANLEY 1300 THAMES ST WHARF, 4TH FLOO BALTIMORE, MD 21231	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	DIRECT RELIEF 27 S LA PATERA LANE GOLETA, CA 93117	\$ 1,038,021.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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	AMERICARES FOUNDATION 99 HAMILTON AVE STAMFORD, CT 06902	\$ 345,142.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
32	MRS PAUL POWELL 5603 ELDERWOOD TYLER, TX 75703	\$ 15,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	R W FAIR FOUNDATION NO. 2 PO BOX 689 TYLER, TX 75710	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	MR AND MRS DAVID S TURMAN 5905 WILDERNESS ROAD TYLER, TX 75703	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	SCHWAB CHARITABLE FUND 101 MONTGOMERY STREET SAN FRANCISCO, CA 94104	\$ 8,243.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	BANK OF AMERICA 1300 AMERICAN BLVD, MSC 0303 PENNINGTON, NJ 08534	\$ 6,000.	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 GERHARD BOUWER PO BOX 275 BULLARD, TX 75757	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	COMMUNITIES FOUNDATION OF TEXAS 5500 CARUTH HAVEN LN DALLAS, TX 75225	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	L & R PARKER FAMILY FOUNDATION 5467 NEW COPELAND RD TYLER, TX 75703	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	NATIONAL CHRISTIAN FOUNDATION/THE SIGNAT 706 N LINDENWOOD DR OLATHE, KS 66062	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	MR AND MRS BRANDON PARKER 6514 ROCHESTER WAY TYLER, TX 75703	\$ 20,074.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	DR AND MRS MARK ROBBINS 146013 NORTHWEST ROAD WHITEHOUSE, TX 75791	\$ 5,010.	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
43	DR AND MRS MARK SAUNDERS 1506 S. CHILTON AVE. TYLER, TX 75701	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	SOUTHSIDE BANK 1201 S BECKHAM AVE TYLER, TX 75701	\$ 25,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	DR AND MRS CHIP SWINNEY 1510 JEFF DAVIS DR TYLER, TX 75703	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	UNITED WAY OF SMITH COUNTY PO BOX 10029 TYLER, TX 75711	\$ 73,187.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	UT HEALTH EAST TEXAS PO BOX 6400 TYLER, TX 75711	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	BETHEL BIBLE CHURCH 17121 HWY 69S TYLER, TX 75703	\$ 6,250.	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
49	JP MORGAN CHARITABLE GIVING FUND 165 TOWNSHIP LINE RD, STE 1200 JENKINTOWN, PA 19046	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	MALCOLM REED VENTURES LP 535 WSW LOOP 323 STE 206?PMB 113 TYLER, TX 75701	\$ 17,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	MR BRENT BYERS 1955 REVENEUX LN TYLER, TX 75703	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	BYERS FAMILY FOUNDATION 102 N COLLEGE AVE STE 1300 TYLER, TX 75702	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	BYERS FAMILY PARTNERSHIP, LTD 102 N COLLEGE AVE STE 1300 TYLER, TX 75702	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	DR AND MRS BRUCE CARTER 4034 COPELAND RD TYLER, TX 75701	\$ 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
55	CASSITY JONES LUMBER AND HOME IMPROVEMENT CENTER 13188 STATE HWY 155 TYLER , TX 75703	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	DR AND MRS WILLIAM CHAMBERS 501 CUMBERLAND RD TYLER, TX 75703	\$ 5,527.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	MS MARY ANN CLOYD 2302 DIETZ LN TYLER, TX 75701	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	DR AND MRS KENT DAVIS 4705 NEWCASTLE DR TYLER, TX 75703	\$ 7,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	EOG RESOURCES, INC 421 W THIRD ST UNIT 300 FORT WORTH, TX 76102	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	FACEBOOK - FUNDRAISERS 1 HACKER WAY MENLO PARK, CA 94025	\$ 7,925.	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	FIRST CHRISTIAN CHURCH 4202 S BROADWAY AVE TYLER, TX 75701	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	FLINT BAPTIST CHURCH 11131 FM 2868 W FLINT, TX 75762	\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	MR AND MRS DONNIE GENTRY 801 TIBERWILDE TYLER, TX 75703	\$ 7,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	DR AND MRS ROY GERARD JR. 3065 STONEGATE BLVD TYLER, TX 75703	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	MR AND MRS LEE GIBSON III 2312 MIRABEAU DR TYLER, TX 75703	\$ 5,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	GLENN AND LORI MILLNER CHARITABLE FOUNDATION 18 CHENAL CIR LITTLE ROCK, AR 72223	\$ 9,200.	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
67	DR AND MRS RAY GULLETT 5380 OLD BULLARD RD STE 600 BOX 345 TYLER, TX 75703	\$ 13,218.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	MR AND MRS JOHN JONES 12600 COUNTY ROAD 133 FLINT, TX 75762	\$ 10,084.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	MR BEN ALFORD AND MS LISA KING 18083 DEER TRL FLINT, TX 75762	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	MR FRED MARTIN 412 BRIGHTON CT TYLER, TX 75701	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	MR AND MRS ROBERT MEANS 7118 SHADDOCK RDG TYLER, TX 75703	\$ 22,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	MR AND MRS JIM NIPP 1811 TRES DR WHITEHOUSE, TX 75791	\$ 10,000.	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
73	DR MELISSA AND MR JUSTIN O'NEAL 300 MEADOWCREEK RD COPPELL, TX 75019	\$ 5,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	MS BROOKE PARKER 1138 ASHWOOD DR TYLER, TX 75703	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	DR AND MRS MARK RACE 1427 HOLLYTREE PL TYLER, TX 75703	\$ 5,208.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	MRS MARILYN RICHEY 615 ROSEMONT PL TYLER, TX 75701	\$ 6,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	JACK AND MRS BARBARA SKEEN JR. 6719 CHERRYHILL DR TYLER, TX 75703	\$ 5,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	DR AND MRS WILLIAM STARLING 3213 DECHARLES TYLER, TX 75701	\$ 5,100.	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
79	DR MARVIN STEPHENS JR. 2204 THORNWOOD TYLER, TX 75703	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	TEXAS BANK AND TRUST 6530 S BROADWAY AVE TYLER, TX 75703	\$ 5,830.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	MR AND MRS WOODROW WEAVER 22409 BENEDICT DR FLINT, TX 75762	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	MR AND MRS PHIL BURKS 2005 STONEGATE VALLEY TYLER, TX 75703	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	MR AND MRS MORRIS GARY 816 CUMBERLAND RD TYLER, TX 75703	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	MRS CONNIE VAN MATRE 6928 PALUXY DR APT 210 TYLER, TX 75703	\$ 35,000.	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
85	LOWERY FAMILY FOUNDATION 5912 QUAIL CREEK TYLER, TX 75703	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	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
30	PHARMACEUTICALS _____ _____ _____	\$ 1,038,021.	06/30/23
31	DRUGS AND MEDICAL SUPPLIES _____ _____ _____	\$ 345,142.	06/30/23
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

2022

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 value of contributions, grants, and end of year, and two yes/no 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, acreage, and expenses, and two yes/no questions about monitoring and requirements.

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 and amounts required to be reported.

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		1,855,545.	327,768.	1,527,777.
c Leasehold improvements		1,478,573.	634,978.	843,595.
d Equipment		686,380.	575,593.	110,787.
e Other		525,547.	460,489.	65,058.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,082,661.

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 FOUNDATION	1,904,577.
(2) CIP - BUILDING EXPANSION	917,000.
(3) RIGHT OF USE ASSETS	533,529.
(4) CAPITAL EXPANSION PROJECT	42,994.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	3,398,100.

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.

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		BIRTHDAY BASH (event type)	DR. LUKE DINNER (event type)	1 (total number)		
1	Gross receipts	332,054.	253,425.	206,751.	792,230.	
2	Less: Contributions	332,054.	253,425.	206,751.	792,230.	
3	Gross income (line 1 minus line 2)					
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	23,182.	8,753.		31,935.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	37,441.	8,659.	76,978.	123,078.
10	Direct expense summary. Add lines 4 through 9 in column (d)				155,013.	
11	Net income summary. Subtract line 10 from line 3, column (d)				-155,013.	

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.

Revenue		(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

2022

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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) 2022

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)	186,613.	0.	0.	0.	6,410.	193,023.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2022

Open to Public
Inspection

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		4,099,327.	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	1,903,228.	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 3 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) 2022

**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

2022

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 III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACCESS TO QUALITY CARE AT A PRICE THAT IS AFFORDABLE, WITH COPAYS AT EITHER \$20 OR \$30. THE COMBINATION OF STAFF PLUS EXPERIENCED MEDICAL AND DENTAL VOLUNTEERS ALLOW OUR PATIENTS ACCESS TO MANY SERVICES THAT WOULD OTHERWISE BE UNAVAILABLE TO THEM WITHOUT INSURANCE. EACH YEAR THE CLINIC PROVIDES MORE THAN 15,000 VISITS AND MILLIONS OF DOLLARS IN FREE MEDICATION FOR OUR COMMUNITY.

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:

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

Schedule O (Form 990) 2022

Name of the organization

BETHESDA HEALTH CLINIC

Employer identification number

26-0036674

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 FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**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

2022
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) 2022

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	208,160.	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** **2022**
Included on Part III, Line 7a

**** Do Not File ****

***** Not Open to Public Inspection *****

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
A.W. RITER JR FAMILY FOUNDATION	0.	30,000.	5,000.	0.	15,000.
ANDERSON-VUKELJA FOUNDATION	0.	14,250.	5,000.	0.	0.
AUSTIN BANK	0.	9,500.	7,000.	5,500.	0.
BEN AND MAYTEE FISCH FOUNDATION	25,000.	25,000.	35,000.	120,000.	32,500.
BOB L. HERD FOUNDATION	20,000.	20,000.	20,000.	100,000.	75,000.
BROOKSHIRE GROCERY CO	6,000.	0.	0.	0.	0.
CHARLES AND RITA ANDERSON FOUNDATIO	5,000.	5,000.	0.	0.	0.
CHRISTUS TRINITY MOTHER FRANCES	5,000.	0.	0.	0.	0.
COMMUNITY FOUNDATION OF MIDDLE TENN	16,500.	0.	0.	0.	0.
DOCTORS MEMORIAL FOUNDATION	45,000.	56,000.	950,000.	0.	0.
DR AND MRS PAUL POWELL	0.	0.	0.	0.	15,160.
DR AND MRS THOMAS LOWERY	0.	1,000,000.	0.	0.	100,000.
DR AND MRS TODD RAABE	0.	25,250.	0.	0.	25,000.
EAST TEXAS COMMUNITIES FOUNDATI	0.	0.	0.	0.	192,216.
EAST TEXAS MEDICAL CENTER	0.	100,000.	54,249.	0.	0.
FIDELITY CHARITABLE GIFT FUND	0.	0.	0.	0.	17,500.
FIRST BAPTIST CHURCH GREEN ACRES BAPTIST CHURCH	0.	11,000.	9,000.	0.	10,687.
GREENBERG SMOKED TURKEY, INC	12,500.	12,500.	0.	0.	0.
JOHN SOULES FOODS	37,075.	42,810.	82,000.	109,000.	70,500.
JULIETTA JARVIS FOUNDATION	10,000.	0.	10,000.	0.	10,000.
JUNIOR LEAGUE OF TYLER, INC	10,000.	0.	7,500.	10,700.	0.
LOUIS & PEACHES OWEN FAMILY FOUNDAT	25,000.	25,000.	0.	50,000.	0.
MORGAN STANLEY	0.	0.	0.	0.	11,500.
Total to Schedule A, Part III, Line 7a					

Schedule A **Payments from Disqualified Persons** **2022**
Included on Part III, Line 7a

**** Do Not File ****

***** Not Open to Public Inspection *****

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
MR AND MRS BILL SKILLERN	19,000.	7,750.	0.	0.	0.
MR AND MRS C.R. NEAL	5,000.	5,000.	0.	0.	0.
MR AND MRS DAVID ENRIGHT	25,000.	0.	0.	0.	0.
MR AND MRS DAVID KRAFVE	11,020.	0.	0.	0.	17,275.
MR AND MRS FRANCIS KAY	10,000.	10,000.	10,050.	0.	20,000.
MR AND MRS JEFF JOHNSTON	0.	7,750.	22,500.	0.	20,337.
MR AND MRS JOHN SOULES	8,620.	5,000.	5,000.	5,000.	6,253.
MR AND MRS LIN BARKER	0.	0.	5,000.	0.	0.
MR AND MRS MIKE COKER	0.	0.	0.	0.	102,775.
MR AND MRS ROBERT BONDURANT	0.	0.	0.	0.	102,775.
MRS BEVERLY CASTLEBERRY	0.	8,145.	7,470.	0.	8,700.
MRS SANDRA KING	37,430.	12,165.	38,000.	46,983.	22,000.
MS CAROLE WILSON	0.	0.	10,000.	0.	6,000.
MS DARLA BENNETT	72,750.	73,944.	87,950.	1,016,750.	48,000.
ORBIT LAND SERVICES	5,000.	5,000.	0.	0.	0.
ROGERS FOUNDATION	50,000.	50,000.	0.	60,000.	43,600.
ROSE HEIGHTS CHURCH OF GOD	0.	8,400.	8,400.	0.	8,400.
WATSON W WISE FOUNDATION	13,500.	13,500.	21,000.	18,500.	27,500.
WILLINGHAM FAMILY FOUNDATION	5,000.	0.	0.	0.	0.
WILLINGHAM FAMILY FOUNDATION	5,000.	0.	0.	0.	0.
ZERO-THE END OF PROSTATE CANCER	45,500.	0.	0.	0.	0.
Total to Schedule A, Part III, Line 7a	529,895.	1,595,715.	1,412,169.	1,542,433.	1,033,178.

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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.	8,250.		0.	8,250.

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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
125	DESK	01/31/15	SL	7.00		16	1,420.				1,420.	1,420.		0.	1,420.
126	CONFERENCE TABLE/CHAIRS	03/05/15	SL	7.00		16	4,332.				4,332.	4,332.		0.	4,332.
127	CONFERENCE CREDENZA	03/05/15	SL	7.00		16	1,409.				1,409.	1,409.		0.	1,409.
128	OFFICE CREDENZA- LAURA	03/20/15	SL	7.00		16	1,489.				1,489.	1,489.		0.	1,489.
129	DESK- DIANE	03/20/15	SL	7.00		16	2,436.				2,436.	2,436.		0.	2,436.
130	WINDOW BLINDS	02/28/15	SL	7.00		16	2,427.				2,427.	2,427.		0.	2,427.
131	BREAKROOM CHAIRS	04/23/15	SL	7.00		16	2,350.				2,350.	2,350.		0.	2,350.
132	DENTAL OFFICE & CUBICAL	04/30/15	SL	7.00		16	1,505.				1,505.	1,505.		0.	1,505.
133	TRAINING TABLE & CHAIRS	05/05/15	SL	7.00		16	5,448.				5,448.	5,448.		0.	5,448.
134	LETTERING FOR DONOR WALL	04/30/15	SL	7.00		16	3,905.				3,905.	3,905.		0.	3,905.
135	ARTWORK- GENESIS ROOM	03/31/15	SL	7.00		16	2,590.				2,590.	2,590.		0.	2,590.
142	DENTAL CABINET- 15B5580	04/01/15	SL	7.00		16	8,448.				8,448.	8,448.		0.	8,448.
143	DENTAL CABINET- 15B5580	04/01/15	SL	7.00		16	8,448.				8,448.	8,448.		0.	8,448.
144	DENTAL CABINET- 15B5580	04/01/15	SL	7.00		16	8,448.				8,448.	8,448.		0.	8,448.
145	DENTAL CABINET- 15B5543	04/01/15	SL	7.00		16	14,175.				14,175.	14,175.		0.	14,175.
146	DENTAL CABINET- 15B5543	04/01/15	SL	7.00		16	4,549.				4,549.	4,549.		0.	4,549.
147	DENTAL CABINET- 15B5543	04/01/15	SL	7.00		16	4,549.				4,549.	4,549.		0.	4,549.
148	DENTAL CABINET- 15B5543	04/01/15	SL	7.00		16	4,489.				4,489.	4,489.		0.	4,489.

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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
149	DENTAL CABINET- 15B5543	04/01/15	SL	7.00		16	4,489.				4,489.	4,489.		0.	4,489.
150	DENTAL CABINET- 15B5580	04/01/15	SL	7.00		16	16,041.				16,041.	16,041.		0.	16,041.
157	DENTAL CABINET- 12F77922	04/01/15	SL	7.00		16	6,377.				6,377.	6,377.		0.	6,377.
158	DENTAL CABINET- 12F77918	04/01/15	SL	7.00		16	10,552.				10,552.	10,552.		0.	10,552.
163	DRUFOMAT DENTAL MACHINE	06/23/16	SL	7.00		16	4,010.				4,010.	3,438.		572.	4,010.
164	ELITE SENTOR XRAY	08/18/16	SL	7.00		16	9,164.				9,164.	7,635.		1,309.	8,944.
166	CHAIR	09/22/16	SL	7.00		16	17,913.				17,913.	14,714.		2,559.	17,273.
167	PANORAMIC XRAY	11/29/16	SL	7.00		16	21,799.				21,799.	17,387.		3,114.	20,501.
168	DENTAL XRAY MACHINE	01/27/16	SL	7.00		16	4,359.				4,359.	3,998.		361.	4,359.
169	VACSTAR PUMP DENTAL	12/31/16	SL	7.00		16	5,238.				5,238.	4,114.		748.	4,862.
170	SHELVING - HOH	12/31/16	SL	7.00		16	4,800.				4,800.	3,773.		686.	4,459.
175	DENTAL CHAIR #A18092	03/30/17	SL	7.00		16	8,159.				8,159.	6,121.		1,166.	7,287.
176	RADIUS STYLE #A11123	03/30/17	SL	7.00		16	5,974.				5,974.	4,479.		853.	5,332.
177	HALOGEN LIGHT #16D12650	03/30/17	SL	7.00		16	2,130.				2,130.	1,596.		304.	1,900.
178	REAR MOUNT ADJUST #A12681	03/30/17	SL	7.00		16	1,650.				1,650.	1,239.		236.	1,475.
179	COLPOSCOPE CENTER POST GY	05/12/17	SL	7.00		16	4,466.				4,466.	3,296.		638.	3,934.
180	ELECTROSURGICAL SYSTEM OB	05/12/17	SL	7.00		16	5,105.				5,105.	3,766.		729.	4,495.
181	DENTAL CHAIR #A18236	07/01/17	SL	7.00		16	8,723.				8,723.	6,230.		1,246.	7,476.

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182	RADIUS STYLE #A18236	07/01/17	SL	7.00		16	6,128.				6,128.	4,376.		875.	5,251.
183	REAR MOUNT ADJUST #A11740	07/01/17	SL	7.00		16	1,553.				1,553.	1,110.		222.	1,332.
184	HALOGEN LIGHT #17D19595	07/01/17	SL	7.00		16	2,217.				2,217.	1,585.		317.	1,902.
185	NOMAD PR 2X XRAY #22519	12/01/17	SL	7.00		16	6,348.				6,348.	4,157.		907.	5,064.
186	SCHICK 33SZ 2 SENSOR 4981	12/01/17	SL	7.00		16	9,172.				9,172.	6,004.		1,310.	7,314.
187	ECG #9027373	12/14/17	SL	7.00		16	5,106.				5,106.	3,342.		729.	4,071.
188	CUBICLES FOR PATIENT CARE	12/31/17	SL	7.00		16	6,558.				6,558.	4,216.		937.	5,153.
189	DENTAL STERILIZER #884818	12/31/17	SL	7.00		16	6,426.				6,426.	4,131.		918.	5,049.
197	TCI SOFTWARE	01/04/18	SL	5.00		16	3,000.				3,000.	2,700.		300.	3,000.
198	PATIENT PORTAL MODULE	01/04/18	SL	5.00		16	3,100.				3,100.	2,790.		310.	3,100.
199	DATAMAX	12/31/18	SL	5.00		16	15,032.				15,032.	9,770.		3,006.	12,776.
200	HOH SIGN	05/11/18	SL	5.00		16	13,207.				13,207.	11,004.		2,203.	13,207.
201	EAST TEXAS ALARM	07/26/18	SL	5.00		16	6,482.				6,482.	5,022.		1,296.	6,318.
202	DENTAL SUPPLY	09/01/18	SL	5.00		16	6,375.				6,375.	4,782.		1,275.	6,057.
203	PROCEDURE CHAIR	09/30/18	SL	5.00		16	7,801.				7,801.	5,655.		1,560.	7,215.
204	MOBILE PROCEDURE LIGHT	09/30/18	SL	5.00		16	2,673.				2,673.	1,939.		535.	2,474.
205	RHINOLARYNGOSCOPE	10/31/18	SL	5.00		16	3,995.				3,995.	2,797.		799.	3,596.
206	AUTOCLAVE, ULTRCLAVE AUTO	11/01/18	SL	5.00		16	4,396.				4,396.	3,077.		879.	3,956.

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207	DENTAL SUPPLY	05/31/18	SL	5.00		16	5,098.				5,098.	4,165.		933.	5,098.
212	PRINTER	05/08/19	SL	5.00		16	668.				668.	413.		134.	547.
214	X-RAY SENSOR	06/30/19	SL	5.00		16	6,523.				6,523.	3,915.		1,305.	5,220.
215	DIGITAL PHONE SYSTEM	06/21/19	SL	5.00		16	15,726.				15,726.	9,435.		3,145.	12,580.
239	PHONE AND CABLES	07/14/21	SL	5.00		16	7,181.				7,181.	1,436.		1,436.	2,872.
240	CCTV	07/29/21	SL	5.00		16	1,823.				1,823.	334.		365.	699.
241	STORE DISPLAYS	10/28/21	SL	5.00		16	8,636.				8,636.	1,151.		1,727.	2,878.
243	CUBICLES	04/19/22	SL	5.00		16	12,682.				12,682.	423.		2,536.	2,959.
244	DATTO SIRIS	06/30/22	SL	5.00		16	2,670.				2,670.			534.	534.
248	TRASH COMPACTOR	08/30/21	SL	5.00		16	1,818.				1,818.	303.		364.	667.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						449,548.				449,548.	355,103.		45,378.	400,481.
	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.

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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.
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.

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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.
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 OCMB0	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.	9,028.		0.	9,028.
69	DIGITAL X-RAY	10/04/12	SL	10.00		16	33,980.				33,980.	33,131.		849.	33,980.

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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.
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.	6,822.		53.	6,875.
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.

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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.
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.	1,235.		95.	1,330.
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.

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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.	6,488.		0.	6,488.
156	DENTAL CHAIR- 15B411	04/01/15	SL	7.00		16	6,488.				6,488.	6,488.		0.	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.	9,262.		3,368.	12,630.
218	EQUIPMENT	10/24/19	SL	5.00		16	14,250.				14,250.	7,600.		2,850.	10,450.
221	DENTAL EQUIPMENT	05/20/20	SL	5.00		16	49,048.				49,048.	20,437.		9,810.	30,247.
222	DENTAL EQUIPMENT	06/18/20	SL	5.00		16	11,317.				11,317.	4,526.		2,263.	6,789.
229	GYN TABLE, COLPOSCOPE AND CAMERA	04/05/21	SL	5.00		16	16,226.				16,226.	4,056.		3,245.	7,301.
231	AP PYMT-PATTERSON DENTAL SUPPLY MAY STATEMENT 2021	05/21/21	SL	5.00		16	8,531.				8,531.	1,848.		1,706.	3,554.
242	CYSTOSCOPE	11/30/21	SL	7.00		16	14,753.				14,753.	1,229.		2,108.	3,337.
251	DENTAL EQUIPMENT	11/30/22	SL	5.00		16	17,029.				17,029.			1,987.	1,987.
252	MEDICINE REFRIGERATOR	12/30/22	SL	5.00		16	2,663.				2,663.			266.	266.
253	BREAKROOM TV	01/31/23	SL	5.00		16	1,664.				1,664.			139.	139.
254	SPIROMETER SYSTEM	03/02/23	SL	5.00		16	2,193.				2,193.			146.	146.
256	BLADDER SCANNER	03/28/23	SL	5.00		16	6,794.				6,794.			340.	340.

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	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						652,881.				652,881.	539,123.		29,225.	568,348.
	TRANSPORTATION EQUIPMENT														
249	TRUCK-HOH	09/30/21	SL	7.00		16	26,199.				26,199.	2,807.		3,743.	6,550.
260	TRUCK WRAP - HOH	11/01/22	SL	7.00		16	7,300.				7,300.			695.	695.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						33,499.				33,499.	2,807.		4,438.	7,245.
	LAND														
174	HOH LAND	05/26/16	L				535,444.				535,444.			0.	
250	LAND	03/30/22		.000		HY16	850,000.				850,000.			0.	
	* 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.		751.	1,439.
261	CLASSY.ORG SUBSCRIPTION	02/28/23	SL	3.00		16	3,588.				3,588.			399.	399.
173	HOH BUILDING HOH BUILDING RENOVATIONS AT HOH HOH	07/01/16	SL	39.00		MM16	1,784,236.				1,784,236.	274,500.		45,750.	320,250.
195	BUILDING	10/16/17	SL	39.00		MM16	9,000.				9,000.	1,077.		231.	1,308.
210	SAMSUNG HEAT PUMP HOH BUILDING	05/31/18	SL	39.00		MM16	4,347.				4,347.	454.		111.	565.
211	HEIL 14 SEER CONDENSER HOH BUILDING	07/20/18	SL	39.00		MM16	3,413.				3,413.	340.		88.	428.
234	ETR AC & HEATING CUSTOMER #0000133 DUCT COVERS DEMO &	04/29/21	SL	5.00		16	1,994.				1,994.	465.		399.	864.
236	RCLS LOOP AC UNITS TO BUILDING	10/09/20	SL	39.00		MM16	28,896.				28,896.	1,297.		741.	2,038.

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237	AVCO ROOFING- REMEDIATE ROOF LEAKS AR HOH LOOP	05/04/21	SL	39.00	MM	16	4,800.				4,800.	144.		123.	267.
259	BATH REMODEL/INSTALL - HOH LOOP	11/14/22	SL	39.00		16	12,268.				12,268.			210.	210.
	* 990 PAGE 10 TOTAL OTHER						1,855,545.				1,855,545.	278,965.		48,803.	327,768.
	* 990 PAGE 10 TOTAL -						4,376,917.				4,376,917.	1,175,998.		127,844.	1,303,842.
	OTHER														
10	LEASEHOLD IMPROVEMENTS	01/31/03	SL	39.00	MM	16	411,473.				411,473.	204,860.		10,551.	215,411.
11	2004 LEASEHOLD IMPROVEMENTS	03/22/04	SL	39.00	MM	16	239,067.				239,067.	111,872.		6,130.	118,002.
12	FINISH OUT IMPROVEMENTS	10/31/05	SL	39.00	MM	16	19,408.				19,408.	8,298.		498.	8,796.
13	2006 LEASEHOLD IMPROVEMEN	06/15/06	SL	39.00	MM	16	4,080.				4,080.	1,687.		105.	1,792.
14	OFFICE SPACE	06/30/07	SL	39.00	MM	16	5,408.				5,408.	2,083.		139.	2,222.
15	BUILDING PAINTING LABOR	07/05/08	SL	15.00		16	2,224.				2,224.	2,073.		148.	2,221.
16	AC UNIT	07/31/08	SL	15.00		16	2,500.				2,500.	2,323.		167.	2,490.
17	PAINT INTERIOR BUILDING	09/30/08	SL	15.00		16	3,402.				3,402.	3,121.		227.	3,348.
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.	34,097.		2,220.	36,317.
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.	5,970.		445.	6,415.
22	KITCHEN REMODEL	01/19/09	SL	15.00		16	8,276.				8,276.	7,405.		552.	7,957.

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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.	1,610.		151.	1,761.
75	ELECTRICAL CHANGES-KITCHE	12/21/12	SL	15.00		16	1,125.				1,125.	712.		75.	787.
76	PLUMBING IMPROVEMENTS	03/19/12	SL	15.00		16	4,000.				4,000.	2,736.		267.	3,003.
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.	5,162.		525.	5,687.
79	XRAY ROOM REMODEL	12/21/12	SL	15.00		16	4,552.				4,552.	2,878.		303.	3,181.
80	XRAY ROOM REMODEL	12/15/12	SL	15.00		16	1,779.				1,779.	1,141.		119.	1,260.
81	AC	12/13/12	SL	15.00		16	10,649.				10,649.	6,804.		710.	7,514.
107	HOT WATER HEATER	12/31/14	SL	7.00		16	1,200.				1,200.	1,197.		0.	1,197.
119	FLOORING DEPOSIT	09/10/15	SL	15.00		16	13,389.				13,389.	6,103.		893.	6,996.
120	FLOORING FINAL PAYMENT	10/29/15	SL	15.00		16	4,867.				4,867.	2,160.		324.	2,484.
121	LIGHTS OUTSIDE	09/17/15	SL	7.00		16	1,250.				1,250.	1,208.		42.	1,250.
122	BUILDING EXPANSION	07/15/15	SL	39.00	MM	16	459,940.				459,940.	82,552.		11,793.	94,345.
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.	4,258.		700.	4,958.
172	LH IMPROVEMENTS	06/09/16	SL	15.00		16	8,420.				8,420.	3,413.		561.	3,974.
190	A/C UNIT 7.5 TON #44666	04/27/17	SL	15.00		16	6,890.				6,890.	2,372.		459.	2,831.

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191	WALL IN GL ROOM	11/09/17	SL	15.00		16	1,500.				1,500.	467.		100.	567.
208	HEATING AIR UNIT	01/18/18	SL	39.00	MM	16	7,000.				7,000.	792.		179.	971.
209	AIR COMPRESSOR	06/27/18	SL	39.00	MM	16	2,850.				2,850.	292.		73.	365.
213	4 TON A/C SYSTEM	05/07/19	SL	39.00	MM	16	6,114.				6,114.	484.		157.	641.
216	A/C UNIT - LOOP	06/06/19	SL	39.00	MM	16	17,604.				17,604.	1,372.		451.	1,823.
220	SHELVES	03/31/20	SL	5.00		16	4,972.				4,972.	2,237.		994.	3,231.
223	WALL IN GL ROOM	02/28/20	SL	39.00	MM	16	4,200.				4,200.	252.		108.	360.
224	DENTAL ROOM PLUMBING	05/08/20	SL	39.00	MM	16	6,505.				6,505.	362.		167.	529.
225	HVAC	06/17/20	SL	39.00	MM	16	4,281.				4,281.	220.		110.	330.
232	TRANE ROOFTOP PACKAGE UNIT DUCT COVER/HANGUARD AT CLINI	01/31/21	SL	5.00		16	9,994.				9,994.	2,832.		1,999.	4,831.
235	FITZPATRICK ARCHITECTS: BETHESDA CLIIC RENOVATION	06/07/21	SL	39.00	MM	16	2,456.				2,456.	68.		63.	131.
238	BILL-RL CONSTRUCTION DBA LEE'S CONSTURCTION CO.	06/28/21	SL	39.00	MM	16	4,705.				4,705.	121.		121.	242.
246	LEASEHOLD IMPROVEMENTS	03/31/22	SL	4.00		16	3,258.				3,258.	204.		815.	1,019.
247	TRAIN 5-TON SYSTEM	07/26/21	SL	7.00		16	23,904.				23,904.	3,130.		3,415.	6,545.
257	FURNACE HEAT EXCHANGER	01/11/23	SL	4.00		16	3,120.				3,120.			390.	390.
	* 990 PAGE 10 TOTAL OTHER						1,416,626.				1,416,626.	557,374.		47,246.	604,620.
	* 990 PAGE 10 TOTAL -						1,416,626.				1,416,626.	557,374.		47,246.	604,620.
	OTHER														

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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.	1,261.		94.	1,355.
	* 990 PAGE 10 TOTAL OTHER						5,165.				5,165.	5,036.		94.	5,130.
	* 990 PAGE 10 TOTAL -						5,165.				5,165.	5,036.		94.	5,130.
	OTHER														
90	HANGERS OF HOPE SIGN HOH IMPROVEMENTS	09/30/13	SL	10.00		16	8,576.				8,576.	7,507.		858.	8,365.
96	FLOORING - HOH HOH IMPROVEMENTS	12/16/13	SL	15.00		16	16,443.				16,443.	9,316.		1,096.	10,412.
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.	3,413.		585.	3,998.
192	HANGERS OF HOPE SIGN HOH IMPROVEMENTS	02/09/17	SL	39.00	MM	16	1,219.				1,219.	168.		31.	199.
193	HOH LIGHTED SIGN HOH IMPROVEMENTS	03/02/17	SL	39.00	MM	16	3,132.				3,132.	427.		80.	507.
194	CAMERA SYSTEM HOH IMPROVEMENTS	03/02/17	SL	39.00	MM	16	5,270.				5,270.	721.		135.	856.
196	ELEC OUTLET - TRASH COMP HOH IMPROVEMENTS	12/14/17	SL	39.00	MM	16	2,084.				2,084.	243.		53.	296.
233	PLUMBING- HOH LOOP	02/28/21	SL	5.00		16	1,750.				1,750.	467.		350.	817.
255	CAMERA SYSTEM LOOP STORE	03/23/23	SL	7.00		16	10,048.				10,048.			359.	359.
258	BREAKROOM/PROCESSING ELECTRICAL - HOH TROUP	03/22/23	SL	4.00		16	5,103.				5,103.			319.	319.
	* 990 PAGE 10 TOTAL OTHER						61,947.				61,947.	26,492.		3,866.	30,358.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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
	* 990 PAGE 10 TOTAL -						61,947.				61,947.	26,492.		3,866.	30,358.
	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.
	OTHER														
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.	3,934.		0.	3,934.
226	UPGRADE MEDINFORMATIX	07/31/20	SL	3.00		16	2,244.				2,244.	1,434.		748.	2,182.
227	FINAL PAYMENT FOR UPGRADE	10/31/20	SL	3.00		16	561.				561.	312.		187.	499.
228	PURCHASE OF INTACCT WITH ANNUAL SUPPORT AND IMPRLEMEN	11/30/20	SL	5.00		16	28,123.				28,123.	8,906.		5,625.	14,531.
230	SOFTWARE INC: 64720	05/03/21	SL	5.00		16	3,956.				3,956.	923.		791.	1,714.
	* 990 PAGE 10 TOTAL OTHER						56,773.				56,773.	33,464.		7,351.	40,815.
	* 990 PAGE 10 TOTAL -						56,773.				56,773.	33,464.		7,351.	40,815.
	* GRAND TOTAL 990 PAGE 10 DEPR						5,931,492.				5,931,492.	1,812,428.		186,401.	1,998,829.

2022 DEPRECIATION AND AMORTIZATION REPORT

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
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						5,859,722.			0.	5,859,722.	1,812,428.			1,993,579.
	ACQUISITIONS						71,770.			0.	71,770.	0.			5,250.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						5,931,492.			0.	5,931,492.	1,812,428.			1,998,829.
	ENDING ACCUM DEPR											1,998,829.			
	ENDING BOOK VALUE											3,932,663.			

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - BETHESDA HEALTH CLINIC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES											
1	CUBICAL WALLS	041503	SL	5.00	16	3,500.			3,500.	3,500.		0.
264	OFFICE CHAIRS	101405	SL	5.00	16	1,269.			1,269.	1,269.		0.
38	60"" ROUND TABLES	103105	SL	5.00	16	791.			791.	791.		0.
4	POTRAIT-PAT MALLORY	102606	SL	3.00	16	1,005.			1,005.	1,005.		0.
	LATERAL FILE											
5	CABINET	122706	SL	5.00	16	1,056.			1,056.	1,056.		0.
6	FURNITURE	020507	SL	5.00	16	39.			39.	39.		0.
7	KITCHEN TABLE	123109	SL	5.00	16	530.			530.	530.		0.
8	OFFICE FURNITURE	060110	SL	5.00	16	19,357.			19,357.	19,357.		0.
9	OFFICE FURNITURE	092811	SL	7.00	16	662.			662.	662.		0.
	PATIENT											
65	CHAIRS-WAITING RM	041712	SL	7.00	16	2,007.			2,007.	1,960.		0.
	FURNITURE-VOLUNTEER											
72	COORD	112712	SL	7.00	16	2,073.			2,073.	2,060.		0.
74	OFFICE FURNITURE	123112	SL	7.00	16	1,904.			1,904.	1,904.		0.
87	OFFICE FURNITURE	012313	SL	7.00	16	3,995.			3,995.	3,995.		0.
100	12"" FAN TECH	061014	SL	5.00	16	1,962.			1,962.	1,880.		0.
101	OFFICE FURNITURE	061014	SL	5.00	16	3,800.			3,800.	3,641.		0.
102	OFFICE FURNITURE	061814	SL	5.00	16	1,588.			1,588.	1,510.		0.
124	ANGEL MOSAIC	033115	SL	7.00	16	8,250.			8,250.	8,250.		0.

2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - BETHESDA HEALTH CLINIC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
125	DESK	013115	SL	7.00	16	1,420.			1,420.	1,420.		0.
126	CONFERENCE TABLE/CHAIRS	030515	SL	7.00	16	4,332.			4,332.	4,332.		0.
127	CONFERENCE CREDENZA	030515	SL	7.00	16	1,409.			1,409.	1,409.		0.
128	OFFICE CREDENZA-LAURA	032015	SL	7.00	16	1,489.			1,489.	1,489.		0.
129	DESK- DIANE	032015	SL	7.00	16	2,436.			2,436.	2,436.		0.
130	WINDOW BLINDS	022815	SL	7.00	16	2,427.			2,427.	2,427.		0.
131	BREAKROOM CHAIRS	042315	SL	7.00	16	2,350.			2,350.	2,350.		0.
132	DENTAL OFFICE & CUBICAL	043015	SL	7.00	16	1,505.			1,505.	1,505.		0.
133	TRAINING TABLE & CHAIRS	050515	SL	7.00	16	5,448.			5,448.	5,448.		0.
134	LETTERING FOR DONOR WALL	043015	SL	7.00	16	3,905.			3,905.	3,905.		0.
135	ARTWORK- GENESIS ROOM	033115	SL	7.00	16	2,590.			2,590.	2,590.		0.
142	DENTAL CABINET-15B5580	040115	SL	7.00	16	8,448.			8,448.	8,448.		0.
143	DENTAL CABINET-15B5580	040115	SL	7.00	16	8,448.			8,448.	8,448.		0.
144	DENTAL CABINET-15B5580	040115	SL	7.00	16	8,448.			8,448.	8,448.		0.
145	DENTAL CABINET-15B5543	040115	SL	7.00	16	14,175.			14,175.	14,175.		0.
146	DENTAL CABINET-15B5543	040115	SL	7.00	16	4,549.			4,549.	4,549.		0.
147	DENTAL CABINET-15B5543	040115	SL	7.00	16	4,549.			4,549.	4,549.		0.
148	DENTAL CABINET-15B5543	040115	SL	7.00	16	4,489.			4,489.	4,489.		0.

2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - BETHESDA HEALTH CLINIC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
149	DENTAL CABINET-15B5543	040115	SL	7.00	16	4,489.			4,489.	4,489.		0.
150	DENTAL CABINET-15B5580	040115	SL	7.00	16	16,041.			16,041.	16,041.		0.
157	DENTAL CABINET-12F77922	040115	SL	7.00	16	6,377.			6,377.	6,377.		0.
158	DENTAL CABINET-12F77918	040115	SL	7.00	16	10,552.			10,552.	10,552.		0.
163	DRUFOMAT DENTAL MACHINE	062316	SL	7.00	16	4,010.			4,010.	3,438.		572.
164	ELITE SENTOR XRAY	081816	SL	7.00	16	9,164.			9,164.	7,635.		1,309.
166	CHAIR	092216	SL	7.00	16	17,913.			17,913.	14,714.		2,559.
167	PANORAMIC XRAY	112916	SL	7.00	16	21,799.			21,799.	17,387.		3,114.
168	DENTAL XRAY MACHINE	012716	SL	7.00	16	4,359.			4,359.	3,998.		361.
169	VACSTAR PUMP DENTAL	123116	SL	7.00	16	5,238.			5,238.	4,114.		748.
170	SHELVING - HOH	123116	SL	7.00	16	4,800.			4,800.	3,773.		686.
175	DENTAL CHAIR #A18092	033017	SL	7.00	16	8,159.			8,159.	6,121.		1,166.
176	RADIUS STYLE #A11123	033017	SL	7.00	16	5,974.			5,974.	4,479.		853.
177	HALOGEN LIGHT #16D12650	033017	SL	7.00	16	2,130.			2,130.	1,596.		304.
178	REAR MOUNT ADJUST #A12681	033017	SL	7.00	16	1,650.			1,650.	1,239.		236.
179	COLPOSCOPE CENTER POST GY	051217	SL	7.00	16	4,466.			4,466.	3,296.		638.
180	ELECTROSURGICAL SYSTEM OB	051217	SL	7.00	16	5,105.			5,105.	3,766.		729.
181	DENTAL CHAIR #A18236	070117	SL	7.00	16	8,723.			8,723.	6,230.		1,246.

2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - BETHESDA HEALTH CLINIC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
182	RADIUS STYLE #A18236	070117	SL	7.00	16	6,128.			6,128.	4,376.		875.
183	REAR MOUNT ADJUST #A11740	070117	SL	7.00	16	1,553.			1,553.	1,110.		222.
184	HALOGEN LIGHT #17D19595	070117	SL	7.00	16	2,217.			2,217.	1,585.		317.
185	NOMAD PR 2X XRAY #22519	120117	SL	7.00	16	6,348.			6,348.	4,157.		907.
186	SCHICK 33SZ 2 SENSOR 4981	120117	SL	7.00	16	9,172.			9,172.	6,004.		1,310.
187	ECG #9027373	121417	SL	7.00	16	5,106.			5,106.	3,342.		729.
188	CUBICLES FOR PATIENT CARE	123117	SL	7.00	16	6,558.			6,558.	4,216.		937.
189	DENTAL STERILIZER #884818	123117	SL	7.00	16	6,426.			6,426.	4,131.		918.
197	TCI SOFTWARE	010418	SL	5.00	16	3,000.			3,000.	2,700.		300.
198	PATIENT PORTAL MODULE	010418	SL	5.00	16	3,100.			3,100.	2,790.		310.
199	DATAMAX	123118	SL	5.00	16	15,032.			15,032.	9,770.		3,006.
200	HOH SIGN	051118	SL	5.00	16	13,207.			13,207.	11,004.		2,203.
201	EAST TEXAS ALARM	072618	SL	5.00	16	6,482.			6,482.	5,022.		1,296.
202	DENTAL SUPPLY	090118	SL	5.00	16	6,375.			6,375.	4,782.		1,275.
203	PROCEDURE CHAIR	093018	SL	5.00	16	7,801.			7,801.	5,655.		1,560.
204	MOBILE PROCEDURE LIGHT	093018	SL	5.00	16	2,673.			2,673.	1,939.		535.
205	RHINOLARYNGOSCOPE	103118	SL	5.00	16	3,995.			3,995.	2,797.		799.
206	AUTOCLAVE, ULTRCLAVE AUTO	110118	SL	5.00	16	4,396.			4,396.	3,077.		879.

2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - BETHESDA HEALTH CLINIC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
207	DENTAL SUPPLY	053118	SL	5.00	16	5,098.			5,098.	4,165.		933.
212	PRINTER	050819	SL	5.00	16	668.			668.	413.		134.
214	X-RAY SENSOR	063019	SL	5.00	16	6,523.			6,523.	3,915.		1,305.
215	DIGITAL PHONE SYSTEM	062119	SL	5.00	16	15,726.			15,726.	9,435.		3,145.
239	PHONE AND CABLES	071421	SL	5.00	16	7,181.			7,181.	1,436.		1,436.
240	CCTV	072921	SL	5.00	16	1,823.			1,823.	334.		365.
241	STORE DISPLAYS	102821	SL	5.00	16	8,636.			8,636.	1,151.		1,727.
243	CUBICLES	041922	SL	5.00	16	12,682.			12,682.	423.		2,536.
244	DATTO SIRIS	063022	SL	5.00	16	2,670.			2,670.			534.
248	TRASH COMPACTOR	083021	SL	5.00	16	1,818.			1,818.	303.		364.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR MACHINERY & EQUIPMENT					449,548.		0.	449,548.	355,103.		45,378.
25	OFFICE EQUIPMENT	051502	SL	5.00	16	500.			500.	500.		0.
26	SOFTWARE (MEDINFO)	090103	SL	3.00	16	150,000.			150,000.	150,000.		0.
27	OFFICE EQUIPMENT	111703	SL	5.00	16	2,405.			2,405.	2,405.		0.
28	TREATMENT CHAIR	102204	SL	7.00	16	5,000.			5,000.	5,000.		0.
29	DENTAL X-RAY MACHINE	041405	SL	5.00	16	6,000.			6,000.	6,000.		0.
30	PHONE/COMPUTER WIRING	062005	SL	5.00	16	933.			933.	933.		0.

2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - BETHESDA HEALTH CLINIC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
31	2 DENTAL CHAIRS	041405	SL	5.00	16	1,500.			1,500.	1,500.		0.
32	7 EXAM TABLES REGULAR	063005	SL	5.00	16	3,500.			3,500.	3,500.		0.
33	GI EQUIPMENT	063005	SL	5.00	16	25,000.			25,000.	25,000.		0.
34	SPIROMETRY	063005	SL	5.00	16	1,000.			1,000.	1,000.		0.
35	DISPLAY BOARD	032806	SL	5.00	16	627.			627.	627.		0.
36	ACCOUNTING SOFTWARE	032806	SL	5.00	16	19,758.			19,758.	19,758.		0.
37	COMPUTER FIREWALL	042706	SL	5.00	16	955.			955.	955.		0.
38	N-COMM PHONE SYSTEM	091306	SL	5.00	16	7,369.			7,369.	7,369.		0.
39	EPSON POWERLITE 76C	032607	SL	5.00	16	749.			749.	749.		0.
40	ECG ATRIA 3100	063007	SL	5.00	16	3,486.			3,486.	3,486.		0.
41	AUTOCLAVE	063007	SL	5.00	16	3,291.			3,291.	3,291.		0.
42	DELL OFFICE SERVER	103107	SL	5.00	16	501.			501.	501.		0.
43	WASHER & DRYER	113007	SL	5.00	16	1,187.			1,187.	1,187.		0.
44	SURGICAL LIGHT	012508	SL	5.00	16	2,263.			2,263.	2,263.		0.
45	GLUCOMA PEN	012508	SL	5.00	16	2,725.			2,725.	2,725.		0.
46	DELL SERVER	033108	SL	5.00	16	7,203.			7,203.	7,203.		0.
47	COMPUTER	033108	SL	5.00	16	1,809.			1,809.	1,809.		0.
48	BATTERY BACKUP	062008	SL	3.00	16	149.			149.	149.		0.

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- CURRENT YEAR FEDERAL - BETHESDA HEALTH CLINIC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
49	EXTERNAL BACKUP	062008	SL	5.00	16	838.			838.	838.		0.
50	AC UNIT	080408	SL	5.00	16	351.			351.	351.		0.
51	UNIVERSAL FOOTCARE	090408	SL	5.00	16	1,295.			1,295.	1,295.		0.
52	ABI MACHINE	123108	SL	5.00	16	1,313.			1,313.	1,313.		0.
53	REFRIDGERATOR	123109	SL	10.00	16	2,675.			2,675.	2,675.		0.
54	CONVECTION OVEN	123109	SL	10.00	16	3,000.			3,000.	3,000.		0.
55	SINK/SINK OCMBO	123109	SL	10.00	16	1,315.			1,315.	1,315.		0.
56	KITCHEN EQUIPMENT	071310	SL	5.00	16	610.			610.	610.		0.
57	ID BADGE MACHINE	072310	SL	7.00	16	1,550.			1,550.	1,550.		0.
58	EQUIPMENT	123110	SL	3.00	16	84.			84.	84.		0.
59	MEDICAL EQUIPMENT	071811	SL	7.00	16	9,673.			9,673.	9,673.		0.
60	DENTAL EQUIPMENT	083111	SL	7.00	16	17,579.			17,579.	17,579.		0.
61	COMPUTERS	110111	SL	5.00	16	6,979.			6,979.	6,979.		0.
63	FIRE EXTINGUISHING SYSTEM	121912	SL	5.00	16	1,960.			1,960.	1,960.		0.
66	DENTAL EQUIPMENT	043012	SL	5.00	16	3,487.			3,487.	3,487.		0.
67	COMPUTERS	061412	SL	5.00	16	1,694.			1,694.	1,694.		0.
68	DENTAL PAN-X	071012	SL	10.00	16	9,028.			9,028.	9,028.		0.
69	DIGITAL X-RAY	100412	SL	10.00	16	33,980.			33,980.	33,131.		849.

2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - BETHESDA HEALTH CLINIC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
70	LAB EQUIPMENT	110812	SL	5.00	16	1,181.			1,181.	1,181.		0.
71	COMPUTERS	112712	SL	5.00	16	1,390.			1,390.	1,390.		0.
73	REFRIGERATOR-BREAK ROOM	121512	SL	5.00	16	1,807.			1,807.	1,807.		0.
82	DIGITAL XRAY	071712	SL	10.00	16	6,875.			6,875.	6,822.		53.
83	DENTAL MINI-SPLIT	073112	SL	7.00	16	3,949.			3,949.	3,831.		0.
84	TECH SOUP COMPUTERS	083112	SL	5.00	16	1,268.			1,268.	1,268.		0.
85	COMPUTERS	110812	SL	5.00	16	2,310.			2,310.	2,310.		0.
88	COMPUTER	020713	SL	5.00	16	2,085.			2,085.	2,085.		0.
89	CPAP MACHINE	051613	SL	5.00	16	1,350.			1,350.	1,350.		0.
92	PROMOTIONAL VIDEO	121613	SL	3.00	16	4,000.			4,000.	4,000.		0.
94	STRETCHER	033013	SL	5.00	16	6,927.			6,927.	6,927.		0.
98	SOFTWARE	040814	SL	3.00	16	1,750.			1,750.	1,750.		0.
103	MINI SPLIT AIR CONDITIONR	070314	SL	5.00	16	5,841.			5,841.	5,548.		0.
104	HEALTHWAVE SOFTWARE	072914	SL	3.00	16	6,620.			6,620.	6,620.		0.
105	ABILA FUND ACCT. SOFTWARE	120114	SL	3.00	16	2,853.			2,853.	2,853.		0.
106	DENTAL CAMERA	121814	SL	5.00	16	3,147.			3,147.	3,147.		0.
108	COMPUTER EQUIPMENT	032015	SL	5.00	16	13,112.			13,112.	13,112.		0.
109	DENTAL SENSORS	061815	SL	5.00	16	4,534.			4,534.	4,534.		0.

2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - BETHESDA HEALTH CLINIC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
111	SOFTWARE UPG MEDINFORTIXFTW	121115	SL	3.00	16	3,148.			3,148.	3,148.		0.
112	F3 TECH INVOICE #24827	121115	SL	3.00	16	1,050.			1,050.	1,050.		0.
113	VIDEO COLONSCOPE	123115	SL	5.00	16	1,518.			1,518.	1,518.		0.
114	VIDEO GASTROSCOPE	123115	SL	5.00	16	1,518.			1,518.	1,518.		0.
115	ECG FOR LINDALE	062515	SL	5.00	16	1,662.			1,662.	1,662.		0.
116	EXAM LIGHT	120315	SL	5.00	16	3,079.			3,079.	3,079.		0.
117	DENTAL XRAY RCLS	123115	SL	5.00	16	4,359.			4,359.	4,359.		0.
118	LIGHTING ON ANGEL	123115	SL	7.00	16	1,330.			1,330.	1,235.		95.
123	SMART BOARD	022815	SL	5.00	16	6,881.			6,881.	6,881.		0.
136	DENTAL EQUIPMENT-15B332	040115	SL	5.00	16	5,261.			5,261.	5,261.		0.
137	DENTAL EQUIPMENT-15B332	040115	SL	5.00	16	5,261.			5,261.	5,261.		0.
138	DENTAL LIGHT- 15B11741	040115	SL	5.00	16	2,106.			2,106.	2,106.		0.
139	DENTAL LIGHT- 15B11740	040115	SL	5.00	16	2,106.			2,106.	2,106.		0.
140	DENTAL EQUIPMENT-15B20055	040115	SL	5.00	16	1,671.			1,671.	1,671.		0.
141	DENTAL EQUIPMENT-15B20056	040115	SL	5.00	16	1,671.			1,671.	1,671.		0.
151	DENTAL STOOL- 15B12304	040115	SL	5.00	16	729.			729.	729.		0.
152	DENTAL STOOL- 15B12308	040115	SL	5.00	16	729.			729.	729.		0.
153	DENTAL STOOL- 14B87369	040115	SL	5.00	16	848.			848.	848.		0.

2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - BETHESDA HEALTH CLINIC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
154	DENTAL STOOL- 14B87375	040115	SL	5.00	16	848.			848.	848.		0.
155	DENTAL CHAIR- 15B411	040115	SL	7.00	16	6,488.			6,488.	6,488.		0.
156	DENTAL CHAIR- 15B411	040115	SL	7.00	16	6,488.			6,488.	6,488.		0.
159	FLOWMETER- 2043-3152	040115	SL	5.00	16	3,933.			3,933.	3,933.		0.
160	AUTOCLAVE STRLZR-V1620001	040115	SL	5.00	16	5,690.			5,690.	5,690.		0.
161	COMPRESSOR AIRSTAR-533269	040115	SL	5.00	16	6,879.			6,879.	6,879.		0.
217	GI EQUIPMENT	092419	SL	5.00	16	16,840.			16,840.	9,262.		3,368.
218	EQUIPMENT	102419	SL	5.00	16	14,250.			14,250.	7,600.		2,850.
221	DENTAL EQUIPMENT	052020	SL	5.00	16	49,048.			49,048.	20,437.		9,810.
222	DENTAL EQUIPMENT	061820	SL	5.00	16	11,317.			11,317.	4,526.		2,263.
229	GYN TABLE, COLPOSCOPE AND CAME	040521	SL	5.00	16	16,226.			16,226.	4,056.		3,245.
231	AP PYMT-PATTERSON DENTAL SUPPLY MAY S	052121	SL	5.00	16	8,531.			8,531.	1,848.		1,706.
242	CYSTOSCOPE	113021	SL	7.00	16	14,753.			14,753.	1,229.		2,108.
251	DENTAL EQUIPMENT	113022	SL	5.00	16	17,029.			17,029.			1,987.
252	MEDICINE REFRIGERATOR	123022	SL	5.00	16	2,663.			2,663.			266.
253	BREAKROOM TV	013123	SL	5.00	16	1,664.			1,664.			139.
254	SPIROMETER SYSTEM	030223	SL	5.00	16	2,193.			2,193.			146.
256	BLADDER SCANNER	032823	SL	5.00	16	6,794.			6,794.			340.

2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - BETHESDA HEALTH CLINIC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM TRANSPORTATION EQUIPMENT					652,881.		0.	652,881.	539,123.		29,225.
249	TRUCK-HOH	093021	SL	7.00	16	26,199.			26,199.	2,807.		3,743.
260	TRUCK WRAP - HOH	110122	SL	7.00	16	7,300.			7,300.			695.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQU					33,499.		0.	33,499.	2,807.		4,438.
	LAND											
174	HOH LAND	052616	L			535,444.			535,444.			0.
250	LAND	033022		.000	16	850,000.			850,000.			0.
	* 990 PAGE 10 TOTAL LAND					1,385,444.		0.	1,385,444.	0.		0.
	OTHER LEASEHOLD IMPROVEMENTS											
245	CLASSY.ORG	072721	SL	4.00	16	3,003.			3,003.	688.		751.
261	SUBSCRIPTION	022823	SL	3.00	16	3,588.			3,588.			399.
173	HOH BUILDING HOH BUILDING	070116	SL	39.00	16	1,784,236.			1,784,236.	274,500.		45,750.
195	RENOVATIONS AT HOH HOH BUILDING	101617	SL	39.00	16	9,000.			9,000.	1,077.		231.
210	SAMSUNG HEAT PUMP HOH BUILDING	053118	SL	39.00	16	4,347.			4,347.	454.		111.
211	HEIL 14 SEER CONDENSER HOH BUILD	072018	SL	39.00	16	3,413.			3,413.	340.		88.
234	ETR AC & HEATING CUSTOMER #0000133 D	042921	SL	5.00	16	1,994.			1,994.	465.		399.
236	RCLS LOOP AC UNITS TO BUILDING	100920	SL	39.00	16	28,896.			28,896.	1,297.		741.

2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - BETHESDA HEALTH CLINIC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
237	AVCO ROOFING- REMEDiate ROOF LEAK	050421	SL	39.00	16	4,800.			4,800.	144.		123.
259	BATH REMODEL/INSTALL - H	111422	SL	39.00	16	12,268.			12,268.			210.
	* 990 PAGE 10 TOTAL OTHER					1,855,545.		0.	1,855,545.	278,965.		48,803.
	* 990 PAGE 10 TOTAL -					4,376,917.		0.	4,376,917.	1,175,998.		127,844.
	OTHER LEASEHOLD											
10	IMPROVEMENTS 2004 LEASEHOLD	013103	SL	39.00	16	411,473.			411,473.	204,860.		10,551.
11	IMPROVEMENTS FINISH OUT	032204	SL	39.00	16	239,067.			239,067.	111,872.		6,130.
12	IMPROVEMENTS 2006 LEASEHOLD	103105	SL	39.00	16	19,408.			19,408.	8,298.		498.
13	IMPROVEMEN	061506	SL	39.00	16	4,080.			4,080.	1,687.		105.
14	OFFICE SPACE BUILDING PAINTING	063007	SL	39.00	16	5,408.			5,408.	2,083.		139.
15	LABOR	070508	SL	15.00	16	2,224.			2,224.	2,073.		148.
16	AC UNIT PAINT INTERIOR	073108	SL	15.00	16	2,500.			2,500.	2,323.		167.
17	BUILDING	093008	SL	15.00	16	3,402.			3,402.	3,121.		227.
18	DUCT WORK (2) CARRIER AIR	123108	SL	3.00	16	169.			169.	169.		0.
19	CONDITION	052308	SL	15.00	16	36,320.			36,320.	34,097.		2,220.
20	FIRE ALARM RENOVATIONS TO	053109	SL	10.00	16	8,804.			8,804.	8,619.		0.
21	OFFICE	011909	SL	15.00	16	6,673.			6,673.	5,970.		445.
22	KITCHEN REMODEL	011909	SL	15.00	16	8,276.			8,276.	7,405.		552.

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- CURRENT YEAR FEDERAL - BETHESDA HEALTH CLINIC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
23	OFFICE RENOVATIONS-SCREEN BUILDING	060110	SL	7.00	16	4,778.			4,778.	4,778.		0.
24	IMPROVEMENTS ELECTRICAL	111511	SL	15.00	16	2,260.			2,260.	1,610.		151.
75	CHANGES-KITCHE PLUMBING	122112	SL	15.00	16	1,125.			1,125.	712.		75.
76	IMPROVEMENTS	031912	SL	15.00	16	4,000.			4,000.	2,736.		267.
77	CLINIC FLOORING	063012	SL	5.00	16	1,812.			1,812.	1,812.		0.
78	AC ZONE SYSTEM	090612	SL	15.00	16	7,880.			7,880.	5,162.		525.
79	XRAY ROOM REMODEL	122112	SL	15.00	16	4,552.			4,552.	2,878.		303.
80	XRAY ROOM REMODEL	121512	SL	15.00	16	1,779.			1,779.	1,141.		119.
81	AC	121312	SL	15.00	16	10,649.			10,649.	6,804.		710.
107	HOT WATER HEATER	123114	SL	7.00	16	1,200.			1,200.	1,197.		0.
119	FLOORING DEPOSIT	091015	SL	15.00	16	13,389.			13,389.	6,103.		893.
120	FLOORING FINAL PAYMENT	102915	SL	15.00	16	4,867.			4,867.	2,160.		324.
121	LIGHTS OUTSIDE	091715	SL	7.00	16	1,250.			1,250.	1,208.		42.
122	BUILDING EXPANSION CLINIC FLOORING	071515	SL	39.00	16	459,940.			459,940.	82,552.		11,793.
162	REMAINING BASIS	051512	SL	5.00	16	21,068.			21,068.	21,068.		0.
171	LH IMPROVEMENTS	052516	SL	15.00	16	10,500.			10,500.	4,258.		700.
172	LH IMPROVEMENTS	060916	SL	15.00	16	8,420.			8,420.	3,413.		561.
190	A/C UNIT 7.5 TON #44666	042717	SL	15.00	16	6,890.			6,890.	2,372.		459.

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- CURRENT YEAR FEDERAL - BETHESDA HEALTH CLINIC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
191	WALL IN GL ROOM	110917	SL	15.00	16	1,500.			1,500.	467.		100.
208	HEATING AIR UNIT	011818	SL	39.00	16	7,000.			7,000.	792.		179.
209	AIR COMPRESSOR	062718	SL	39.00	16	2,850.			2,850.	292.		73.
213	4 TON A/C SYSTEM	050719	SL	39.00	16	6,114.			6,114.	484.		157.
216	A/C UNIT - LOOP	060619	SL	39.00	16	17,604.			17,604.	1,372.		451.
220	SHELVES	033120	SL	5.00	16	4,972.			4,972.	2,237.		994.
223	WALL IN GL ROOM	022820	SL	39.00	16	4,200.			4,200.	252.		108.
224	DENTAL ROOM PLUMBING	050820	SL	39.00	16	6,505.			6,505.	362.		167.
225	HVAC	061720	SL	39.00	16	4,281.			4,281.	220.		110.
232	TRANE ROOFTOP PACKAGE UNIT DUCT C	013121	SL	5.00	16	9,994.			9,994.	2,832.		1,999.
235	FITZPATRICK ARCHITECTS: BETHESD	060721	SL	39.00	16	2,456.			2,456.	68.		63.
238	BILL-RL CONSTRUCTION DBA LE	062821	SL	39.00	16	4,705.			4,705.	121.		121.
246	LEASEHOLD IMPROVEMENTS	033122	SL	4.00	16	3,258.			3,258.	204.		815.
247	TRAIN 5-TON SYSTEM	072621	SL	7.00	16	23,904.			23,904.	3,130.		3,415.
257	FURNACE HEAT EXCHANGER	011123	SL	4.00	16	3,120.			3,120.			390.
	* 990 PAGE 10 TOTAL OTHER					1,416,626.		0.	1,416,626.	557,374.		47,246.
	* 990 PAGE 10 TOTAL -					1,416,626.		0.	1,416,626.	557,374.		47,246.
	OTHER											

2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - BETHESDA HEALTH CLINIC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
95	BOOK CASE - HOH HOH F&F	073113	SL	7.00	16	2,770.			2,770.	2,770.		0.
99	BOOKSHELF - HOH HOH F&F	043014	SL	5.00	16	1,040.			1,040.	1,005.		0.
110	CHECK OUT COUNTER HOH HOH F&F	123115	SL	7.00	16	1,355.			1,355.	1,261.		94.
	* 990 PAGE 10 TOTAL OTHER					5,165.		0.	5,165.	5,036.		94.
	* 990 PAGE 10 TOTAL -					5,165.		0.	5,165.	5,036.		94.
	OTHER											
90	HANGERS OF HOPE SIGN HOH IMPROVEMEN	093013	SL	10.00	16	8,576.			8,576.	7,507.		858.
96	FLOORING - HOH HOH IMPROVEMENTS	121613	SL	15.00	16	16,443.			16,443.	9,316.		1,096.
97	SECURITY SYSTEM - HOH HOH IMPROVEMENT	033114	SL	7.00	16	4,230.			4,230.	4,230.		0.
165	SIGN - HOH HOH IMPROVEMENTS	081816	SL	7.00	16	4,092.			4,092.	3,413.		585.
192	HANGERS OF HOPE SIGN HOH IMPROVEMEN	020917	SL	39.00	16	1,219.			1,219.	168.		31.
193	HOH LIGHTED SIGN HOH IMPROVEMENTS	030217	SL	39.00	16	3,132.			3,132.	427.		80.
194	CAMERA SYSTEM HOH IMPROVEMENTS	030217	SL	39.00	16	5,270.			5,270.	721.		135.
196	ELEC OUTLET - TRASH COMP HOH IMPROVEME	121417	SL	39.00	16	2,084.			2,084.	243.		53.
233	PLUMBING- HOH LOOP CAMERA SYSTEM LOOP	022821	SL	5.00	16	1,750.			1,750.	467.		350.
255	STORE BREAKROOM/PROCESSIN	032323	SL	7.00	16	10,048.			10,048.			359.
258	G ELECTRIAL - HOH TO	032223	SL	4.00	16	5,103.			5,103.			319.
	* 990 PAGE 10 TOTAL OTHER					61,947.		0.	61,947.	26,492.		3,866.

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- CURRENT YEAR FEDERAL - BETHESDA HEALTH CLINIC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL					61,947.		0.	61,947.	26,492.		3,866.
	-											
	OTHER											
91	CLOTHING RACKS - HOH HOH M&E	112513	SL	7.00	16	11,559.			11,559.	11,559.		0.
93	SORTING EQUIPMENT - HOH HOH M&E	122913	SL	5.00	16	2,505.			2,505.	2,505.		0.
	* 990 PAGE 10 TOTAL											
	OTHER					14,064.		0.	14,064.	14,064.		0.
	* 990 PAGE 10 TOTAL											
	-					14,064.		0.	14,064.	14,064.		0.
	OTHER											
62	SOFTWARE	091511	SL	3.00	16	5,148.			5,148.	5,148.		0.
	UPGRADE											
64	MEDINFORMATIX	031912	SL	3.00	16	7,722.			7,722.	7,722.		0.
86	HR SOFTWARE UPGRADE	111412	SL	3.00	16	5,085.			5,085.	5,085.		0.
	DONOR PERFECT											
219	SOFTWARE	070119	SL	3.00	16	3,934.			3,934.	3,934.		0.
	UPGRADE											
226	MEDINFORMATIX	073120	SL	3.00	16	2,244.			2,244.	1,434.		748.
	FINAL PAYMENT FOR											
227	UPGRADE	103120	SL	3.00	16	561.			561.	312.		187.
	PURCHASE OF INTACCT											
228	WITH ANNUAL SUPPOR	113020	SL	5.00	16	28,123.			28,123.	8,906.		5,625.
230	SOFTWARE INC: 64720	050321	SL	5.00	16	3,956.			3,956.	923.		791.
	* 990 PAGE 10 TOTAL											
	OTHER					56,773.		0.	56,773.	33,464.		7,351.
	* 990 PAGE 10 TOTAL											
	-					56,773.		0.	56,773.	33,464.		7,351.
	* GRAND TOTAL 990											
	PAGE 10 DEPR					5,931,492.		0.	5,931,492.	1,812,428.		186,401.

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- CURRENT YEAR FEDERAL - BETHESDA HEALTH CLINIC

Asset No.	Description	Date Acquired		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	CURRENT YEAR ACTIVITY												
	BEGINNING BALANCE						5,859,722.		0.	5,859,722.	1,812,428.		
	ACQUISITIONS						71,770.		0.	71,770.	0.		
	DISPOSITIONS						0.		0.	0.	0.		
	ENDING BALANCE						5,931,492.		0.	5,931,492.	1,812,428.		

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

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- NEXT YEAR FEDERAL - BETHESDA HEALTH CLINIC

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	FURNITURE & FIXTURES								
1	CUBICAL WALLS	041503	SL	5.00	3,500.		3,500.	3,500.	0.
2	64 OFFICE CHAIRS	101405	SL	5.00	1,269.		1,269.	1,269.	0.
3	8 60"" ROUND TABLES	103105	SL	5.00	791.		791.	791.	0.
4	POTRAIT-PAT MALLORY	102606	SL	3.00	1,005.		1,005.	1,005.	0.
5	LATERAL FILE CABINET	122706	SL	5.00	1,056.		1,056.	1,056.	0.
6	FURNITURE	020507	SL	5.00	39.		39.	39.	0.
7	KITCHEN TABLE	123109	SL	5.00	530.		530.	530.	0.
8	OFFICE FURNITURE	060110	SL	5.00	19,357.		19,357.	19,357.	0.
9	OFFICE FURNITURE	092811	SL	7.00	662.		662.	662.	0.
65	PATIENT CHAIRS-WAITING RM	041712	SL	7.00	2,007.		2,007.	1,960.	0.
72	FURNITURE-VOLUNTEER COORD	112712	SL	7.00	2,073.		2,073.	2,060.	0.
74	OFFICE FURNITURE	123112	SL	7.00	1,904.		1,904.	1,904.	0.
87	OFFICE FURNITURE	012313	SL	7.00	3,995.		3,995.	3,995.	0.
100	12"" FAN TECH	061014	SL	5.00	1,962.		1,962.	1,880.	0.
101	OFFICE FURNITURE	061014	SL	5.00	3,800.		3,800.	3,641.	0.
102	OFFICE FURNITURE	061814	SL	5.00	1,588.		1,588.	1,510.	0.
124	ANGEL MOSAIC	033115	SL	7.00	8,250.		8,250.	8,250.	0.
125	DESK	013115	SL	7.00	1,420.		1,420.	1,420.	0.
126	CONFERENCE TABLE/CHAIRS	030515	SL	7.00	4,332.		4,332.	4,332.	0.
127	CONFERENCE CREDENZA	030515	SL	7.00	1,409.		1,409.	1,409.	0.
128	OFFICE CREDENZA- LAURA	032015	SL	7.00	1,489.		1,489.	1,489.	0.
129	DESK- DIANE	032015	SL	7.00	2,436.		2,436.	2,436.	0.
130	WINDOW BLINDS	022815	SL	7.00	2,427.		2,427.	2,427.	0.
131	BREAKROOM CHAIRS	042315	SL	7.00	2,350.		2,350.	2,350.	0.
132	DENTAL OFFICE & CUBICAL	043015	SL	7.00	1,505.		1,505.	1,505.	0.
133	TRAINING TABLE & CHAIRS	050515	SL	7.00	5,448.		5,448.	5,448.	0.
134	LETTERING FOR DONOR WALL	043015	SL	7.00	3,905.		3,905.	3,905.	0.
135	ARTWORK- GENESIS ROOM	033115	SL	7.00	2,590.		2,590.	2,590.	0.
142	DENTAL CABINET- 15B5580	040115	SL	7.00	8,448.		8,448.	8,448.	0.
143	DENTAL CABINET- 15B5580	040115	SL	7.00	8,448.		8,448.	8,448.	0.
144	DENTAL CABINET- 15B5580	040115	SL	7.00	8,448.		8,448.	8,448.	0.
145	DENTAL CABINET- 15B5543	040115	SL	7.00	14,175.		14,175.	14,175.	0.
146	DENTAL CABINET- 15B5543	040115	SL	7.00	4,549.		4,549.	4,549.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

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- NEXT YEAR FEDERAL - BETHESDA HEALTH CLINIC

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
147	DENTAL CABINET- 15B5543	040115	SL	7.00	4,549.		4,549.	4,549.	0.
148	DENTAL CABINET- 15B5543	040115	SL	7.00	4,489.		4,489.	4,489.	0.
149	DENTAL CABINET- 15B5543	040115	SL	7.00	4,489.		4,489.	4,489.	0.
150	DENTAL CABINET- 15B5580	040115	SL	7.00	16,041.		16,041.	16,041.	0.
157	DENTAL CABINET- 12F77922	040115	SL	7.00	6,377.		6,377.	6,377.	0.
158	DENTAL CABINET- 12F77918	040115	SL	7.00	10,552.		10,552.	10,552.	0.
163	DRUFOMAT DENTAL MACHINE	062316	SL	7.00	4,010.		4,010.	4,010.	0.
164	ELITE SENTOR XRAY	081816	SL	7.00	9,164.		9,164.	8,944.	220.
166	CHAIR	092216	SL	7.00	17,913.		17,913.	17,273.	640.
167	PANORAMIC XRAY	112916	SL	7.00	21,799.		21,799.	20,501.	1,298.
168	DENTAL XRAY MACHINE	012716	SL	7.00	4,359.		4,359.	4,359.	0.
169	VACSTAR PUMP DENTAL	123116	SL	7.00	5,238.		5,238.	4,862.	376.
170	SHELVING - HOH	123116	SL	7.00	4,800.		4,800.	4,459.	341.
175	DENTAL CHAIR #A18092	033017	SL	7.00	8,159.		8,159.	7,287.	872.
176	RADIUS STYLE #A11123	033017	SL	7.00	5,974.		5,974.	5,332.	642.
177	HALOGEN LIGHT #16D12650	033017	SL	7.00	2,130.		2,130.	1,900.	230.
178	REAR MOUNT ADJUST #A12681	033017	SL	7.00	1,650.		1,650.	1,475.	175.
179	COLPOSCOPE CENTER POST GY	051217	SL	7.00	4,466.		4,466.	3,934.	532.
180	ELECTROSURGICAL SYSTEM OB	051217	SL	7.00	5,105.		5,105.	4,495.	610.
181	DENTAL CHAIR #A18236	070117	SL	7.00	8,723.		8,723.	7,476.	1,246.
182	RADIUS STYLE #A18236	070117	SL	7.00	6,128.		6,128.	5,251.	875.
183	REAR MOUNT ADJUST #A11740	070117	SL	7.00	1,553.		1,553.	1,332.	221.
184	HALOGEN LIGHT #17D19595	070117	SL	7.00	2,217.		2,217.	1,902.	315.
185	NOMAD PR 2X XRAY #22519	120117	SL	7.00	6,348.		6,348.	5,064.	907.
186	SCHICK 33SZ 2 SENSOR 4981	120117	SL	7.00	9,172.		9,172.	7,314.	1,310.
187	ECG #9027373	121417	SL	7.00	5,106.		5,106.	4,071.	729.
188	CUBICLES FOR PATIENT CARE	123117	SL	7.00	6,558.		6,558.	5,153.	937.
189	DENTAL STERILIZER #884818	123117	SL	7.00	6,426.		6,426.	5,049.	918.
197	TCI SOFTWARE	010418	SL	5.00	3,000.		3,000.	3,000.	0.
198	PATIENT PORTAL MODULE	010418	SL	5.00	3,100.		3,100.	3,100.	0.
199	DATAMAX	123118	SL	5.00	15,032.		15,032.	12,776.	2,256.
200	HOH SIGN	051118	SL	5.00	13,207.		13,207.	13,207.	0.
201	EAST TEXAS ALARM	072618	SL	5.00	6,482.		6,482.	6,318.	164.
202	DENTAL SUPPLY	090118	SL	5.00	6,375.		6,375.	6,057.	318.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
203	PROCEDURE CHAIR	093018	SL	5.00	7,801.		7,801.	7,215.	586.
204	MOBILE PROCEDURE LIGHT	093018	SL	5.00	2,673.		2,673.	2,474.	199.
205	RHINOLARYNGOSCOPE	103118	SL	5.00	3,995.		3,995.	3,596.	399.
206	AUTOCLAVE, ULTRCLAVE AUTO	110118	SL	5.00	4,396.		4,396.	3,956.	440.
207	DENTAL SUPPLY	053118	SL	5.00	5,098.		5,098.	5,098.	0.
212	PRINTER	050819	SL	5.00	668.		668.	547.	121.
214	X-RAY SENSOR	063019	SL	5.00	6,523.		6,523.	5,220.	1,303.
215	DIGITAL PHONE SYSTEM	062119	SL	5.00	15,726.		15,726.	12,580.	3,145.
239	PHONE AND CABLES	071421	SL	5.00	7,181.		7,181.	2,872.	1,436.
240	CCTV	072921	SL	5.00	1,823.		1,823.	699.	365.
241	STORE DISPLAYS	102821	SL	5.00	8,636.		8,636.	2,878.	1,727.
243	CUBICLES	041922	SL	5.00	12,682.		12,682.	2,959.	2,536.
244	DATTO SIRIS	063022	SL	5.00	2,670.		2,670.	534.	534.
248	TRASH COMPACTOR	083021	SL	5.00	1,818.		1,818.	667.	364.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				449,548.		449,548.	400,481.	29,287.
	MACHINERY & EQUIPMENT								
25	OFFICE EQUIPMENT	051502	SL	5.00	500.		500.	500.	0.
26	SOFTWARE (MEDINFO)	090103	SL	3.00	150,000.		150,000.	150,000.	0.
27	OFFICE EQUIPMENT	111703	SL	5.00	2,405.		2,405.	2,405.	0.
28	TREATMENT CHAIR	102204	SL	7.00	5,000.		5,000.	5,000.	0.
29	DENTAL X-RAY MACHINE	041405	SL	5.00	6,000.		6,000.	6,000.	0.
30	PHONE/COMPUTER WIRING	062005	SL	5.00	933.		933.	933.	0.
31	2 DENTAL CHAIRS	041405	SL	5.00	1,500.		1,500.	1,500.	0.
32	7 EXAM TABLES REGULAR	063005	SL	5.00	3,500.		3,500.	3,500.	0.
33	GI EQUIPMENT	063005	SL	5.00	25,000.		25,000.	25,000.	0.
34	SPIROMETRY	063005	SL	5.00	1,000.		1,000.	1,000.	0.
35	DISPLAY BOARD	032806	SL	5.00	627.		627.	627.	0.
36	ACCOUNTING SOFTWARE	032806	SL	5.00	19,758.		19,758.	19,758.	0.
37	COMPUTER FIREWALL	042706	SL	5.00	955.		955.	955.	0.
38	N-COMM PHONE SYSTEM	091306	SL	5.00	7,369.		7,369.	7,369.	0.
39	EPSON POWERLITE 76C	032607	SL	5.00	749.		749.	749.	0.
40	ECG ATRIA 3100	063007	SL	5.00	3,486.		3,486.	3,486.	0.
41	AUTOCLAVE	063007	SL	5.00	3,291.		3,291.	3,291.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

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- NEXT YEAR FEDERAL - BETHESDA HEALTH CLINIC

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
42	DELL OFFICE SERVER	103107	SL	5.00	501.		501.	501.	0.
43	WASHER & DRYER	113007	SL	5.00	1,187.		1,187.	1,187.	0.
44	SURGICAL LIGHT	012508	SL	5.00	2,263.		2,263.	2,263.	0.
45	GLUCOMA PEN	012508	SL	5.00	2,725.		2,725.	2,725.	0.
46	DELL SERVER	033108	SL	5.00	7,203.		7,203.	7,203.	0.
47	COMPUTER	033108	SL	5.00	1,809.		1,809.	1,809.	0.
48	BATTERY BACKUP	062008	SL	3.00	149.		149.	149.	0.
49	EXTERNAL BACKUP	062008	SL	5.00	838.		838.	838.	0.
50	AC UNIT	080408	SL	5.00	351.		351.	351.	0.
51	UNIVERSAL FOOTCARE	090408	SL	5.00	1,295.		1,295.	1,295.	0.
52	ABI MACHINE	123108	SL	5.00	1,313.		1,313.	1,313.	0.
53	REFRIDGERATOR	123109	SL	10.00	2,675.		2,675.	2,675.	0.
54	CONVECTION OVEN	123109	SL	10.00	3,000.		3,000.	3,000.	0.
55	SINK/SINK OCMBO	123109	SL	10.00	1,315.		1,315.	1,315.	0.
56	KITCHEN EQUIPMENT	071310	SL	5.00	610.		610.	610.	0.
57	ID BADGE MACHINE	072310	SL	7.00	1,550.		1,550.	1,550.	0.
58	EQUIPMENT	123110	SL	3.00	84.		84.	84.	0.
59	MEDICAL EQUIPMENT	071811	SL	7.00	9,673.		9,673.	9,673.	0.
60	DENTAL EQUIPMENT	083111	SL	7.00	17,579.		17,579.	17,579.	0.
61	COMPUTERS	110111	SL	5.00	6,979.		6,979.	6,979.	0.
63	FIRE EXTINGUISHING SYSTEM	121912	SL	5.00	1,960.		1,960.	1,960.	0.
66	DENTAL EQUIPMENT	043012	SL	5.00	3,487.		3,487.	3,487.	0.
67	COMPUTERS	061412	SL	5.00	1,694.		1,694.	1,694.	0.
68	DENTAL PAN-X	071012	SL	10.00	9,028.		9,028.	9,028.	0.
69	DIGITAL X-RAY	100412	SL	10.00	33,980.		33,980.	33,980.	0.
70	LAB EQUIPMENT	110812	SL	5.00	1,181.		1,181.	1,181.	0.
71	COMPUTERS	112712	SL	5.00	1,390.		1,390.	1,390.	0.
73	REFRIGERATOR-BREAK ROOM	121512	SL	5.00	1,807.		1,807.	1,807.	0.
82	DIGITAL XRAY	071712	SL	10.00	6,875.		6,875.	6,875.	0.
83	DENTAL MINI-SPLIT	073112	SL	7.00	3,949.		3,949.	3,831.	0.
84	TECH SOUP COMPUTERS	083112	SL	5.00	1,268.		1,268.	1,268.	0.
85	COMPUTERS	110812	SL	5.00	2,310.		2,310.	2,310.	0.
88	COMPUTER	020713	SL	5.00	2,085.		2,085.	2,085.	0.
89	CPAP MACHINE	051613	SL	5.00	1,350.		1,350.	1,350.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - BETHESDA HEALTH CLINIC

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
92	PROMOTIONAL VIDEO	121613	SL	3.00	4,000.		4,000.	4,000.	0.
94	STRETCHER	033013	SL	5.00	6,927.		6,927.	6,927.	0.
98	SOFTWARE	040814	SL	3.00	1,750.		1,750.	1,750.	0.
103	MINI SPLIT AIR CONDITIONR	070314	SL	5.00	5,841.		5,841.	5,548.	0.
104	HEALTHWAVE SOFTWARE	072914	SL	3.00	6,620.		6,620.	6,620.	0.
105	ABILA FUND ACCT. SOFTWARE	120114	SL	3.00	2,853.		2,853.	2,853.	0.
106	DENTAL CAMERA	121814	SL	5.00	3,147.		3,147.	3,147.	0.
108	COMPUTER EQUIPMENT	032015	SL	5.00	13,112.		13,112.	13,112.	0.
109	DENTAL SENSORS	061815	SL	5.00	4,534.		4,534.	4,534.	0.
111	SOFTWARE UPG MEDINFORTIXFTW	121115	SL	3.00	3,148.		3,148.	3,148.	0.
112	F3 TECH INVOICE #24827	121115	SL	3.00	1,050.		1,050.	1,050.	0.
113	VIDEO COLONSCOPE	123115	SL	5.00	1,518.		1,518.	1,518.	0.
114	VIDEO GASTROSCOPE	123115	SL	5.00	1,518.		1,518.	1,518.	0.
115	ECG FOR LINDALE	062515	SL	5.00	1,662.		1,662.	1,662.	0.
116	EXAM LIGHT	120315	SL	5.00	3,079.		3,079.	3,079.	0.
117	DENTAL XRAY RCLS	123115	SL	5.00	4,359.		4,359.	4,359.	0.
118	LIGHTING ON ANGEL	123115	SL	7.00	1,330.		1,330.	1,330.	0.
123	SMART BOARD	022815	SL	5.00	6,881.		6,881.	6,881.	0.
136	DENTAL EQUIPMENT-15B332	040115	SL	5.00	5,261.		5,261.	5,261.	0.
137	DENTAL EQUIPMENT-15B332	040115	SL	5.00	5,261.		5,261.	5,261.	0.
138	DENTAL LIGHT- 15B11741	040115	SL	5.00	2,106.		2,106.	2,106.	0.
139	DENTAL LIGHT- 15B11740	040115	SL	5.00	2,106.		2,106.	2,106.	0.
140	DENTAL EQUIPMENT-15B20055	040115	SL	5.00	1,671.		1,671.	1,671.	0.
141	DENTAL EQUIPMENT-15B20056	040115	SL	5.00	1,671.		1,671.	1,671.	0.
151	DENTAL STOOL- 15B12304	040115	SL	5.00	729.		729.	729.	0.
152	DENTAL STOOL- 15B12308	040115	SL	5.00	729.		729.	729.	0.
153	DENTAL STOOL- 14B87369	040115	SL	5.00	848.		848.	848.	0.
154	DENTAL STOOL- 14B87375	040115	SL	5.00	848.		848.	848.	0.
155	DENTAL CHAIR- 15B411	040115	SL	7.00	6,488.		6,488.	6,488.	0.
156	DENTAL CHAIR- 15B411	040115	SL	7.00	6,488.		6,488.	6,488.	0.
159	FLOWMETER- 2043-3152	040115	SL	5.00	3,933.		3,933.	3,933.	0.
160	AUTOCLAVE STRLZR-V1620001	040115	SL	5.00	5,690.		5,690.	5,690.	0.
161	COMPRESSOR AIRSTAR-533269	040115	SL	5.00	6,879.		6,879.	6,879.	0.
217	GI EQUIPMENT	092419	SL	5.00	16,840.		16,840.	12,630.	3,368.

(D) - Asset disposed

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218	EQUIPMENT	102419	SL	5.00	14,250.		14,250.	10,450.	2,850.
221	DENTAL EQUIPMENT	052020	SL	5.00	49,048.		49,048.	30,247.	9,810.
222	DENTAL EQUIPMENT	061820	SL	5.00	11,317.		11,317.	6,789.	2,263.
229	GYN TABLE, COLPOSCOPE AND CAMERA	040521	SL	5.00	16,226.		16,226.	7,301.	3,245.
	AP PYMT-PATTERSON DENTAL SUPPLY MAY								
231	STATEMENT 2021	052121	SL	5.00	8,531.		8,531.	3,554.	1,706.
242	CYSTOSCOPE	113021	SL	7.00	14,753.		14,753.	3,337.	2,108.
251	DENTAL EQUIPMENT	113022	SL	5.00	17,029.		17,029.	1,987.	3,406.
252	MEDICINE REFRIGERATOR	123022	SL	5.00	2,663.		2,663.	266.	533.
253	BREAKROOM TV	013123	SL	5.00	1,664.		1,664.	139.	333.
254	SPIROMETER SYSTEM	030223	SL	5.00	2,193.		2,193.	146.	439.
256	BLADDER SCANNER	032823	SL	5.00	6,794.		6,794.	340.	1,359.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				652,881.		652,881.	568,348.	31,420.
	TRANSPORTATION EQUIPMENT								
249	TRUCK-HOH	093021	SL	7.00	26,199.		26,199.	6,550.	3,743.
260	TRUCK WRAP - HOH	110122	SL	7.00	7,300.		7,300.	695.	1,043.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT				33,499.		33,499.	7,245.	4,786.
	LAND								
174	HOH LAND	052616	L		535,444.		535,444.		0.
250	LAND	033022		.000	850,000.		850,000.		0.
	* 990 PAGE 10 TOTAL LAND				1,385,444.		1,385,444.	0.	0.
	OTHER								
245	LEASEHOLD IMPROVEMENTS	072721	SL	4.00	3,003.		3,003.	1,439.	751.
261	CLASSY.ORG SUBSCRIPTION	022823	SL	3.00	3,588.		3,588.	399.	1,196.
173	HOH BUILDING HOH BUILDING	070116	SL	39.00	1,784,236.		1,784,236.	320,250.	45,750.
195	RENOVATIONS AT HOH HOH BUILDING	101617	SL	39.00	9,000.		9,000.	1,308.	231.
210	SAMSUNG HEAT PUMP HOH BUILDING	053118	SL	39.00	4,347.		4,347.	565.	111.
211	HEIL 14 SEER CONDENSER HOH BUILDING	072018	SL	39.00	3,413.		3,413.	428.	88.
	ETR AC & HEATING CUSTOMER #0000133								
234	DUCT COVERS DEMO &	042921	SL	5.00	1,994.		1,994.	864.	399.
236	RCLS LOOP AC UNITS TO BUILDING	100920	SL	39.00	28,896.		28,896.	2,038.	741.

(D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	AVCO ROOFING- REMEDIATE ROOF LEAKS								
237	AR HOH LOOP	050421	SL	39.00	4,800.		4,800.	267.	123.
259	BATH REMODEL/INSTALL - HOH LOOP	111422	SL	39.00	12,268.		12,268.	210.	315.
	* 990 PAGE 10 TOTAL OTHER				1,855,545.		1,855,545.	327,768.	49,705.
	* 990 PAGE 10 TOTAL -				4,376,917.		4,376,917.	1,303,842.	115,198.
	OTHER								
10	LEASEHOLD IMPROVEMENTS	013103	SL	39.00	411,473.		411,473.	215,411.	10,551.
11	2004 LEASEHOLD IMPROVEMENTS	032204	SL	39.00	239,067.		239,067.	118,002.	6,130.
12	FINISH OUT IMPROVEMENTS	103105	SL	39.00	19,408.		19,408.	8,796.	498.
13	2006 LEASEHOLD IMPROVEMEN	061506	SL	39.00	4,080.		4,080.	1,792.	105.
14	OFFICE SPACE	063007	SL	39.00	5,408.		5,408.	2,222.	139.
15	BUILDING PAINTING LABOR	070508	SL	15.00	2,224.		2,224.	2,221.	3.
16	AC UNIT	073108	SL	15.00	2,500.		2,500.	2,490.	10.
17	PAINT INTERIOR BUILDING	093008	SL	15.00	3,402.		3,402.	3,348.	54.
18	DUCT WORK	123108	SL	3.00	169.		169.	169.	0.
19	(2) CARRIER AIR CONDITION	052308	SL	15.00	36,320.		36,320.	36,317.	0.
20	FIRE ALARM	053109	SL	10.00	8,804.		8,804.	8,619.	0.
21	RENOVATIONS TO OFFICE	011909	SL	15.00	6,673.		6,673.	6,415.	258.
22	KITCHEN REMODEL	011909	SL	15.00	8,276.		8,276.	7,957.	319.
23	OFFICE RENOVATIONS-SCREEN	060110	SL	7.00	4,778.		4,778.	4,778.	0.
24	BUILDING IMPROVEMENTS	111511	SL	15.00	2,260.		2,260.	1,761.	151.
75	ELECTRICAL CHANGES-KITCHE	122112	SL	15.00	1,125.		1,125.	787.	75.
76	PLUMBING IMPROVEMENTS	031912	SL	15.00	4,000.		4,000.	3,003.	267.
77	CLINIC FLOORING	063012	SL	5.00	1,812.		1,812.	1,812.	0.
78	AC ZONE SYSTEM	090612	SL	15.00	7,880.		7,880.	5,687.	525.
79	XRAY ROOM REMODEL	122112	SL	15.00	4,552.		4,552.	3,181.	303.
80	XRAY ROOM REMODEL	121512	SL	15.00	1,779.		1,779.	1,260.	119.
81	AC	121312	SL	15.00	10,649.		10,649.	7,514.	710.
107	HOT WATER HEATER	123114	SL	7.00	1,200.		1,200.	1,197.	0.
119	FLOORING DEPOSIT	091015	SL	15.00	13,389.		13,389.	6,996.	893.
120	FLOORING FINAL PAYMENT	102915	SL	15.00	4,867.		4,867.	2,484.	324.
121	LIGHTS OUTSIDE	091715	SL	7.00	1,250.		1,250.	1,250.	0.
122	BUILDING EXPANSION	071515	SL	39.00	459,940.		459,940.	94,345.	11,793.
162	CLINIC FLOORING REMAINING BASIS	051512	SL	5.00	21,068.		21,068.	21,068.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - BETHESDA HEALTH CLINIC

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
171	LH IMPROVEMENTS	052516	SL	15.00	10,500.		10,500.	4,958.	700.
172	LH IMPROVEMENTS	060916	SL	15.00	8,420.		8,420.	3,974.	561.
190	A/C UNIT 7.5 TON #44666	042717	SL	15.00	6,890.		6,890.	2,831.	459.
191	WALL IN GL ROOM	110917	SL	15.00	1,500.		1,500.	567.	100.
208	HEATING AIR UNIT	011818	SL	39.00	7,000.		7,000.	971.	179.
209	AIR COMPRESSOR	062718	SL	39.00	2,850.		2,850.	365.	73.
213	4 TON A/C SYSTEM	050719	SL	39.00	6,114.		6,114.	641.	157.
216	A/C UNIT - LOOP	060619	SL	39.00	17,604.		17,604.	1,823.	451.
220	SHELVES	033120	SL	5.00	4,972.		4,972.	3,231.	994.
223	WALL IN GL ROOM	022820	SL	39.00	4,200.		4,200.	360.	108.
224	DENTAL ROOM PLUMBING	050820	SL	39.00	6,505.		6,505.	529.	167.
225	HVAC	061720	SL	39.00	4,281.		4,281.	330.	110.
232	TRANE ROOFTOP PACKAGE UNIT DUCT COVER/HANGUARD AT CLINI FITZPATRICK ARCHITECTS: BETHESDA	013121	SL	5.00	9,994.		9,994.	4,831.	1,999.
235	CLIIC RENOVATION	060721	SL	39.00	2,456.		2,456.	131.	63.
238	BILL-RL CONSTRUCTION DBA LEE'S CONSTRUCTION CO.	062821	SL	39.00	4,705.		4,705.	242.	121.
246	LEASEHOLD IMPROVEMENTS	033122	SL	4.00	3,258.		3,258.	1,019.	815.
247	TRAIN 5-TON SYSTEM	072621	SL	7.00	23,904.		23,904.	6,545.	3,415.
257	FURNACE HEAT EXCHANGER	011123	SL	4.00	3,120.		3,120.	390.	780.
	* 990 PAGE 10 TOTAL OTHER				1,416,626.		1,416,626.	604,620.	44,479.
	* 990 PAGE 10 TOTAL -				1,416,626.		1,416,626.	604,620.	44,479.
	OTHER								
95	BOOK CASE - HOH HOH F&F	073113	SL	7.00	2,770.		2,770.	2,770.	0.
99	BOOKSHELF - HOH HOH F&F	043014	SL	5.00	1,040.		1,040.	1,005.	0.
110	CHECK OUT COUNTER HOH HOH F&F	123115	SL	7.00	1,355.		1,355.	1,355.	0.
	* 990 PAGE 10 TOTAL OTHER				5,165.		5,165.	5,130.	0.
	* 990 PAGE 10 TOTAL -				5,165.		5,165.	5,130.	0.
	OTHER								
90	HANGERS OF HOPE SIGN HOH IMPROVEMENTS	093013	SL	10.00	8,576.		8,576.	8,365.	211.
96	FLOORING - HOH HOH IMPROVEMENTS	121613	SL	15.00	16,443.		16,443.	10,412.	1,096.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - BETHESDA HEALTH CLINIC

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
97	SECURITY SYSTEM - HOH HOH IMPROVEMENTS	033114	SL	7.00	4,230.		4,230.	4,230.	0.
165	SIGN - HOH HOH IMPROVEMENTS HANGERS OF HOPE SIGN HOH IMPROVEMENTS	081816	SL	7.00	4,092.		4,092.	3,998.	94.
192	IMPROVEMENTS	020917	SL	39.00	1,219.		1,219.	199.	31.
193	HOH LIGHTED SIGN HOH IMPROVEMENTS	030217	SL	39.00	3,132.		3,132.	507.	80.
194	CAMERA SYSTEM HOH IMPROVEMENTS	030217	SL	39.00	5,270.		5,270.	856.	135.
196	ELEC OUTLET - TRASH COMP HOH IMPROVEMENTS	121417	SL	39.00	2,084.		2,084.	296.	53.
233	PLUMBING- HOH LOOP	022821	SL	5.00	1,750.		1,750.	817.	350.
255	CAMERA SYSTEM LOOP STORE	032323	SL	7.00	10,048.		10,048.	359.	1,435.
258	BREAKROOM/PROCESSING ELECTRICAL - HOH TROUP	032223	SL	4.00	5,103.		5,103.	319.	1,276.
	* 990 PAGE 10 TOTAL OTHER				61,947.		61,947.	30,358.	4,761.
	* 990 PAGE 10 TOTAL -				61,947.		61,947.	30,358.	4,761.
	OTHER								
91	CLOTHING RACKS - HOH HOH M&E	112513	SL	7.00	11,559.		11,559.	11,559.	0.
93	SORTING EQUIPMENT - HOH HOH M&E	122913	SL	5.00	2,505.		2,505.	2,505.	0.
	* 990 PAGE 10 TOTAL OTHER				14,064.		14,064.	14,064.	0.
	* 990 PAGE 10 TOTAL -				14,064.		14,064.	14,064.	0.
	OTHER								
62	SOFTWARE	091511	SL	3.00	5,148.		5,148.	5,148.	0.
64	UPGRADE MEDINFORMATIX	031912	SL	3.00	7,722.		7,722.	7,722.	0.
86	HR SOFTWARE UPGRADE	111412	SL	3.00	5,085.		5,085.	5,085.	0.
219	DONOR PERFECT SOFTWARE	070119	SL	3.00	3,934.		3,934.	3,934.	0.
226	UPGRADE MEDINFORMATIX	073120	SL	3.00	2,244.		2,244.	2,182.	62.
227	FINAL PAYMENT FOR UPGRADE	103120	SL	3.00	561.		561.	499.	62.
228	PURCHASE OF INTACCT WITH ANNUAL SUPPORT AND IMPRLEMEN	113020	SL	5.00	28,123.		28,123.	14,531.	5,625.
230	SOFTWARE INC: 64720	050321	SL	5.00	3,956.		3,956.	1,714.	791.
	* 990 PAGE 10 TOTAL OTHER				56,773.		56,773.	40,815.	6,540.
	* 990 PAGE 10 TOTAL -				56,773.		56,773.	40,815.	6,540.
	* GRAND TOTAL 990 PAGE 10 DEPR				5,931,492.		5,931,492.	1,998,829.	170,978.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

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, 2024**, 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, 2022**, and ending **JUN 30, 2023**.

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.