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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

(HTA)

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

	For the		endar yea	ar, or tax year beginning	9	9/1/2008	3 , а	nd er	nding	8/3	1/2009	9		
В	Check if ap	plicable	Please	C Name of organization	NORTH C	ENTRAL 1	TEXAS MEDIC	_		D Employer	identif	cation numb	er	
	Address o	hange	use IRS label or	Doing Business As		-				23-7339430)			
ا 🗆	Name cha	ange	print or	Number and street (or	PO box if mail is n	ot delivered t	o street address)	Ro	om/suite	E Telephone	numbe	r		
ı	nıtıal retu	rn	type. See	1301 THIRD STREE	T					(940) 767-5	145			
	Terminati	on	Specific Instruc-	City or town, state or co	ountry, and ZIP + 4					•	_			
	Amended	return	tions.	WICHITA FALLS		T.	X 763	01		G Gross reco	eipts \$		3,9	63,787
	Applicatio	n pending	F N	lame and address of princ	ipal officer				H(a) is ti	his a group retu	urn for a	ffiliates?	Yes	X No
			EID MU	JSTAFA, MD 1301 TH	IIRD STREET,	WICHITA	FALLS, TX 76	6301	H(b) Are	all affiliates in	cluded?	Γ	Yes	No
	ax-exem	npt status	X 50			947(a)(1) o			1	If "No," attach a		_		_
		► N/A			,	(=)(. , .	·		H(a) Gra	oup exemption i	numbor			
						7.00	Т.	. V		•				
		ganization		prporation Trust	Association	Other >		L Tear	of forma	uon	IM S	State of legal of	omiciie	
	art		mmary	41		<u> </u>		N1	. 0 . 1			F		
\$ P	⊉¹			the organization's mis										
ي	₹			zation incorporated in	·		. ~			-				
Š	4			eight counties in North mily practice services			iso operates tr	ie vvi	cnita F	alis Family	Praction	ce Resider	icy Pro	ogram
<u> 5</u> _	1			<u></u>					-6	- 4b 050/			· 	
À	2			if the organiza							1 - 1	assets		0
	3			ig members of the gov pendent voting memb							4			9
)tie	5			f employees (Part V, I		ming bou	y (Fait VI, IIIIe	10).			5			62
	6			volunteers (estimate			•		•	• •	6			0
*	7a			elated business reveni	• •					•	7a			0
Z	b			usiness taxable incom				•			7b			0
RevenuSCANNE Miles Major sprange 1018	 									Prior Year	1	Curr	ent Year	<u> </u>
\mathcal{O}	8	Contribu	utions ar	nd grants (Part VIII, lir	ne 1h) .					56	7,585		1,8	26,119
ΑP	9			e revenue (Part VIII, li				3,004						
e e	10	Investm	ent inco	me (Part VIII, column	(A), lines 3, 4,	and 7d)					8,827			3,552
č	11	Other re	evenue (I	Part VIII, column (A),	lines 5, 6d, 8c,	9c, 10c,	and 11e) . .				0			1,500
	12	Total rev	venue-a	add lines 8 through 11	(must equal P	art VIII, co	olumn (A), line	12)		3,28	9,416		3,9	63,787
	13	Grants a	and sımı	ılar amounts paid (Pa	rt IX, column (A	A), lines 1-	–3)			'	0			0
	14		paid to or for members (Part IX, column (A), line 4)								0	<u> </u>		
8	15	Salaries	· etre	compensation, employ	yee benefits (Pa	art IX, colu	umn (A), lines :	5–10)		2,331,851		51 2		20,544
Expenses	16a	Professi	ional fun	Mulaising fees (Parl IX	., column (A), lı	ne 11e)					. 0	6. W637	30	0
ă.	_b	Totalutur	ndraising	g expenses (Partix), o (Paft 120 tolumn),	column (D), line	≥ 25) ▶		0			*			
ш	17	Otherce	kpenses	(Baff 120) to lumin (A),	lines 11a–11d,	, 11f–24f)					5,805			88,220
	ון	⊣oτaι¦eχ	penses.	Add lines 13—1404 min	st equal Part 17	k, column	(A), line 25).	•			7,656			08,764
	19	Revenue	ÜĞİ	coenses Subtract line	18 from line 1	2	<u> </u>				8,240			55,023
Assets or	20	Total		art X, line 16)					Be	ginning of Yea		Eng	of Year	
Asse Balk	20 21		•	Part X, line 26) .		•	•	•			1,849 9,344			04,008 85,013
Net /	22		•	nd balances. Subtract	t line 21 from li	 ne 20	•				2,505			18,995
	rt II		nature		t mic 21 nom n	iic zo			<u> </u>		2,000			10,000
				s of perjury, I declare that I ha	ave examined this re	eturn, ıncludı	ng accompanying s	schedu	les and st	tatements, and	to the b	est of my kno	wledge	
				true, correct, and complete										
		-1.7		and Illa	n)					, -	っん	6/201		
Sig	ın		401	WII JUST	\mathcal{C}_{-}					<u> </u>	322	6/201		
He			Signature	of officer	-					Date				
	. •		J HILL	AM. WILS	ON		-							
		Dron	Type or pr arer's	rint name and title	-		Date	1 6	neck if		Drono	rar's identifica	a numb	<u> </u>
Pai	d	signa		4			Date	se				rer's identifyir structions)	y numb	51
	u parer's	ıř		BRANDON SCHULTZ	CPA		3/26/2010	- 1	nployed	▶	P005	03592		
	Only	Firm	s name (or	· BRANDON	P SCHULTZ C	PA PC				EIN ►				
J3(. Only		f-employed ess, and ZI	i). — ——		300, WICHITA FALLS, TX 76308 Phone no ► (940) 397-8400								
May	v the IR			eturn with the prepare							<u> </u>	X		No
				ork Reduction Act Notice				• •	· ·					0 (2008)
			. ~p~: **V		-,c cepaid		101					, ,		- (>4

Pa	Statement of Program Service Accomplishments (see instructions)	
1	Briefly describe the organization's mission	
	HEALTH CARE AND HEALTH CARE EDUCATION	
		·
_		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	es X No
	the prior Form 990 or 990-EZ?	es 🔼 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
_		es X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expens	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gra allocations to others, the total expenses, and revenue, if any, for each program service reported.	nts and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)
	NCTMF OWNS AND OPERATES THE ZALE HEALTH SCIENCE CENTER AND PROVIDES ADMINISTRATIVE	
	SERVICES FOR THE OCCUPANCE NEEDS TO THE WICHITA FALLS FAMILY PRACTICE RESIDENCY	
	PROGRAM AND THE WILSON FAMILY PLANNING CLINIC	
4h	(Code:) (Expenses \$ 2,596,609 including grants of \$ 0) (Revenue \$	0)
	WICHITA FALLS FAMILY PRACTICE RESIDENCY PROGRAM PROVIDES A THREE YEAR EDUCATIONAL	/
	PROGRAM FOR PHYSICIANS TO ENABLE THEM TO SPECIAL IN FAMILY PRACTICE MEDICING THE	
	PROGRAM IS DESIGNED TO TRAIN UP TO 24 PHYSICIANS AND PROVIDES OVER 45,000 PROCEDURES	
	ANNUALLY PRIMARILY TO UNDERPRIVILEGED PERSONS.	
4c	(Code) (Expenses \$ 530,032 including grants of \$ 0) (Revenue \$	0)
	THE WILSON FAMILY PLANNING CLINIC PROVIDES BIRTH CONTROL INFORMATION, COUNSELING,	
	AND MEDICAL SERVICES TO CLIENTS IN THE NORTH TEXAS AREA. THE CLINIC PROVIDES SERVICES	
	TO OVER 3,200 DIFFERENT PATIENTS ANNUALLY WITH OVER 7,000 VISITS THE CLINIC DOES NOT	
	PROVIDE ABORTION SERVICES BUT PROVIDES COUNSELING FOR ABORTION ALTERNATIVES	
	Other was a strong (Passible in Cabellate C.)	
4d	Other program services. (Describe in Schedule O) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
4e	Total program service expenses ► \$ 3,126,641 (Must equal Part IX, Line 25, column (B).)	

Par	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice			
_	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>		_	
•	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	<u> </u>		
3	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D,</i>			-
• • •	Parts VI, VII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return		<u> </u>	
12	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			<u> </u>
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
13	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	<u> </u>		<u> </u>
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	Ì	х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part	18	-	X
19	Did the organization report more than \$15,000 total off all VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20		X
	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
21 22	Did the organization report more than \$5,000 on Part IX, column (A), line 17 # Yes, "complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			 ^`
20	Schedule J	23		x
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			 ^`
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K. If "No," go to question 25	24a	1	x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Did the organization milest any proceeds of tax-exempt bonds beyond a temporary period exception.	245	 	_
U	to defease any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	-~	 	\vdash
23d	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
la.	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	238	\vdash	 ^`
IJ	person from a prior year? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	255	<u> </u>	 ^`
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	<u> </u>		 ^ `
27	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x
	Canada Company of the a barbar to desire to desire in the formation of the time of time of the time of time of the time of time of time of the time of tim			

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	-	х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV .	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	_29		Х
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>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
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>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		х
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>	36		Х
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</i>			_
	VI	37		Х

Form **990** (2008)

Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a		47			
L	U.S. Information Returns. Enter -0- if not applicable	47			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	씍			
	gaming (gambling) winnings to prize winners?	. -	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	` -			
		62			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				·
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	-			
	this return?	L	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	-	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		40		_
b	account)?	-	4a		X
D	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank	-	. 1	. 14	1
	and Financial Accounts	1	Ì	100	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .		5b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity				
	Regarding Prohibited Tax Shelter Transaction?	L	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	L	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
_	gifts were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).			, N	
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	┢	7b		x
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	\vdash	-		
•	required to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		N.	, ,,«	5 + 1
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal				
	benefit contract?		7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	L	7g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			V	
0	required? . Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	F	7h	Х	
8	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	l			
	organization, have excess business holdings at any time during the year?	-	8		Х
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	-			
а	Did the organization make any taxable distributions under section 4966?	.	9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		Х
0	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	ķ			* * *
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	\Box			
11	Section 501(c)(12) organizations. Enter:		1		
a	Gross income from members or shareholders	\dashv	ļ		
b	Gross income from other sources (Do not net amounts due or paid to other sources				1
۰۵۰	against amounts due or received from them.)	∤	10-		× .
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	-	12a		Х
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

	ion Ai doverning Dody and management			
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the		Yes	No
	circumstances, processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Χ
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	4 1997	*	
	the year by the following.			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
40	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	40	V	
11	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
• •	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	11		Х
Sect	ion B. Policies	• •		
-			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Χ	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
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:			
а	The organization's CEO, Executive Director, or top management official?	<u>15a</u>	X	
b	Other officers or key employees of the organization?	15b	Х	
40-	Describe the process in Schedule O (see instructions).	<i>,</i>		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		
	with a taxable entity during the year?	16a		X
b	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	*		
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► DANA WILSON (940) 767-51	45		
	1301 3RD STREET, WICHITA FALLS, TX 76301			

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

 List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees; and former such persons.

Check this box if the organization did not comp	ensate any offic	er, dı	rect	юr,	tru	stee,	or I	key employee		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director		officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
EID MUSTAFA PRESIDENT	5.	х		Х				0	0	0
DAVID GREER TREASURER	5.	×		×				0		0
GARY OZIER BOARD MEMBER	5	х		· ·		Х	_	0		0
JONATHAN WILLIAMS SECRETARY	5	х		х				0		0
S. SUDERSHAN BOARD MEMBER	5	Х						0		0
RODRIGO MENCHACA PRESIDENT ELECT	5	Х		Х				0	0	0
JOSE GONZALEZ BOARD MEMBER	5	Х						0	0	0
FLAVIA HORTH BOARD MEMBER	5	х						0	0	0
SUSAN STRATE CONSULTANT	5	х						0	0	0
MARILYN WHITE BOARD MEMBER	5	х						0	0	0
ROSA TORRES CONSULTANT	5	х						0	0	0
AHMED MATTAR EXECUTIVE DIRECTOR	60.				х	Х		225,542	0	6,766
GLEN MINTER PHYSICIAN	60.				х			134,435	0	4,033
	0							0	0	0
	0.							0	0	0
	0							0	0	0
	0							0	0	0

Pa	rt VII Section A. Officers, Directors, Ti		mplo	yee			ighe	st Co	ompensated E		<u>rtinu</u>	ed)	
	(A)	(B)				C)		_1	(D)	(E)		(F)	
	Name and title	Average hours per week	2 Individual trustee or director	,	Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimate amount of other compensat from the organization and relate organization	of non e on ed
		0.							0		0		0
		0.							0		0		0
		0.							0		0		0
		0							0		0		0
		0.							0		0		0
		0.							0		0		0
		0.							0		0		0
		0.							0		0		0
		0.							0		<u> </u>		0
		0							0		<u> </u>		0
		0							0		0		0
		0							0		0		0
		0					l		0	-	0		0
1b	Total					· •	1400	<u> </u>	359,977		0		,799
2	Total number of individuals (including those organization ► 2	e in Ta) who rec	eived	ı mo	re tn	an ֆ	100,	UUU	іп геропавіе со	mpensation tre	om tr	1e	
	Cigamzation 2											Yes	No
3	Did the organization list any former officer,			•	•	•	e, or	highe	est compensate	d [**	Y
	employee on line 1a? If "Yes," complete Sc								•	-	3		<u>X</u>
4	For any individual listed on line 1a, is the si the organization and related organizations of												
	individual	· · · · · ·		, , , , , , , , , , , , , , , , , , ,		3, 0		icic i			4		Х
5	Did any person listed on line 1a receive or a									*			·····
	services rendered to the organization? If "Y	es," complete S	chea	lule .	J for	suct	n per	son	· · · ·		5		Х
_ <u>Sec</u>	ction B. Independent Contractors Complete this table for your five highest contractors	mnoncotod inde		lont	oont.	coata	vro th	ot ro	soived more the	nn \$100 000 o			
<u>'</u>	compensation from the organization	mpensated mue	pend	ient i	COITE	acio) 5 U	atre	cerved more the	an \$100,000 o			
	(A) Name and business a	nddress							(B) Description of sen	nces		(C) pensation	
													0
								<u> </u>					<u>0</u>
													<u>0</u>
													0
2	Total number of independent contractors (in compensation from the organization ▶	ncluding those i		who	recei	ived	more	e tha	n \$100,000 in				

Form **990** (2008)

10 10 10 10 10 10 10 10	(C) Unrelated business	(D) Revenue excluded from
1a Federated campaigns. 1a 0 1b 0 0 0 0 0 0 0 0 0	revenue	tax under sections 512, 513, or 514
Display Disp	T	012, 010, 01 014
2a PATIENT FEES 621110 2,132,616		
2a PATIENT FEES 621110 2,132,616		
2a PATIENT FEES 621110 2,132,616	1	
2a PATIENT FEES 621110 2,132,616		
2a PATIENT FEES 621110 2,132,616		
2a PATIENT FEES 621110 2,132,616		
2a PATIENT FEES 621110 2,132,616		
2a PATIENT FEES 621110 2,132,616		
PATIENT FEES 621110		<u> </u>
Total: And minome (including dividends, interest, and other similar amounts) 3,552		
Total: And minome (including dividends, interest, and other similar amounts) 3,552		
Total: And minome (including dividends, interest, and other similar amounts) 3,552		
Total: And minome (including dividends, interest, and other similar amounts) 3,552		
Total: And minome (including dividends, interest, and other similar amounts) 3,552	-	<u> </u>
Total: And minome (including dividends, interest, and other similar amounts) 3,552		
Total: And minome (including dividends, interest, and other similar amounts) 3,552	 	
Total: And minome (including dividends, interest, and other similar amounts) 3,552		
other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross Rents 1,500 0 Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 4 Net gain or (loss) 5 Royalties (i) Real (ii) Personal (ii) Personal (ii) Personal (iii) Personal (iiii) Personal (iii) Personal	_	
A Income from investment of tax-exempt bond proceeds Royalties Color Color Color		1
For a special property of the		
(i) Real (ii) Personal		
For the property of the proper		
b Less: rental expenses		٠, , , , ,
C Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory. b Less cost or other basis and sales expenses. c Gain or (loss). d Net gain or (loss). 8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18	* 1	A XX
C Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory. b Less cost or other basis and sales expenses. c Gain or (loss). d Net gain or (loss). 8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18		
d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory. b Less cost or other basis and sales expenses. c Gain or (loss). d Net gain or (loss). 8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18	ì	
Ta Gross amount from sales of assets other than inventory 0 0 0 b Less: cost or other basis and sales expenses 0 0 0 d Net gain or (loss) 0 of contributions reported on line 1c) See Part IV, line 18 0 b Less: direct expenses 0 c Net income or (loss) from fundraising events See Part IV, line 19 0 b Less: direct expenses 0 c Net income or (loss) from gaming activities 0 c Net income or (loss) from gaming activities 0 c Net income or (loss) from gaming activities 0 c Net income or (loss) from gaming activities 0 c Net income or (loss) from gaming activities 0 c Net income or (loss) from gaming activities 0 c Net income or (loss) from sales of inventory 0 less: cost of goods sold 0 c Net income or (loss) from sales of inventory 0		
assets other than inventory 0 0 0 b Less: cost or other basis and sales expenses 0 0 0 c Gain or (loss) 0 0 0 d Net gain or (loss) 0 0 0 See Part IV, line 18 0 0 0 c Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 0 0 b Less: direct expenses 0 0 0 0 c Net income or (loss) from gaming activities 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		**
b Less: cost or other basis and sales expenses. c Gain or (loss). d Net gain or (loss). 8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18		1
and sales expenses .		
C Gain or (loss) .		
d Net gain or (loss) .		
8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18		
events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18	<u> </u>	
9a Gross income from gaming activities. See Part IV, line 19. b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory C Net income or (loss) from sales of inventory D C Net income or (loss) from sales of inventory		· 4.
9a Gross income from gaming activities. See Part IV, line 19. b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory C Net income or (loss) from sales of inventory D C Net income or (loss) from sales of inventory		* &
9a Gross income from gaming activities. See Part IV, line 19. b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory C Net income or (loss) from sales of inventory D C Net income or (loss) from sales of inventory		* :
9a Gross income from gaming activities. See Part IV, line 19. b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory C Net income or (loss) from sales of inventory D C Net income or (loss) from sales of inventory		
9a Gross income from gaming activities. See Part IV, line 19. b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory C Net income or (loss) from sales of inventory D C Net income or (loss) from sales of inventory		
See Part IV, line 19		
See Part IV, line 19		
b Less: direct expenses		
c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances		
10a Gross sales of inventory, less returns and allowances		
returns and allowances a 0 b Less cost of goods sold b 0 c Net income or (loss) from sales of inventory . o		· · · · · · · · · · · · · · · · · · ·
b Less cost of goods sold b 0		3
c Net income or (loss) from sales of inventory . ▶ 0		*
Miscellaneous Revenue Business Code 4 3 1	_	44. 980
	* *************************************	2 2 3 4
11a0		
b0		ļ
C0		<u> </u>
d All other revenue	L	
e Total. Add lines 11a–11d		
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,		
9c, 10c, and 11e	o	o o

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to governments and											
	organizations in the U.S. See Part IV, line 21	0										
2	Grants and other assistance to individuals in											
	the U S. See Part IV, line 22	0										
3	Grants and other assistance to governments,			. 💖								
	organizations, and individuals outside the			, l								
	U.S See Part IV, lines 15 and 16	0										
4	Benefits paid to or for members	0										
5	Compensation of current officers, directors,											
_	trustees, and key employees	225,542	193,064	32,478								
6	Compensation not included above, to disqualified											
	persons (as defined under section 4958(f)(1)) and											
_	persons described in section 4958(c)(3)(B).	1,604,163	1,374,051	230,112								
7	Other salaries and wages	0										
8	Pension plan contributions (include section 401(k)	40.000	44.000	0.050								
^	and section 403(b) employer contributions) .	48,283	41,330	6,953								
9	Other employee benefits	310,188	265,521 113,307	44,667								
10 11	Payroll taxes Fees for services (non-employees):	132,368	113,307	19,061								
ii a	Management	ا										
a b	=	0										
C	A	11,522	4,792	6,730	-							
ď	Lobbying	11,322	4,732	0,730								
e	Professional fundraising services See Part IV, line 17											
f	Investment management fees	0		*								
g	Other	0										
12	Advertising and promotion	0										
13	Office expenses	242,847	139,144	103,703								
14	Information technology	0										
15	Royalties	0										
16	Occupancy	82,552	34,612	47,940								
17	Travel	2,745	2,745	-								
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials .	0										
19	Conferences, conventions, and meetings	9,580	8,039	1,541								
20	Interest	0										
21	Payments to affiliates	0	0	0	0							
22	Depreciation, depletion, and amortization	207,372	129,046	78,326	0							
23	Insurance	145,327	130,473	14,854	*****							
24	Other expenses Itemize expenses not		1 4 1 2 2									
	covered above (Expenses grouped together	77			***							
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	[5								
_	CONTRACT/PROFESSIONAL SERVICES	189,216	115,247	72 060								
a	RACE FOR THE CURE	10,735	10,735	73,969								
D	RECRUITMENT	9,236	9,236	<u> </u>								
d	UNCOLLECTIBLE FEES	542,846	542,846									
e	REPAIRS AND MAINTENANCE	28,699	7,050	21,649	<u> </u>							
f	All other expenses OTHER	5,543	5,403	140								
25	Total functional expenses. Add lines 1 through 24f	3,808,764	3,126,641	682,123	0							
26	Joint Costs. Check here ▶ if following	3,000,.01	3,720,077	332,120	<u>_</u>							
	SOP 98-2. Complete this line only if the organization											
	reported in column (B) joint costs from a combined		i									
	educational campaign and fundraising											
	solicitation											

Pa	art X	Balance Sheet								
					(A) Beginning of year		E	(B) nd of year	-	
	1	Cash-non-interest-bearing			285,927	1		2	00,380	
	2	Savings and temporary cash investments.			76,882	2			0	
	3	Pledges and grants receivable, net			17,423	3			0	
	4	Accounts receivable, net			368,541	4	472,8			
	5	Receivables from current and former officers	, direct	tors, trustees, key						
		employees, or other related parties Complet	e Part	II of Schedule L .	0	5			0	
	6	Receivables from other disqualified persons						٠		
		4958(f)(1)) and persons described in section	4958(c)(3)(B) Complete	<u> </u>					
		Part II of Schedule L			0		ļ		0	
Assets	7	Notes and loans receivable, net .			0	7			0	
155	8	Inventories for sale or use			20,819				19,269	
•	9	Prepaid expenses and deferred charges			16,662	9			62,795	
	10a		10a	1,933,890			l ,	. i.		
	t	Less: accumulated depreciation. Complete			***************************************		i			
		Part VI of Schedule D	10b	1,310,935	565,595		ļ	6:	22,955	
	11	Investments-publicly traded securities	•		0				0	
	12	Investments-other securities. See Part IV, lir		· · L	. 0	12			0	
	13	Investments-program-related See Part IV, li	ne 11		0	13		1	25,799	
	14	Intangible assets				14	ļ			
	15	Other assets. See Part IV, line 11		·	0	15	<u> </u>		0	
	16	Total assets. Add lines 1 through 15 (must e	equal li	ne 34) .	1,351,849				04,008	
	17	Accounts payable and accrued expenses	•	· · -	201,899		ļ		59,39 <u>3</u>	
	18	Grants payable	•			18				
	19	Deferred revenue			0	19			0	
G	20	· · · · · · · · · · · · · · · · · · ·								
Liabilities	21 22					21	276			
bili	22	Payables to current and former officers, direct employees, highest compensated employees						* * *		
Lia		persons Complete Part II of Schedule L	-	0	22	 		0		
_	23	Secured mortgages and notes payable to uni		227,000		 	29	30,490		
	24	Unsecured notes and loans payable	ciateu	Timo parties .	0 227,000		 	200,40		
	25	Other liabilities. Complete Part X of Schedule	• D •	· · ·	30,445				<u>0</u> 35,130	
	26	Total liabilities. Add lines 17 through 25.		·	459,344				35,013	
s		Organizations that follow SFAS 117, check	k here	► X and					30,010	
Net Assets or Fund Balance		complete lines 27 through 29, and lines 33	3 and	34.						
ala	27	Unrestricted net assets		· · · · <u> </u>	893,884	27		1,1	18,709	
ã	28	Temporarily restricted net assets			-1,379	28			286	
Ĕ	29	Permanently restricted net assets		<u>.</u>		29				
Ē		Organizations that do not follow SFAS 113	7, che	ck here	,					
Ö		and complete lines 30 through 34.			<u>, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>			<u></u>		
šet	30	Capital stock or trust principal, or current fun		_		30				
AS:	31	Paid-in or capital surplus, or land, building, o				31				
et /	32	Retained earnings, endowment, accumulated	l incon	ne, or other funds.		32				
Ž	33	Total net assets or fund balances .	•		892,505	33			18,995	
	34	Total liabilities and net assets/fund balances			1,351,849	34	<u> </u>	1,50	04,008	
Pa	rt XI	Financial Statements and Reporting	9	<u>.</u>	 					
4		annumber and had used to assume the Form Of	<u></u>] Cash			_	Yes	No	
1		counting method used to prepare the Form 99							-	
28		Vere the organization's financial statements con	•	•		٠		a X	X	
k		Were the organization's financial statements audited by an independent accountant? If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the								
(_				-				
•		udit, review, or compilation of its financial state			-		· 2	c X	 	
38		s a result of a federal award, was the organizat		•		ın] _			
		ne Single Audit Act and OMB Circular A-133?.) 	a	X	
	<u>اا ر</u>	"Yes," did the organization undergo the require	u audi	t or audits?	<u> </u>	•	. 3	<u>b</u>	<u> </u>	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► See separate instructions.

	ים ו	ENTRAL IE	XAS MEDICAL	FOUNDATION					23-1339	430			
Par				harity Status (All or					art.) (see	instruct	ions)		
	o <u>rga</u> r		•	dation because it is (F		-	_	•					
1	\square			ırches, or association			oed in se	ction 170	(b)(1)(A)	(i).			
2	\sqsubseteq			on 170(b)(1)(A)(ii). (A									
3		A hospital o	r a cooperative	hospital service organ	ization de	escribed in	section	170(b)(1)(A)(iii). ((Attach S	chedule	H)	
4			esearch organizame, city, and st	ation operated in conji tate:	unction w	ith a hosp	ital descr	ibed ın s e	ection 17	0(b)(1)(A	.)(iii). Er	nter the	•
5		_	•	or the benefit of a colle . (Complete Part II)	ge or univ	versity ow	ned or op	erated by	a govern	nmental u	nit desc	ribed	
6				vernment or governme	ental unit	described	in sectio	n 170(b)	(1)(A)(v).				
7	X	An organiza	tion that normal	lly receives a substant (1)(A)(vi). (Complete	tial part o			٠,٠			the gene	ral pul	blic
8				d in section 170(b)(1)		Complete	Part II.)						
9		An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
0	\Box	An organiza	tion organized a	and operated exclusive	ely to test	for public	safety S	ee sect io	on 509(a)	(4). (see	instructi	ons)	
1		An organiza purposes of	tion organized a	and operated exclusive ablicly supported organ at describes the type of	ely for the	benefit of described	, to perfo in section	rm the fu n 509(a)(nctions of	f, or to ca ion 509(a	rry out t)(2). Se	he	ion
		a Type	el b 🗌	Type II c	Тур	e III-Fund	ctionally i	ntegrated		d 🔲 1	Type III-	-Other	
е		persons other		fy that the organization on managers and other (2)			-	-	-		-		ion
f		_		a written determinatio	n from th	e IRS that	it is a Ty	pe I, Typ	e II, or Ty	pe III sup	porting		_
g		Since Augus		c. the organization acce	epted any	gift or cor	 ntribution	 from any	of the	•	٠	•	
		following per		or indirectly controls,	either ald	ne or tog	ether with	noreone	describer	d in (u)		Yes	No
				verning body of the su					·	J ()	11g(i)	100	
				person described in (11g(ii)		
		(iii) A 35%	controlled entit	ty of a person describe	ed in (i) o	r (ii) abov	e?				11g(iii)		
h	-	Provide the	following inform	ation about the organ				_	·				
(i)		of supported inization	(ii) EIN	above or IRC section	ın col (i) lı	organization sted in your document?	the organ		organizat (i) organi	Is the tion in col ized in the	1 ' '	Amount support	of
				(see instructions))	Yes	No	supp Yes	No No	Yes	S?	┪		
-					1.00	''		- 110	1.00	110	 		
			_										0
		- -					•	_					0
	·-							-					0
													0
													0
ota)												0

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.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and				-		
	membership fees received (Do not						
	include any "unusual grants.")	545,133	587,760	547,312	567,585		2,247,790
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	ıts behalf	0	0	0			0
3	The value of services or facilities				_		
	furnished by a governmental unit to the						
	organization without charge	0	0	0			0
4	Total Add lines 1-3	545,133	587,760	547,312	567,585	0	2,247,790
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. tion B. Total Support						2,247,790
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(a) 2006	(4) 2007	(a) 2009	(f) Total
			(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	545,133	587,760	547,312	567,585	0	2,247,790
8	Gross income from interest, dividends, payments received on securities loans,					•	
	rents, royalties and income from similar						
	sources	10,382	12,849	8,827	8,827		40,885
9	Net income from unrelated business	10,002	12,045	0,027	0,027		40,003
	activities, whether or not the business is						
	regularly carried on		l				0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)	27,549	5,259	0			32,808
11	Total support. Add lines 7 through 10.						2,321,483
12	Gross receipts from related activities, etc (s		•		[12	
13	First five years. If the Form 990 is for the o		irst, second, th	urd, fourth, or f	ifth tax year as	a section 501	(c)(3)
	organization, check this box and stop here				• •		▶∐
	ion C. Computation of Public Suppor						
14	Public support percentage for 2008 (line 6, or			column (f))		14	96.83%
15	Public support percentage from 2007 Sched					15	97 02%
16a	33 1/3% support test-2008. If the organiza	ition did not ch	eck the box on	line 13, and lin	ne 14 is 33 1/3	% or more, che	eck this box
	and stop here. The organization qualifies as	s a publicly su	pported organi	zation .			▶ X
b	33 1/3% support test-2007. If the organiza	ition did not ch	eck a box on li	ne 13 or 16a, a	and line 15 is 3	3 1/3% or more	e, check this
	box and stop here. The organization qualifier						▶ 🗌
17a	10%-facts-and-circumstances-test-2008.						
	or more, and if the organization meets the "I						
	the organization meets the "facts-and-circum		•	•			
b	10%-facts-and-circumstances test-2007.						
	or more, and if the organization meets the "f						
	the organization meets the "facts-and-circum	nstances" test.	The organizat	ion qualifies as	s a publicly sup	ported organiz	ation . ▶ [
18	Private foundation. If the organization did not chec	k a box on line 13	3, 16a, 16b, 17a ,	or 17b, check this	box and see inst	tructions	▶ □

Par					2)		
Cas	(Complete only if you checked	the box on lin	<u>e 9 of Part I.)</u>	·		-	
	tion A. Public Support	(-) 0004	(1-) 0005	(-) 0000	(1) 0007	(-) 0000 T	<u> </u>
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants")	l ol	o	0			,
							
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the	ا	0	_			,
3	organization's tax-exempt purpose	9	0	0			
3	Gross receipts from activities that are not an unrelated trade or business under section 513						,
4	Tax revenues levied for the organization's						
7	benefit and either paid to or expended on						
	its behalf	اه	o	0			C
5	The value of services or facilities		<u></u>				·
	furnished by a governmental unit to the						
	organization without charge .	0	0	0			C
6	Total. Add lines 1-5	0	0	0	0	0	C
7a	Amounts included on lines 1, 2, and 3						
_	received from disqualified persons						C
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of 1%						
	of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b		0	0	0	0	
8	Public support (Subtract line 7c from	 		0		9	
	line 6)		»;	1-32-60 11 11		51141111	C
Sec	tion B. Total Support	·		<u> </u>	LE	<u> </u>	
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	0	0	0	0	0	C
10a	Gross income from interest, dividends,						
	payments received on securities loans,			:			
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less	1					
	section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b .		0	0	0	0	
11	Net income from unrelated business			U	- 0	4	
••	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on			!			C
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)	0	0	0			
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	<i>**</i>	- ' 2'	2 3	```	, ′ ,	<u>C</u>
14	First five years. If the Form 990 is for the or	rganization's fir	st, second, thi	rd, fourth, or fi	fth tax year as	a section 501(d	s)(3)
	organization, check this box and stop here				• •		· <u> </u>
	tion C. Computation of Public Suppor						
15	Public support percentage for 2008 (line 8, c			column (f))		15	0 00%
16	Public support percentage from 2007 Sched				<u> </u>	16	0 00%
	tion D. Computation of Investment Inc				(0)	47	0.000/
17 10	Investment income percentage for 2008 (line				(1))	17	0 00%
18	Investment income percentage from 2007 Sc				 no 15 :0	18 than 33 1/3% a	0 00%
ıya	33 1/3% support tests-2008. If the organization many than 33 1/3% shock this box and s						
h	not more than 33 1/3%, check this box and s	-		· -		-	▶∟
b	33 1/3% support tests-2007. If the organization did line 18 is not more than 33 1/3%, check this box and						
20			=				。 ॒ ⊨
20	Private foundation. If the organization did r	ior clieck a box	on line 14, 19	a, or 190, chec	ons xod aiii אל	see instruction	ı». ▶ <u> </u>

Schedule A (Forn	n 990 or 990-EZ) 2008	NORTH CENTRAL	. TEXAS MEDIC	AL FOUNDATION	<u></u>	23-7339430	Page 4
Part IV	Supplemental	Information. Com	plete this part	to provide the ex	planation required	by Part II, line 1	10:
.	Part II line 17a	or 17b, or Part III	line 12 Provid	le any other add	tional information.	(see instructions	s)
	Taren, into tra	or trb, or rare m,	TITLE 12 1 TOVIO	io arry ourier add	donar imormation.	(occ monaction	
	*						

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer Identification number

NORTH CENTRAL TEXAS MEDICAL FOUNDATION 23-7339430 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) . . . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a h Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) đ Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?... Yes 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(I) and section 170(h)(4)(B)(II)? Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Assets included in Form 990, Part X . . .

	NORTH CENTRAL TEX	AS MEDICAL FOUNI	DATION			23-	7339430			
Sched	ule D (Form 990) 2008								F	age 2
Part	Organizations Maintainin	a Collections of	Art, His	torical 1	reasure	s. or O	ther Similar	Assets (
3	Using the organization's accession items (check all that apply):	and other records	, cneck ai	ny of the	following t	hat are	a significant	use of its o	collecti	on
а	Public exhibition		d 🗍	Loan	or exchang	ie progr	ams			
b	Scholarly research		e 🗂	Other	·					
		-tions	• Ш	0 11.101						
С	Preservation for future gener									
4	Provide a description of the organizer XIV	zation's collections	and expl	ain how t	hey furthe	r the or	ganızatıon's e	exempt pur	pose ir	ו
5	During the year, did the organization	on solicit or receive	donation	s of art,	historical t	reasure	s, or other su	milar		
	assets to be sold to raise funds rat	her than to be mail	ntained a	s part of	the organi:	zatıon's	collection? .	Y	es 🔙	No
Part	IV Trust, Escrow and Custo	odial Arrangeme	ents. Co	mplete i	f organiza	ation a	nswered "Ye	s" to Forr	n 990,	
	Part IV, line 9, or reported	an amount on F	orm 990	, Part X,	line 21					
1a	Is the organization an agent, truste	e, custodian or oth	ner interm	ediary fo	r contribut	ions or	other assets	not		
	ıncluded on Form 990, Part X?							. [] Y	es 🔙	No
b	If "Yes," explain the arrangement in	n Part XIV and com	nplete the	following	g table [.]					
								Amount	_	
C	Beginning balance					. 10	;			
d	Additions during the year					. 10	I			
е	Distributions during the year .					16				
f	Ending balance			•		. 11				0
2a	Did the organization include an am	ount on Form 990,	, Part X, I	ine 21? .				. 🔲 Y	es 🛚	No
b	If "Yes," explain the arrangement in	n Part XIV					_			
Part	V Endowment Funds. Com	nplete if organiza	tion ansv	vered "Y	es" to Fo	rm 990), Part IV, lir	ne 10.		
		(a) Current year	(b) Pnd	v voor	(c) Two yea	rs back	(d) Three years	back (e) F	our years	back
		(a) carrent year		year	(-, ,		(-,	\-/		
1a	Beginning of year balance	(a) carrein year	(B) FIIC	year	*). 8/	8	* *		
1a b	Beginning of year balance Contributions	(a) current you		i year	*		*	· /		
_	Contributions Investment earnings or losses.	(a) carrent year	**	i yeai	*	*		* * * * * * * * * * * * * * * * * * *	*	
b	Contributions Investment earnings or losses . Grants or scholarships	(a) continued		i yeal	*	*	8	7 200		
b c	Contributions Investment earnings or losses . Grants or scholarships Other expenditures for facilities	(a) contain your	**	*	*	**	8) A		
b c d	Contributions Investment earnings or losses. Grants or scholarships Other expenditures for facilities and programs	(a) contain your	**	*	*	***	8	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
b c d	Contributions Investment earnings or losses. Grants or scholarships Other expenditures for facilities and programs Administrative expenses.		**	*	*		,	2 September 2 Sept		
b c d e f g	Contributions Investment earnings or losses. Grants or scholarships Other expenditures for facilities and programs Administrative expenses. End of year balance.	0			*		,	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
b c d e	Contributions Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of	0 of the year end bala	ance held		*		,	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
b c d e f g 2	Contributions Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endown	of the year end balanent			*	and the second s	,	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
b c d e f g 2 a b	Contributions Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endown Permanent endowment	of the year end balanent •	ance held		*		,	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		100
b c d e f g 2 a b c	Contributions Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endown Permanent endowment Term endowment	of the year end balanent •	ance held	as	\$ \frac{1}{2} \text{\$\frac{1}{2}} \$\frac	3	,			
b c d e f g 2 a b	Contributions Investment earnings or losses. Grants or scholarships Other expenditures for facilities and programs Administrative expenses. End of year balance. Provide the estimated percentage of Board designated or quasi-endown Permanent endowment Term endowment Are there endowment funds not in	of the year end balanent •	ance held	as	\$ \frac{1}{2} \text{\$\frac{1}{2}} \$\frac	3	,			
b c d e f g 2 a b c	Contributions Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endown Permanent endowment Term endowment Are there endowment funds not in organization by:	of the year end balanent %	ance held	as	\$ \frac{1}{2} \text{\$\frac{1}{2}} \$\frac	3	,	or the		No
b c d e f g 2 a b c	Contributions Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endown Permanent endowment Term endowment Are there endowment funds not in organization by: (i) unrelated organizations	of the year end balanent %	ance held	as	\$ \frac{1}{2} \text{\$\frac{1}{2}} \$\frac	3	,	or the		
b c d e f g 2 a b c 3a	Contributions Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endown Permanent endowment Term endowment Are there endowment funds not in organization by: (i) unrelated organizations (ii) related organizations	of the year end balanent %	ance held	as	at are held	3	,	or the 3a(i) 3a(ii)		
b c d e f g 2 a b c	Contributions Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endown Permanent endowment Term endowment Are there endowment funds not in organization by: (i) unrelated organizations If "Yes" to 3a(ii), are the related organization or second control organization organizations If "Yes" to 3a(ii), are the related organizations	of the year end balanent %	ance held	as as don School	at are held	3	,	or the		
b c d e f g 2 a b c 3a b 4	Contributions Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endown Permanent endowment Term endowment Are there endowment funds not in organization by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organize in Part XIV the intended of	of the year end balanent % % the possession of t	ance held % the organi	as as don School	at are held	d and a	dministered fo	or the 3a(i) 3a(ii)		
b c d e f g 2 a b c 3a	Contributions Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endown Permanent endowment Term endowment Are there endowment funds not in organization by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization by and the related organization by the intended of the part XIV the intended organization by	of the year end balanent % % the possession of the possession of the possession of the organizations listed a uses of the organizations, and Equi	ance held % the organias required ation's en	as ization the doment of the downer of the d	at are held edule R? t funds rm 990, F	d and a	dministered fo	or the 3a(i) 3a(ii) 3b	Yes	No
b c d e f g 2 a b c 3a b 4	Contributions Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endown Permanent endowment Term endowment Are there endowment funds not in organization by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organize in Part XIV the intended of	of the year end balanent % % the possession of t	ance held % the organias required ation's entipment.	as don Schodowmen See Fo	at are held edule R? t funds rm 990, F	d and a	dministered fo	or the 3a(i) 3a(ii) 3b		No
b c d e f g 2 a b c 3a b 4 Part	Contributions Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endown Permanent endowment Term endowment Are there endowment funds not in organization by: (i) unrelated organizations If "Yes" to 3a(ii), are the related organization by and in the related organization by the related organization by the related organizations If "Yes" to 3a(ii), are the related organization organization organization organization organization organizations If "Yes" to 3a(iii), are the related organization organiz	of the year end balanent % % the possession of the possession of the possession of the organizations listed a uses of the organizations, and Equi	ance held % the organi as required ation's en ipment. her basis ent)	as don Schodowmen See Fo	at are held edule R? t funds rm 990, F t or other (other)	and ad	dministered fo	or the 3a(i) 3a(ii) 3b	Yes ook value	No
b c d e f g 2 a b c 3a b 4	Contributions Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endown Permanent endowment Term endowment Are there endowment funds not in organization by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization by and the related organization by the intended of the part XIV the intended organization by	of the year end balanent % % the possession of t	ance held % the organias required ation's entipment.	as ization th d on Sche dowmen See Fo (b) Cos basis	at are held edule R? t funds rm 990, F	and	dministered fo	3a(i) 3a(ii) 3b	Yes ook value	No

0

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

Equipment . Other .

680,684

1,310,935

680,684

622,955

-1,310,935

Part VII Investments—Other Securities	See Form 990 Part Y	lino 12	Page 3
(a) Description of security or	(b) Book value	(c) Method of val	uation
category (including name of security)	(=) ===================================	Cost or end-of-year m	
Financial derivatives and other financial products	0		
Closely-held equity interests	0		
Other	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0	<u> </u>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	0		
Part VIII Investments—Program Relate	d. See Form 990, Part X	, line 13	
(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
CERTIFICATES OF DEPOSIT	125,799	F	
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
Total (Column (b) should equal Form 990, Part X, col (B) line 13)	125,799	Mar Yali Marata .	
Part IX Other Assets. See Form 990, P	art X, line 15		
(a) Description		(b) Book value
			0
		·	0
			0
			0
			0
			0
			0
			0
			0
Total. (Column (b) should equal Form 990, Part X,	col. (B) line 15.)	<u> </u>	0
Part X Other Liabilities. See Form 990			
(a) Description of liability	(b) Amount		
Federal income taxes ACCRUED PAYROLL LIABILITIES	04.0	0	
OTHER	24,8 10,2		
OTTEN	10,2	30	
		o de la companya de l	
		o a la l	
		0	
		O: 4	
		0	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	35,1	30 🐧 💮 🐧	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sched	ule D (Form 990) 2008			Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 t		nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	3,963,787
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	3,808,764
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	155,023
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6_	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4–8		9	0
10	Excess or (deficit) for the year per financial statements. Combine lines 3 a		10	155,023
Par	t XII Reconciliation of Revenue per Audited Financial Statem	nents With Revenu	e per	
1	Total revenue, gains, and other support per audited financial statements		<u> </u>	1 4,041,897
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ı	Ì	
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b 78,1	110	3
С	Recoveries of prior year grants .	2c		*
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2	2e 78,110
3	Subtract line 2e from line 1		;	3 3,963,787
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			Š.
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		ž.
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4	lc 0
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, lin	ne 12.)	_ [:	5 3,963,787
Par	t XIII Reconciliation of Expenses per Audited Financial State	ments With Expens	ses p	er Return
1	Total expenses and losses per audited financial statements		Ŀ	1 3,886,874
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		ľ
b	Prior year adjustments	2b 78,1	110	
С	Losses reported on Form 990, Part IX, line 25	2c		*
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		. 2	?e 78,110
3	Subtract line 2e from line 1			3,808,764
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	^	· 4.
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4	lc 0
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, I	line 18.)		5 3,808,764
Par	t XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 2b; Part V, line 4, Part X, Part XI, line 8; Part XII, lines 2d and 4b; and Part	XIII, lines 2d and 4b.		
				

NORTH CENTRAL TEXAS MEDICAL FOUNDATION 23-7339430 Schedule D (Form 990) 2008 Page 5 Supplemental Information (continued)

SCHEDULE M (Form 990)

NonCash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Inspection

Employer Identification number

23-7339430

NORTH CENTRAL TEXAS MEDICAL FOUNDATION Part I **Types of Property** (d) (c) Method of determining Check if Number of contributions Revenues reported on applicable Form 990, Part VIII, line 1g revenues Art-Works of art . 1 2 Art—Historical treasures. 3 Art—Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles . . . 7 Boats and planes 8 Intellectual property 9 Securities—Publicly traded 10 Securities—Closely held stock Securities—Partnership, LLC, 11 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 21 **Taxidermy** 22 Historical artifacts . . 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (MEDICAL EQUII) 1 14.065 ESTIMATED FMV 26 0 27 0 0 Other ▶ 28 Other ▶ 0 0 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement. 29 Yes No 30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not Χ required to be used for exempt purposes for the entire holding period?... 30a **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard 31 Х 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?. 32 Х **b** If "Yes," describe in Part II. If the organization did not report revenues in column (c) for a type of property for which column (a) is

checked, describe in Part II.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NORTH CENTRAL TEXAS MEDICAL FOUNDATION	23-7339430
Form 990 Part VI Section A Line 10 The board reviewed and voted to approve the audit and t	he return
a draft of the return was also presented for full board review on 03/24/10	
Form 990 Part VI Section B Line 12C Each board member is required to disclose in a timely	manner any conflicts
or potential confilcts of interest.	
Form 990 Part VI Section B Line 15B The board approves the executive directors salary base	d on compsation of
sımılar organızations.	
Form 990 Part VI Section C Line 19 All information is avail upon request by calling 940-767-5	5145.

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

▶ See Separate Instructions.

OMB No 1545-0172

2008

Attachments Sequence No ▶ Attach this form to your return. Name(s) shown on return Business or activity to which this form relates Identifying number

WIL	SON FAMILY PLANNING O	CLINIC						,g
Pa	Election to Expension Note: If you have any "list							
1	Maximum amount. See the instru	ctions for a highe	er limit for certain busi	nesses .			_1_	250,000
2	Total cost of section 179 property	placed in service	e (see instructions)				_2	
3	Threshold cost of section 179 pro			e instructions) .			3	800,000
4	Reduction in limitation Subtract li	ine 3 from line 2	If zero or less, enter -	·0			_4	
5	Dollar limitation for tax year Subti	ract line 4 from lu	ne 1. If zero or less, e	enter -0- If married	l filing separate	ly,		
	see instructions				<u> </u>		5	250,000
6	(a) Description of prope	rty		(b) Cost (business us	e only) (c)	Elected cost		
7	Listed property Enter the amount	from line 29			7			
8	Total elected cost of section 179	property. Add am	ounts in column (c), l	ines 6 and 7			8	
9	Tentative deduction. Enter the sm	aller of line 5 or	line 8				9	
10	Carryover of disallowed deduction	from line 13 of v	our 2007 Form 4562				10	0
11	Business income limitation Enter	•			ne 5 (see ınstrı	uctions)	11	250,000
12	Section 179 expense deduction A		•	,			12	0
13	Carryover of disallowed deduction		•		13			
Not	· ·				L			No. 00/100 1007 2 4 207 2 4 207 20 4 27 70 27 100 100 100 100 100 100 100 100 100 10
Pa	Till Special Depreciation Allo	wance and Oth	er Depreciation (Do	not include lis	ted property.)	(See instruc	ctions.)
14	Special depreciation allowance fo	r qualified proper	ty (other than listed p	roperty) placed in	service during			
	the tax year (see instructions) .						14	
15	Property subject to section 168(f)((1) election .					15	
16	Other depreciation (including ACF	RS)					16	
Pai	t III MACRS Depreciation (Do	not include lis	ted property) (See in	structions.)				
		Sec	ction A					1
17	MACRS deductions for assets pla	ced in service in	tax years beginning b	pefore 2008 .			17	4,218
18	If you are electing to group any as	ssets placed in se	ervice during the tax y	ear into one or mo	ore			
	general asset accounts, check he	re	<u> </u>			▶		ista atti esti
	Section B - Assets Place				Depreciation	System		
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	i 	(g) Depreciation deduction
19a	3-year property			3 yrs.	HY			
b	5-year property			5 yrs.	HY			
С	7-year property			7 yrs.	HY			
d	10-year property			10 yrs.	HY			
е	15-year property			15 yrs.	HY			
f	20-year property	l service:		20 yrs.	HY			
g	25-year property			25 yrs	HY	S/L		
h	Residential rental			27.5 yrs.	ММ	S/L		
	property			27.5 yrs.	MM	S/L		
ì	Nonresidential real			39 yrs	MM	S/L		
	property			39 yrs.	MM	S/L		
	Section C - Assets Place	d in Service Dur	ing 2008 Tax Year U	sing the Alternat	ive Depreciation	on System		T
0a	Class life					S/L		ļ
b	12-year			12 yrs.		S/L		ļ <u> </u>
С				40 yrs.	MM	S/L_		ļ <u> </u>
Par	t IV Summary (See instruction	ns.)						
21	Listed Property. Enter amount fro	m line 28 .					21	
22	Total. Add amounts from line 12, on the appropriate lines of your re				ine 21 Enter h	ere and	22	4,218
23	For assets shown above and place		ing the current year, e	enter the portion				
	of the basis attributable to section	ZEXA coete			1 00 1			I .

Forn	n 4562 (2008) W]	LSON FAM	ILY PL	MNING	G CLINI	C -							Page	
P	Part V Listed Property used	d for enterta	ainment, ı	ecreat	ion, or ar	nuseme	ent.)		-		•	-	1	
	Note: For any v	erlicie for whic ection A, all of	Section B.	and Sec	ction C if ap	nneag e ra oplicable.	te or aea	lucting leas	e expense	e, com	piete only 24	ia, 24b, colu	ımns (a)	
Sec	ction A - Depreciation a						for limits	for passen	ger auton	noblies)			
24a	Do you have evidence to su	pport the busine		t use clau	med?	Yes	No	24b If "Y	es," is the	evide	nce written?	Yes	No	
		(b) te place in	(c) Business/ investment use	C	(d) ost or other	l (Du	(e) sis for reciation siness/	(f) Recovery	(g Meth	od/	(h) Depreciatio	on Ele	(i) ected on 179	
:		service	percentage		basis	usi	estment e only)	period	Convei	ntion	Deduction		ost	
25	Special depreciation allo			-			-							
26	year and used more than Property use more than	1 50% in a qual	slified busine	ess use	(see instru	ctions) .	<u></u>	<u></u>	·	25				
	1 Toperty use more than	30 % III a quali	ilea busille	% use.		Τ.		т	<u> </u>	Т		- 1		
				%				 	 				· · · · · · · · · · · · · · · · · · ·	
			~	%				 			_			
27	Property use 50% or les	s in a qualified	business					-						
_				%					S/L-					
				%					S/L-				, i	
				%					S/L-			¥-	Š	
	Add amounts in column						ne 21, pa	ge 1		28				
29	Add amounts in column	(ı), line 26 En	ter the tota					<u> </u>			٠	29		
Co	mplete this section for ve	hicles used hv	a sole pro		B - Inforn				r related i	noreon	If you prove	dad vahiala	c to	
yοι	r employees, first answe	r the questions	s in Section	C to se	e if you me	et an exce	eption to	completing	this section	on for t	hose vehicle	ded venicie es	S 10	
		(a)			b)		c)		d)		(e)	(1	<u> </u>	
30	Total bus /investment miles Ve		e 1	1 ', 1		_	ıcle 3				Vehicle 5		Vehicle 6	
	driven during the year (do no include commuting miles)	St	T											
31	Total commuting miles driven during the year			,										
32	Total other personal (non- commuting) miles driven												-	
33	Total miles driven during the year Add lines 30								···					
	through 32	Yes	No	Yes	No	Yes	No	Yes	No	Ye	s No	Yes	No	
34	Was the vehicle available for personal use during off-duty hours?	,				103	NO	165	NO	16	<u> </u>	163	, NO	
35	Was the vehicle used primarily by a more than 5%						_							
36	owner or related person? Is another vehicle available for personal use?													
		<u> </u>			L			<u> </u>						
Ans	swer these questions to d ners or related persons (s	ection C - Qu etermine if you ee instructions	ı meet an e	xception	yers who in to comple	Provide V ting Section	on B for v	tor Use by vehicles use	Their Em	i ploye ployees	es s who are no	t more than	5%	
												Yes	No	
37	Do you maintain a wri		tement that	prohibit	s all person	nal use of	vehicles,	including c	ommutino	g,				
38	Do you maintain a win See the instructions for								uting, by	your er	mployees?	- 11 11	1	
30	Do you treat all use of							OWNERS .		•	• •		 	
39 40	•	•	•	•				, 	San abass	the	o of the	.	 	
40	Do you provide more to vehicles, and retain the	e information	received?	,		-					e or the	.		
41	Do you meet the requinities Note: If your answer										•		<u> </u>	
Pa	rt VI Amortization													
	(a) Description of cos	ts	(b)			(c) ortizable		(d) Code			(e) nortization	(f) Amortiz	ation	
			1		1					F	enod or	£		

percentage Amortization of costs that begins during your 2008 tax year (see instructions): Amortization of costs that began before your 2008 tax year. 43 . 43 Total. Add amounts in column (f). See the instructions for where to report. Copyright (c) 2008 Pro-Ware, LLC Form **4562** (2008)

Form **4562**

(including into

Depreciation and Amortization (Including Information on Listed Property)

 OMB No. 1545-0172

2008

Attachments Sequence No 67

Department of the Treasury Internal Revenue Service Name(s) shown on return

Business or activity to which this form relates

Identifying number

NOR	TH CENTRAL TEXAS MED	ICAL	, ====================================	y to whom this form rela	163		10	entitying number
Pa	Relection to Expension Note: If you have any "list							
1	Maximum amount. See the instru	ections for a high	er limit for certain busi	nesses .			1	250,000
2	Total cost of section 179 property	y placed in servic	e (see instructions)			[2	16,389
3	Threshold cost of section 179 pro	operty before red	uction in limitation (see	e instructions)			3	800,000
4	Reduction in limitation Subtract		· ·	•			4	
5	Dollar limitation for tax year Sub	tract line 4 from li	ine 1. If zero or less, e	nter -0- If marned	d filing separate	ely,		
	see instructions	· · · <u>· · · · · · · · · · · · · · · · </u>	<u></u>	<u> </u>	<u> </u>		5	250,000
6	(a) Description of prope	erty		(b) Cost (business us	se only) (C)	Elected cost		, 🛊
								** **
7	Listed property. Enter the amoun	t from line 29			7	——		
8	Total elected cost of section 179	property Add an	nounts in column (c), l	ines 6 and 7			8	
9	Tentative deduction Enter the sn	naller of line 5 or	line 8				9	
10	Carryover of disallowed deduction	n from line 13 of	your 2007 Form 4562				10	0
11	Business income limitation. Ente	r the smaller of b	usiness income (not le	ess than zero) or li	ne 5 (see instr	uctions)	_11_	250,000
12	Section 179 expense deduction.	Add lines 9 and 1	0, but do not enter mo	ore than line 11	<u> </u>		12	0
13	Carryover of disallowed deduction				13			X0 4 *.»
Note Par					ted property.)	(See instruc	tions.)	·
14	Special depreciation allowance for			-		1		
14	the tax year (see instructions).			roperty) placed in	service during		14	8,194
15	Property subject to section 168(f)			• • • • •		., , ,	15	
15 16	Other depreciation (including AC	. ,					16	29,915
Par					·	• • • • •	10	
			ction A					
17	MACRS deductions for assets pla	aced in service in	tax vears beginning b	efore 2008			17	4,886
18	If you are electing to group any a				ore.	·	<u> </u>	
10	general asset accounts, check he					. ▶ □		
	Section B - Assets Place				Depreciation	System	Market Committee	**************************************
	(a) Classification of property	(b) March and	(C) Basis for depreciation			40		· ·
		(b) Month and year placed in service	(business/investment use	(d) Recovery penod	(e) Convention	(f) Method		(g) Depreciation deduction
<u>19a</u>	3-year property	year placed in			(e) Convention	(T) Method		(g) Depreciation deduction
		year placed in service	(business/investment use	penod	ļ <u></u>	(T) Method		(g) Depreciation deduction
b	3-year property	year placed in service	(business/investment use	penod 3 yrs.	НУ	(T) Method		(g) Depreciation deduction
b c	3-year property 5-year property	year placed in service	(business/investment use onlysee instructions)	9 penod 3 yrs. 5 yrs. 7 yrs. 10 yrs.	HY			
b c d	3-year property 5-year property 7-year property	year placed in service	(business/investment use onlysee instructions)	9 penod 3 yrs. 5 yrs. 7 yrs. 10 yrs. 15 yrs.	HY HY HY			
b c d	3-year property 5-year property 7-year property 10-year property	year placed in service	(business/investment use only-see instructions) 5,581	9 penod 3 yrs. 5 yrs. 7 yrs. 10 yrs.	HY HY HY	SL		399
b c d	3-year property 5-year property 7-year property 10-year property 15-year property	year placed in service	(business/investment use only-see instructions) 5,581	9 penod 3 yrs. 5 yrs. 7 yrs. 10 yrs. 15 yrs.	HY HY HY HY	SL		399
b c d e	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	year placed in service	(business/investment use only-see instructions) 5,581	3 yrs. 5 yrs. 7 yrs. 10 yrs. 15 yrs. 20 yrs.	HY HY HY HY HY	SL		399
b c d e f	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	year placed in service	(business/investment use only-see instructions) 5,581	9 penod 3 yrs. 5 yrs. 7 yrs. 10 yrs. 15 yrs. 20 yrs. 25 yrs	HY HY HY HY HY	SL SL S/L		399
b c d e f	3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental	year placed in service	(business/investment use only-see instructions) 5,581	9 penod 3 yrs. 5 yrs. 7 yrs. 10 yrs. 15 yrs. 20 yrs. 25 yrs. 27 5 yrs.	HY HY HY HY HY HY MY	SL SL S/L S/L		399
b c d e f g	3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	year placed in service	(business/investment use only-see instructions) 5,581	9 penod 3 yrs. 5 yrs. 7 yrs. 10 yrs. 15 yrs. 20 yrs. 25 yrs. 27 5 yrs.	HY HY HY HY HY HY MM	SL SL S/L S/L S/L		399
b c d e f g	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real	year placed in service	(business/investment use only-see instructions) 5,581 2,613	9 penod 3 yrs. 5 yrs. 7 yrs. 10 yrs. 15 yrs. 20 yrs. 25 yrs. 27 5 yrs. 39 yrs. 39 yrs.	HY HY HY HY HY HY MM MM MM	SL S/L S/L S/L S/L S/L		399
b c d e f g h	3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property	year placed in service	(business/investment use only-see instructions) 5,581 2,613	9 penod 3 yrs. 5 yrs. 7 yrs. 10 yrs. 15 yrs. 20 yrs. 25 yrs. 27 5 yrs. 39 yrs. 39 yrs.	HY HY HY HY HY HY MM MM MM	SL S/L S/L S/L S/L S/L		399
b c d e f g h	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Place	year placed in service	(business/investment use only-see instructions) 5,581 2,613	9 penod 3 yrs. 5 yrs. 7 yrs. 10 yrs. 15 yrs. 20 yrs. 25 yrs. 27 5 yrs. 39 yrs. 39 yrs.	HY HY HY HY HY HY MM MM MM	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S		399
b c d e f g h	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Place Class life 12-year 40-year	year placed in service	(business/investment use only-see instructions) 5,581 2,613	9 yrs. 3 yrs. 5 yrs. 7 yrs. 10 yrs. 15 yrs. 20 yrs. 25 yrs. 27 5 yrs. 27 5 yrs. 39 yrs. 39 yrs. sing the Alternat	HY HY HY HY HY HY MM MM MM	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S		399
b c d e f g h	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Place Class life 12-year 40-year	year placed in service	(business/investment use only-see instructions) 5,581 2,613	9 yrs. 3 yrs. 5 yrs. 7 yrs. 10 yrs. 15 yrs. 20 yrs. 25 yrs. 27 5 yrs. 27 5 yrs. 39 yrs. 39 yrs. sing the Alternat	HY HY HY HY HY HY MM MM MM MM MM MM ive Depreciation	\$L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$		399
b c d e f g h	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Place Class life 12-year 40-year	year placed in service d in Service Dui	(business/investment use only-see instructions) 5,581 2,613	9 yrs. 3 yrs. 5 yrs. 7 yrs. 10 yrs. 15 yrs. 20 yrs. 25 yrs. 27 5 yrs. 27 5 yrs. 39 yrs. 39 yrs. sing the Alternat	HY HY HY HY HY HY MM MM MM MM MM MM ive Depreciation	\$L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$	21	399
b c d e f g h	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Place Class life 12-year 40-year Listed Property Enter amount fro	d in Service Durants.) ons.) om line 28 , lines 14 through	(business/investment use only-see instructions) 5,581 2,613 ring 2008 Tax Year U	9 penod 3 yrs. 5 yrs. 7 yrs. 10 yrs. 15 yrs. 20 yrs. 25 yrs. 27 5 yrs. 39 yrs. 39 yrs. sing the Alternat 12 yrs. 40 yrs.	HY HY HY HY HY HY MM MM MM MM MM MM MM MM MM	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S	21	399 87
b c d e f g h i	3-year property 5-year property 10-year property 15-year property 25-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Place Class life 12-year 40-year t IV Summary (See instruction of the appropriate lines of your resulting to the summary of the su	d in Service Durants.) oms.) om line 28 , lines 14 througheturn Partnership	(business/investment use only—see instructions) 5,581 2,613 2,613 17, lines 19 and 20 ir os and S Corporations	penod 3 yrs. 5 yrs. 7 yrs. 10 yrs. 15 yrs. 20 yrs. 25 yrs. 27 5 yrs. 39 yrs. 39 yrs. sing the Alternat 12 yrs. 40 yrs.	HY HY HY HY HY HY MM MM MM MM MM MM MM MM MM	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S		399
b c d e f g h i	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Place Class life 12-year 40-year Listed Property Enter amount fro	year placed in service During Inc. d in Service During Inc. ons.) om line 28	(business/investment use only-see instructions) 5,581 2,613 2,613 ing 2008 Tax Year U 17, lines 19 and 20 in seand S Corporations and the current year, experience of the current year, experience on the current year.	penod 3 yrs. 5 yrs. 7 yrs. 10 yrs. 15 yrs. 20 yrs. 25 yrs. 27 5 yrs. 39 yrs. 39 yrs. sing the Alternat 12 yrs. 40 yrs.	HY HY HY HY HY HY MM MM MM MM MM MM MM MM MM	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S	21	399 87

Form 4562 (2008)

orm 4	4562 (2008)	NORT	H CENT	RAL TE	XAS ME	DICAL I	FOUNDA	TION						Page 2
Pa	property	used fo	r enterta	inment,	recreation	on, or am	nuseme	nt.)				compute		
						standard m tion C if api		e or ded	ucting lease	e expense,	, complete	e only 24a,	24b, colun	nns (a)
ect	tion A - Depreciat							for limits	for passen					$\overline{}$
4a	Do you have evidence	e to support	t the busines		nt use claim	red?	Yes	No No	24b If "Y	es," is the	evidence	written?	Yes	No_
_	(a)	(b		(C) Business		(d)	Bas	(e) sis for eciation	(f)	(g)	,, ,	(h)	(i) Elec	
	ype of property st vehicles first)	Date pla servi	1	investmer use	·	ost or other depreciation (business/ investment		Recovery period	Metho Convent	Į.	Depreciation Deduction	section	179	
	Special depreciation			percentag			use	only)	<u> </u>	J	-		COS	<u>st</u>
	year and used mor		-					_			25			***
26	Property use more	than 50%	in a qual	fied busin	ess use.	(000 111011101								
					%		-							
					. %		-							
7	Property use 50%	or less in	a qualifier	husines	<u>%</u>					<u> </u>			- !	
	1 Toperty use 5076	OI ICSS IN	a quamic	<u> Dusinos</u>	%		1			S/L-			_	rķ.
					%			•		S/L-			1	
					%					S/L			<u> </u>	* *
	Add amounts in co			-				e 21, pag	ge 1]	28		-	
29	Add amounts in co	olumn (i),	line 26. Er	iter the to		B - Inform		Use of \	/ehicles	<u></u> .	<u>:</u> :	29	<u> </u>	
Con	nplete this section	for vehicle	es used by	a sole pr	oprietor, pa	artner, or of	ther "more	e than 5%	% owner," o	r related p	erson If	you provide	d vehicles	to
/oui	r employees, first a	inswer the		s in Section		. 1								
30	Total bus /investment miles Ve			ia 1	(t	o) icle 2	(c Veb	;) icle 3		d) ncle 4	1	(e) hicle 5	(f) Vehic	
	driven during the year (do not				Veill	icie 2	VCII		Ve1	11010 4	"	THEIC O	70.110	
	include commuting m	·	···											
	Total commuting mile driven during the year													
	Total other personal													
	commuting) miles dri Total miles driven du				-				+		-			
	the year Add lines 3	-				ļ								
	through 32		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle avair personal use during of				1									
	hours?													
35	Was the vehicle used primarily by a more ti													
	owner or related pers										 	-		
	is another vehicle av	aılable												
	for personal use?	04			ios Employ	Lara Wha	Provido \	/ahialaa	for Use by	Thois Em	ployees			
Ans	wer these question	ns to dete	rmine if yo	u meet ar	exception	to comple	ting Secti	on B for	vehicles us	ed by emp	loyees w	ho are not r	nore than	5%
own	ers or related pers	ons (see	instruction	s).		<u>.</u>							Yes	No
37	Do you maintai	n a writter	nolicy eta	tement th	at prohibit	s all nerson	nal use of	vehicles	including o	commuting	1.		163	140
31	by your employ		· ·								,, ,			
38	Do you maintai	n a writter	n policy sta	itement th	at prohibit	s personal	use of ve	hicles, ex	cept comm	uting, by	your emp	loyees?		
	See the instruc	tions for v	ehicles us	ed by corp	porate offic	ers, directo	ors, or 1%	or more			•			
39	Do you treat all													
40	Do you provide					es, obtain	ınformatio	on from y	our employ	ees about	the use	of the		
	vehicles, and re										•			
41	Do you meet th	e requirer nswer to :	ments con 37, 38, 39.	cerning qu 40, or 41	almed aut is "Yes," מ	omobile de do not comp	monstrati <u>olete</u> S <u>e</u> c	on use? tion B for	the covere	d v <u>ehicl</u> es	· · · ·			*~
Рa		_												
	(2				(b)		(c)		(d))		e)	(f)	
	Descriptio			Date ar	nortization	1	ortizable		Cod		peri	tization od or	Amortiza	
45	A	annia ik -	t bogins d		egins		mount		secti	on	perce	entage	for this y	-
<u>42</u>	Amortization of	costs tha	u pegins d	uring your	ZUUO tax	year (See Ir	istruction:	,			_ 			
				1	-				- , 	-				

Amortization of costs that began before your 2008 tax year . . .

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Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

► See Separate Instructions. ▶ Attach this form to your return. OMB No 1545-0172

2008

Attachments Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

r am.	ILI PRACTIC	CE KESIDENC	.1 PROGRAM							
Pa				Property Under						
1	Maximum amou	nt. See the instru	ctions for a highe	er limit for certain busi	nesses	· · · · ·		1	[250,000
2	Total cost of sec	ction 179 property	placed in service	e (see instructions) .				2	2	213,500
3				iction in limitation (see				3	1	300,000
4		•		If zero or less, enter -	•			4		
5				ne 1 If zero or less, e					İ	
Ŭ		•				_		. 5	2	250,000
6		Description of prope			(b) Cost (business u		(C) Elected cost		, ,	
		AT DESCRIPTION OF PROPER		-	1-7 0000 10000		(*) 2.00004 0000		1	
		 		 	 				1 🖎 🐐 /	(in ,1%)
7	Listed property	Enter the amount	from line 29			7			1 *, *	;
8				ounts in column (c), li				8		
-		tion. Enter the sm			moo o ana r			9		
9								10		0
10	•			our 2007 Form 4562 usiness income (not le	·	lino E /coo i	netriotions)	11		250,000
11								12	 	
12	•			0, but do not enter mo		13		12	<u> </u>	* -
13 Note				perty. Instead, use Pa		13			* ** * ,	<u>* : %; </u>
Par				er Depreciation (Do		sted proper	ty.) (See instru	ctions)	
				ty (other than listed p		service du	ano		T	
14					roperty) placed in	i Sei vice du	g	14] 2	106,750
45	•	•				• • • • • • • • • • • • • • • • • • • •		15		
15		• •	• •	• • • • • • • •			• •	16	1	
Par		on (including ACF		ted property.) (See in		· · · · · ·	•	1 10		
Fai	MACKS	Depreciation (De		ction A	130 0000113.7		· · · · · · · · · · · · · · · · · · ·			
47	MACRS doducti	one for accete pla		tax years beginning b	pefore 2008			17		7,557
17								1.00		Notes virile
18	-	ng to group any as ecounts, check he		ervice during the tax y		ore	. ▶□		^	, ,
				ring 2008 Tax Year U		l Deprecia	tion System			, <u>iadanon, rennum</u>
			(b) Month and	(C) Basis for depreciation	T					
	(a) Classification of	property	year placed in service	(business/investment use only-see instructions)	penod	(e) Conve	ntion (f) Metho	d	(g) Depreciation	deduction
10a	3-year property			903	3 yrs.	HY	SL	·		150
	5-year property		1 " ·	99,441	5 yrs.	ну	SI			10,047
	7-year property		* ~ *	2,894		HY	SL	ı		207
	10-year property	,	1		10 yrs.	HY				
	15-year property		1 ```	3,512		нч	SI			117
<u>. f</u>					20 yrs.	HY				
	20-year property		-		25 yrs	HY	S/L			
_ <u>¥</u> _ h	25-year property Residential renta		 		27 5 yrs	ММ	S/L			<u> </u>
n	property	aı			27.5 yrs.	MM	S/L		i	
	<u> </u>		· ·		39 yrs.	MM	S/L			
i	Nonresidential reproperty	cai			39 yrs.	MM	S/L		1	
		C - Assets Place	d in Service Du	ring 2008 Tax Year U				<u> </u>	· 	
		- Australiane		g zero rak roar o	3		S/L			
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21		. Enter amount fro		47 1000 40 000	· ·	 Шта 04 Г-	tor here and		 	
22	Total. Add amo	unts from line 12,	, lines 14 through	17, lines 19 and 20 ii os and S Corporations	n column (g), and	i line 21. Er 5		22] :	124,828
22						<u></u>	· · · · · ·	1	 	
23				ing the current year, e					1	
	or the basis attr	butable to section	I ZOJA COSIS	• <u>•</u> •••	· <u> · · · · · · · </u>	23			<u> </u>	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

28 a Data unlaws equitance is used the businessiment use claimed?	Sec	tion A - Depreciation an	d Other Info	ormation (Caution:	See ins	tructions	for limits	for passen	ger autom	oblies	;)			
Type of exposity of exposition allowance for qualified isselled property placed in service during the service of the service o	<u>24a</u>	Do you have evidence to sup	port the busine	ess/investme	ent use clair					-			vritten?	Yes	No
Type of property Est vehicles first) Services Service		(a)	(b)		,	(d)		(e)	(f)	(a)			(h)	(i)
clast venicles first in service	Т	` '					dep	reciation	1			De	• •		
25 Special depreciation allowance for qualified isteds property placed in service during the tax year and used more than 50% in a qualified business use (see instructions). 26 Property use more than 50% in a qualified business use (see instructions). 27 Property use more than 50% in a qualified business use. 28 Add amounts in column (h), lines 25 strough 27. Enter the total here and on line 21, page 1 28 Add amounts in column (h), lines 25 strough 27. Enter the total here and on line 21, page 1 28 Add amounts in column (h), lines 25 strough 27. Enter the total here and on line 7, page 1 29 Add amounts in column (h), lines 25 strough 27. Enter the total here and on line 7, page 1 29 Add amounts in column (h), lines 25 strough 27. Enter the total here and on line 7, page 1 29 Add amounts in column (h), lines 25 strough 27. Enter the total here and on line 7, page 1 29 Add amounts in column (h), lines 25 strough 27. Enter the total here and on line 7, page 1 29 Add amounts in column (h), lines 25 strough 27. Enter the total here and on line 72, page 1 29 Add amounts in column (h), lines 25 strough 27. Enter the total here and on line 72, page 1 29 Add amounts in column (h), lines 25 strough 27. Enter the total here and on line 72, page 1 29 Add amounts in column (h), lines 25 strough 27. Enter the total here and on line 72, page 1 29 Add amounts in column (h), lines 25 strough 27. Enter the total here and on line 27, page 1 29 Add amounts in column (h), lines 25 strough 27. Enter the total here and on line 27, page 1 29 Add amounts in column (h), lines 25 strough 27. Enter the total here and on line 27, page 1 29 Add amounts in column (h), lines 25 strough 27. Enter the total here and on line 27, page 1 29 Validate 30 strough 27. In the strough 28. In th	(I		•	use		basis	Inve	isiness/ estment	1 '	1			•		
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7000															
	_	right (c) 2008 Pro-Ware, LLC		<u> </u>				· · · · ·	· ·					Form 4!	562 (2008)

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	Cash	Non Cash
1 Federated Campaigns	1	
2 Membership dues	2	
3 Fundraising events	₃	
4 Related organizations	4	
5 Government grants (contributions)	1,805,627 5	
6 All other contributions, gifts, grants, and similar amounts not included above:		
MEDICAL EQUIPMENT CONTRIBUTED		14,065
CONTRIBUTIONS AND MISC REVENUE	6,427	
	<u> </u>	
Other contributions total	6,427 6	14,065
7 Total	1,812,054 7	14,065

Part IX, Line 22 (990) - Depreciation, Depletion, etc.

	ix, Eine 22 (556) Bepresiation, Bepresia	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		207,372	129,046		
		(A)	(B)	(C)	(D)
		Total	Program	Management	Fundraising
	Description		services	and general	-
1	DEPRECIATION	207,372	129,046	78,326	
2		0			
3		0			
4		0			
5		0			
6		0			
7		0			·
8		0			
9		0			
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

Part X, Line 3 (990) - Pledges and Grants Receivable

	Pledges and gran	its receivable	Allowance for doubt	ful accounts
	Beginning	End	Beginning	End
1 Grants receivable 1	17,423			
2				
3				
4				
5 5				
6				
7				
8				
9				
10 10				
11 11				
12 Total pledges and grants receivable . 12	17,423	0	0	0

Part X, Line 4 (990) - Accounts Receivable

		Accounts rec	eıvable	Allowance for doubt	ful accounts
		Beginning	End	Beginning	End
1 PATIENT FEES	1 [690,782	963,547	332,335	502,019
2 OTHER RECEIVABLES	· 2	10,094	11,282		
3	ີ 3 ໂ				
4	· 4				
5	· 5				
6	· 6				
7	· 7				
8	ີ 8 ົ				
9	·· 9 [
10	10				
11 Total accounts receivable	11	700,876	974,829	332,335	502,019

NORTH CENTRAL TEXAS MEDICAL FOUNDATION

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

								1,933,890	1,142,626	1,310,935	0	565,595	622,95
			Leasehold			Check if	Check if		Beginning	Ending			
			Improve-			Investment	Asset	Cost/Other	Accumulated	Accumulated	Disposals/	Beginning	Ending
Category or Item	Land	Buildings	ments	Equipment	Other	Asset	Disposed	Basis	Depreciation	Depreciation	Adjustments	Balance	Balance
1 LAND AND IMPROVEMENTS	×							44,960	0			32,710	44,96(
2 BUILDING AND IMPROVEMENTS		×						1,208,246	0			1,208,246	1,208,246
3 EQUIPMENT				×			 	680,684	0		1	467,265	789'089
4 ACCUMULATED DEPRECIATION	1	1		1	×		, , , , , , , , , , , , , , , , , , ,	0	1,142,626	1,310,935	1	-1,142,626	-1,310,93
c.								0	0			0	J
9								0	0			0	•
		×						0	0		1 1 1 1 1 1 1 1 1 1	0	
8			:	: :			-	0	0			0	
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Part X, Line 13 (990) - Investments - Program Related

	one box to indicate how investments are listed	146,142	0	125,799
	Cost	Book value	Beginning	Ending
X	End of year market value (FMV)			
	Description		FMV	FMV
1	CERTIFICATES OF DEPOSIT	146,142	0	125,799
2			0	0
3			0	0
4_			0	0
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7			0	0
8		<u> </u>	0 0	0
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Par	Part X, Lines 23 and 24 (990) - Secured and Unsecured Notes Payable	Secured	and Unse	cured Notes Payable	190,000	227,000	280,490		
		Check if lender is	Check If		Original	Balance due beginning			,
	Lender's name	a business	Unsecured	Security provided	amount	of year			Maturity date
-	AMERICAN NATIONAL BANK	×		BUILDING AND OTHER FIXED ASS	190,000	227,000	280,490	1/29/2008	1/29/2010
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Lender's Title													
FMV of consideration													
Description of consideration													
Purpose of loan	3 2500% OPERATING LINE OF CREDIT												
Interest rate	3 2500%												
Repayment terms													

Part X, Line 25 (990) - Other Liabilities

115

35,130

	Description	Beginning	End
1	ACCRUED PAYROLL LIABILITIES	30,445	24,894
2	OTHER	Ö	10,236
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Ellic of (330-1) - Ivet operating Edsa Carlyover	ici opciai	IIII EOSS O	allyover								
	Beginning	Ending	Amount of	Amount Used	Adjustment		Amount			Net Operating	Cumulative
	Loss Period	Loss Period	Net Operating	in Prior Years/	Under Sec		Available	Amount Used	Expiring	Loss Available	Unused Net
Carryover Period	(M/D/YYYY)	(M/D/YYYY)	Loss	Carrybacks	170(d)(2)(B)	Adjustments	This Year	This Year	Losses	for Carryover	Operating Loss
15th Preceding Period			814	0	0		814	0	0	814	. 81
14th Preceding Period			5,374	0	0		5,374	0	0	5,374	6,186
13th Preceding Period			4,592	0	0		4,592	0	0	4,592	10,78(
12th Preceding Period			5,457	0	0		5,457	0	0	5,457	16,237
11th Preceding Period			6,874	0	0		6,874	0	0	6,874	23,11
10th Preceding Period			8,728	0	0		8,728	0	Ō	8,728	31,83
9th Preceding Period			8,751	0	0		8,751	0	0	8,751	40,590
8th Preceding Period			9,687	0	0		9,687	0	0	9,687	50,277
7th Preceding Period	!		13,313	0	0		13,313	0	0	13,313	63,590
6th Preceding Period			908'6	0	0		908'6	0	0	9,306	72,896
5th Preceding Period			6,293	0	0		6,293	0	0	6,293	79,189
4th Preceding Period			10,930	0	0		10,930	0	0	10,930	90,115
3rd Preceding Period			0	0	0		0	0	0	0	90,11
2nd Preceding Period			0	0	0		0	0	0	0	90,118
1st Preceding Period			0		0		0	0	0	0	90,115
Current Period	9/1/2008	8/31/2009	0				0			0	90,115

0

Total Net Operating Loss Used This Year:

0

Taxable Income Before Net Operating Loss:

Part VIII (Sch D (990)) - Investments Program Related

125,799

	viii (Sell D (SSS)) ilivestillelite i rogialii riciatea	123,733	
	Description	Book Value	Method of Valuation
1	CERTIFICATES OF DEPOSIT	125,799	F
2		0	
3		0	
4		0	
5		Ō	
6		0	
7		0	
8		0	
9		0	
10		0	
11		0	
12		0	
13		0	
14		0	
15		0	1-1
16		0	
17		0	
18		0	
19		0	
20		0	

Part X (Sch D (990)) - Other Liabilities

35,130

	(A (SCII D (990)) - Other Liabilities	35,130
	Description	Amount
1	Federal Income Taxes	
2	ACCRUED PAYROLL LIABILITIES	24,894
3	OTHER	10,236
4		0
5		0
6		0
7		0
8		0
9		0
10		0
11		0
12	·	0
13		0
14		0
15		0
16		0
17		0
18		0
19		0
20		0
21_		0

Part I, Lines 25-28 (Sch M (990)) - Other Types of Property

	Non-Cash		Number of	Revenues Reported	Method of Determining
	Contribution	Description	Contributions	on 990, Pt VIII, Line 1g	Revenues
1	X	MEDICAL EQUIPMENT	1	14,065	ESTIMATED FMV
2					
3					
4					
5					
6					
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8					
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12					
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15					
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Sorted ASSET A/C#	Method: 1-FEDERAL-S
	Aug. 31, 2009
ASSET DEPRECIATION SHORT REPORT	NORTH CENTRAL TEXAS MEDICAL FOLINDATION ALIC 31, 2009

Range: 120003 - 123003 Include: All assets

1-FEDERAL-Std Conv Applied

		() .B			•	1	Includes Section 179	
Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 1	ASSET A/C#: 120003 - 120003 - BUILDING							
10/01/84	PARKING LOT	SL/40 00	103,986 16	0.00	103,986.16	62,391 62	2,599.65	64,991 27
10/01/84	BUILIDING	SL/40 00	924,916.58	0.00	924,916.58	554,949 88	23,122 91	578,072.79
12/01/84	BUILDING	SL/40 00	167,713.24	0.00	167,713.24	99,230 31	4,19283	103,423 14
05/01/85	STORAGE BUILDING	SL/15 00	6,260 00	00 0	6,260.00	6,260 00	00 0	6,260 00
09/01/89	BUILDING IMPROVEMENT	MSL/35.00	2,848.76	0.00	2,848.76	1,546 41	81.39	1,627.80
02/01/90	BUILDING IMPROVEMENT	MSL/20.00	1,141.00	0.00	1,141.00	1,060 15	57 05	1,117.20
04/10/00	AIR CONDITIONER COMPRESSOR	MSL/10.00	1,379.93	0.00	1,379.93	1,379.93	0.00	1,379.93
Grand totals:	Grand totals: 120003 - 120003 - BUILDING (7 assets)		1,208,245.67	00:00	1,208,245.67	726,818.30	30,053.83	756,872.13
ASSET A/C#: 1	ASSET A/C#: 121003 - LAND IMPROVEMENTS							
08/01/82	ALLEYWAY	LAND/ 1.00	2,500.00	0.00	2,500.00	00 0	00 0	00 0
05/01/03	LAND	LAND/ 1 00	25,000.00	0.00	25,000.00	0.00	00 0	00 0
O6/08/09 A	SIDEWALK/IMPROVEMENTS	MSL/15.00	5,226.00	0.00	5,226 00	00 0	2,700.10	2,700 10
Grand totals:	Grand totals: 121003 - LAND IMPROVEMENTS (3 assets)		32,726 00	00:00	32,726 00	0.00	2,700 10	2,700.10
ASSET A/C#: 1	ASSET A/C#: 122004 - EQUIPMENT							
12/01/90	FILING CABINET	MSL/10.00	150 00	0.00	150 00	150 00	00.0	150.00
03/29/00	CUSTOM COMPUTER UPGRADE	MSL∕ 5.00	3,832.49	0.00	3,832 49	3,832.49	00 0	3,832 49
03/13/09 A	NEC DSX160 DIGITAL TELE SYSTEM	MSL/ 7 00	9,627.00	00:00	9,627 00	00 0	5,157.32	5,157.32
Grand totals:	Grand totals: 122004 - EQUIPMENT (3 assets)		13,609 49	00 0	13,609 49	3,982.49	5,157.32	9,139 81
ASSET A/C#: 1	ASSET A/C#: 123003 - FURNITURE & FIXTURES			i				
09/01/93	SECURITY SYSTEMS	MSL/ 7.00	1,950.00	00 0	1,950 00	1,950 00	0.00	1,950.00
08/01/94	SECURITY SYSTEM 2 KEYBOARDS	MSL/ 7.00	1,112 00	0.00	1,112 00	1,112.00	0.00	1,112.00
05/01/97	SOFTWARE UPGRADE	SLP/300	995.00	0.00	995 00	995.00	00:0	995 00
11/06/00	XRAY MACHINE	MSL/10.00	47,475 00	0.00	47,475.00	35,606 25	4,747.50	40,353 75
03/12/01	CARPET	MSL/ 7.00	9,492 42	00 0	9,492 42	9,492.42	00 0	9,492 42
11/01/01	SOFTWARE UPDATE - BUSINESS WORKS	WSL/ 3 00	510.28	00 0	510 28	510.28	00 0	510.28
01/26/05	SOFTWARE	MSL/ 3 00	1,105.09	00.0	1,105 09	1,105.09	00 0	1,105 09
03/13/09 A	LIGHT FIXTURES	MSL/ 7 00	1,535.78	00 0	1,535.78	0.00	822 74	822.74
Grand totals:	Grand totals: 123003 - FURNITURE & FIXTURES (8 assets)		64,175.57	00 0	64,175 57	50,771.04	5,570 24	56,341.28

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ASSET DEPRECIATION SHORT REPORT	PORT		й	Sorted: ASSET A/C#		Range 12	Range: 120003 - 123003	
NORTH CENTRAL TEXAS MEDICAL FOUNDATION	- FOUNDATION	Aug. 31, 2009	Ž	Method: 1-FEDERAL-Std Conv Applied	-Std Conv Applied	Include. All assets	lassets	
							Includes Section 179	
Date Acq Description		Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Curr Depr	End A/Depr
Grand totals for all accounts: (21 assets)			1,318,756.73	00 0	1,318,756.73	781,571.83	43,481.49	825,053.32
Additional Summary Statistics:	Cost	Curr Yr 179	Prior Yr 179	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr Net Book Value	Net Book Value
Grand Totals for Ali Assets:	1,318,756.73	00 0	00.00	1,318,756 73	781,571.83	43,481 49	825,053.32	493,703.41
Less: Inactive Assets	00 0	00 0	0.00	00 0	0.00	000	0.00	00:00
Disposed Assets	0.00	0.00	00 0	0.00	00 0	0.00	0.00	00.00
Traded Assets	00 0	00 0	00.00	00.00	0.00	0.00	00 0	00 0
Net Totals (Active Assets)	1,318,756.73	0.00	00 0	1,318,756.73	781,571 83	43,481.49	825,053.32	493,703 41
Total Additional First Year Depreciation Taken at 30% Rate:	ation Taken at 30% Re		000					
Total Additional First Year Depreciation Taken at 50% Rate:	ation Taken at 50% Ra	ite: 8,194.39	4.39					
Total Additional First Year Depreciation Taken:	'ear Depreciation Tak	en: 8,19439	4 39					

ASSET DEPF FAMILY PRA	ASSET DEPRECIATION SHORT REPORT FAMILY PRACTICE RESIDENCY PROGRAM	Aug. 31, 2009	S	Sorted: ASSET A/C# Method 1-FEDERAL-Std Conv Applied	-Std Conv Applied	Range. 121001 - 122002 Include All assets	31 - 122002 ssets	
Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Includes Section 179 r Curr Depr	End A/Depr
ASSET A/C#: 12	ASSET A/C#: 121001 - LAND IMPROVEMENTS							
35/11/09 A	FRONT FLOWER ENTRY LANDSCAPING	NG MSL/15.00	5,782 50	0.00	5,782 50	0.00	2,987.63	2,987.63
35/29/09 A	LANDSCAPING	MSL/15 00	1,241 65	0.00	1,241.65	00 0	641.52	641.52
Grand totals: 1	Grand totals: 121001 - LAND IMPROVEMENTS (2 assets)	_	7,024.15	00:0	7,024.15	00 0	3,629.15	3,629.15
ASSET A/C#: 12	ASSET A/C#: 121601 - COMPUTER SOFTWARE							
10/21/08 A	SAGE BUSINESSWORKS	MSL/ 3.00	1,805.01	0.00	1,805.01	00 0	1,052.93	1,052 93
33/18/09 A	E-MDS	MSL/ 5.00	120,177.06	00 0	120,177.06	0.00	66,097.38	66,097.38
Grand totals: 1	Grand totals: 121601 - COMPUTER SOFTWARE (2 assets)	(s	121,982.07	00 0	121,982.07	0.00	67,150 31	67,150.31
ASSET A/C#: 12	ASSET A/C#: 122001 - FURNITURE, FIXTURES & EQ							
33/01/79	CONFERENCE TABLE 48" X 98"	SL/10.00	320.00	00 0	320 00	320.00	0.00	320 00
03/01/79	RECTANGLE WOODGRAIN TOP TABLE 30"X	E 30"X SL/10 00	200.00	00 0	200.00	200.00	0.00	200.00
33/01/79	XRAY VIEW BOX	SL/10.00	100.00	00:0	100.00	100.00	0.00	100.00
33/01/79	2 BOOKCASES - 4FT	SL/10 00	304.00	0.00	304.00	304.00	0.00	304.00
03/01/79	GENERAL ELECTRIC REFRIGERATOR	SL/10.00	450.00	00:00	450.00	450.00	0.00	450.00
03/01/79	3 VERTICAL OPEN FILES - 7FT	SL/10 00	200.00	00:00	200.00	200 00	00 0	200.00
03/01/79	2 WOLF X-REAY VIEW BOXES		100 00	00 0	100.00	100 00	0.00	100.00
03/01/79	6 SAMLL METAL DESKS WITH VENEER TOP		220 00	00 0	750.00	750.00	00:00	750.00
09/01/79	6 EXAMINATION TABLES	SL/10.00	3,600 00	0.00	3,600.00	3,600.00	0.00	3,600 00
09/01/79	AUTOCLAVE	SL/10.00	865 00	00 0	865.00	865.00	0.00	865.00
09/01/79	CAST CUTTER	SL/10 00	210 00	0.00	210.00	210.00	0.00	210.00
09/01/79	WHEEL CHAIR	SL/10.00	400 00	00 0	400.00	400.00	0.00	400 00
09/01/79	HYFRECATOR	SL/10 00	351.00	00.0	351.00	351 00	0.00	351 00
09/01/79	AMERICAN OPTICAL MICROSCOPE		1,250.00	00 0	1,250 00	1,250.00	0.00	1,250.00
09/01/79	SMALL METAL DESK WITH VENEER TOP	TOP SL/10.00	233 00	00 0	233.00	233 00	0.00	233.00
02/01/80	IBM SELECTRIC TYPWRITER	SL∕ 5.00	280 00	00:0	780 00	780.00	00 0	780.00
02/01/80	4 DRAWER FILE CABINET	SL/10.00	189 00	0.00	189.00	189.00	00 0	189.00
03/01/80	DIFFERENTIAL COUNTER	SL/10.00	200 00	00:00	200.00	200.00	0.00	200.00
03/01/80	FILE CABINET	SL/10.00	130.00	00:0	130.00	130 00	0.00	130.00
03/01/80	DESK	SL/10.00	318 00	00:00	318 00	318 00	00.00	318 00
03/01/80	2 FILE CABINETS	SL/10.00	380.00	00 0	380.00	380 00	0.00	380.00
03/01/80	PORTA-FILE	SL∕10 00	130 00	0.00	130 00	130.00	0.00	130.00
03/01/80	DESK	SL/ 5 00	00.009	00 0	00 009	00.009	0.00	00.009
03/01/80	FILE CABINET	SL/10 00	160.00	00 0	160.00	160.00	0.00	160 00
03/01/80	BOOKCASE	SL/10 00	250 00	0.00	250.00	250.00	0.00	250.00

ASSET DEPF	ASSET DEPRECIATION SHORT REPORT		So	Sorted ASSET A/C#		Range 121001 - 122002	01 - 122002	
FAMILY PRA	FAMILY PRACTICE RESIDENCY PROGRAM	Aug. 31, 2009	Me	Method. 1-FEDERAL-Std Conv Applied	Std Conv Applied	Include All assets	ssets	
Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Includes Section 179 r Curr Depr	End A/Depr
ASSET A/C#: 12	ASSET A/C#: 122001 - FURNITURE, FIXTURES & EQ							
03/01/80	2 FILE CABINETS	SL/10.00	380.00	0.00	380 00	380 00	0.00	380 00
03/01/80	FILE CABINET	SL/10.00	180.00	0.00	180 00	180 00	00 0	180 00
03/01/80	DESK	SL/10.00	00.009	0.00	00 009	00 009	0.00	00.009
03/01/80	BOOKCASE - 6 FT	SL/10 00	225.00	0.00	225.00	225.00	0.00	225.00
03/01/80	SECRETARY DESK WITH RETURN	SL/10 00	584.60	00 0	584.60	584.60	00 0	584.60
03/01/80	METAL DESK	SL/10.00	150.00	00.00	150.00	150.00	00 0	150.00
09/01/81	2 SMALL METAL DESKS WITH VENEER TOP	ER TOP SL/10 00	250.00	0.00	250.00	250.00	0.00	250.00
09/01/81	3 EXAMINATION TABLES	SL/10.00	1,800 00	00 0	1,800.00	1,800.00	00 0	1,800.00
09/01/81	3 BOOKCASES - 6FT	SL/10.00	627 00	00 0	627.00	627.00	0.00	627.00
10/01/81	BOOKCASE - 4 SHELVES	SL/10 00	152.00	00.00	152 00	152.00	0.00	152.00
10/01/81	CREDENZA	SL/10.00	170 80	00 0	170.80	170.80	0.00	170 80
10/01/81	EXECUTIVE DESK	SL/10.00	780 00	00.00	780.00	780.00	00 0	780.00
10/01/81	CREDENZA	SL/10 00	345 00	00 0	345 00	345 00	000	345 00
10/01/81	2 FOLDING TABLES	SL/10.00	140.80	00 0	140.80	140 80	0.00	140.80
12/01/81	COAT RACK	SL/10.00	119.95	00 0	119.95	119 95	00 0	119.95
03/01/82	KODAK PROJECTOR	SL/10.00	255.00	00 0	255.00	255 00	00 0	255 00
09/01/82	BOOKCASE - 4FT	SL∕10.00	150 00	00 0	150.00	150.00	0.00	150.00
09/01/82	SHARP CALCULATOR	SL/ 5.00	219 00	00 0	219.00	219.00	0.00	219 00
10/01/82	BOOKCASE	SL/10 00	122 00	00 0	122 00	122.00	00 0	122 00
06/01/83	AUTOCLAVE	SL/10.00	1,365 00	0.00	1,365.00	1,365.00	0.00	1,365.00
08/01/84	ELECTRIC TYPEWRITER	SL/ 5.00	795.00	00:00	795 00	795 00	0.00	795.00
08/01/84	FILE CABINET	SL/10 00	190.00	00 0	190 00	190.00	0.00	190.00
09/01/84	4 EXAMINATION TABLES	SL/10 00	1,940.00	00:0	1,940.00	1,940.00	0.00	1,940 00
09/01/84	OPERATING LIGHT	SL/10.00	519 00	00:00	519.00	519 00	00 0	519 00
09/01/84	4 FILING CABINETS	SL/10.00	452.00	00 0	452.00	452 00	00 0	452 00
10/01/84	COMPUTER TABLES	SL/10.00	106 00	0.00	106.00	106.00	0.00	106.00
12/01/84	4 WALL UNITS	SL/10 00	676.00	00 0	676.00	00 929	0.00	676.00
01/01/85	6 TIER SHELF	SL/10.00	411 00	00 0	411.00	411.00	000	411.00
02/01/85	SIGMOIDOSCOPE	SL/10 00	3,250.00	00 0	3,250.00	3,250 00	00 0	3,250.00
02/01/85	CRYOSERGICAL MT700QN	SL/10.00	1,495.00	00 0	1,495.00	1,495.00	0.00	1,495.00
03/01/85	LECTURESCOPE	SL/10.00	2,295.00	0.00	2,295.00	2,295.00	000	2,295 00
06/01/85	DISPLAY UNIT	SL/10.00	816 00	0.00	816.00	816.00	00 0	816.00
12/01/86	TYPEWRITER	SL/10 00	399 00	00.0	399.00	399.00	00 0	399.00
10/01/88	FRIGITRONICS COLO/CYRO UNIT	MSL/10 00	7,587.52	0.00	7,587.52	7,587.52	00 0	7,587 52

Fn 26-Mar-2010 10:08:07 AM

Mediffilité Cost Section 179 Depr Basis Flog Albapri Curr Depr End Albapri Curr Depr End Albapri MSL/10.00 4,390.00 0.00 4,390.00 0.00 4,390.00 0.00 4,390.00 0.00 4,390.00 0.00 4,390.00 0.00 370.00	Aug. 31, 2009
4,390.00 0.00 4,390.00 4,390.00 0.00 4,390.00 0.00 570.00 0.00 570.00 0.00 570.00 0.00 570.00 0.00 570.00 0.00 570.00 0.00 570.00 0.00 3,146.50 0.00	
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550 00 0.00 550 00 550 00 0.00 3,146 50 0.00 3,146,50 3,146,50 0.00 9.00 395 00 0.00 2,900 00 0.00 0.00 0.00 2,900 00 0.00 2,900 00 0.00 0.00 0.00 597,97 0.00 1,999 00 1,999 00 0.00 1,00 290,00 0.00 2,900 00 0.00 0.00 0.00 290,00 0.00 2,900 00 0.00 0.00 290,00 0.00 2,900 00 0.00 0.00 281,45 0.00 2,900 00 0.00 0.00 281,45 0.00 2,900 00 0.00 0.00 289,00 0.00 2,980 00 0.00 0.00 2,550 0 0.00 2,986 00 0.00 0.00 2,550 0 0.00 2,986 00 0.00 0.00 2,550 0 0.00 2,986 00 0.00 0.00 2,986 0<	∏SW
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395 00 0.00 395,00 0.00 2,900 00 0.00 2,900 00 0.00 0.00 2,900 00 0.00<	/PIE
2,390,00 0.00 2,900,00 0.00 2,900,00 0.00 2,900,00 0.00 1,999,00 1,999,00 1,999,00 1,999,00 1,999,00 1,999,00 1,999,00 1,999,00 1,099,00 0.00 1,099,00 0.00 1,100,00 0.00 1,100,00 0.00 0	USED IBM SELECTRIC III TYPEWRITER MSL/1
597.97 597.97 597.97 597.97 0.00 1,999.00 1,999.00 1,999.00 0.00 290.00 0.00 290.00 0.00 290.00 0.00 250.00 0.00 281.45 0.00 280.00 0.00 281.45 0.00 281.45 0.00 284.50 0.00 281.45 0.00 289.00 0.00 289.00 0.00 2,650.00 0.00 2,690 0.00 2,650.00 0.00 2,695.00 0.00 2,650.00 0.00 2,695.00 0.00 3,650.00 0.00 2,695.00 0.00 4,650.00 0.00 1,200.00 0.00 2,998.00 0.00 1,200.00 0.00 2,998.00 0.00 2,000.00 0.00 2,998.00 0.00 2,000.00 0.00 2,998.00 0.00 2,000.00 0.00 2,998.00 0.00 0.00	MSL/10
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280.00 0.00 290.00 290.00 0.00 170.95 0.00 170.95 170.95 0.00 250.00 0.00 250.00 0.00 0.00 281.45 0.00 280.00 0.00 0.00 288.00 0.00 289.00 0.00 0.00 2.685.00 0.00 2.695.00 0.00 0.00 5.550.00 0.00 2.695.00 0.00 0.00 5.550.00 0.00 2.695.00 0.00 0.00 5.550.00 0.00 2.695.00 0.00 0.00 1.200.00 0.00 1.200.00 0.00 0.00 2.698.00 0.00 2.698.00 0.00 0.00 2.000.00 0.00 1.200.00 0.00 0.00 2.000.00 0.00 2.998.00 0.00 0.00 4.067.00 0.00 2.098.00 0.00 0.00 2.098.00 0.00 2.098.00 0.00 0.00 <	. MSL/10
170 95 0 00 170.95 170.95 0.00 250 00 0 00 250 00 250 00 0 00 281 45 0 00 250 00 0 00 893 00 0 00 899 00 0 00 2,695 00 0 00 2,695 00 0 00 5,550 00 0 00 2,695 00 0 00 1,200 00 0 00 1,200 00 0 00 1,200 00 0 00 1,200 00 0 00 2,998 00 0 00 1,200 00 0 00 2,098 00 0 00 2,998 00 0 00 2,000 00 0 00 1,200 00 0 00 2,000 00 0 00 2,000 00 0 00 4,067 00 0 00 2,000 00 0 00 4,067 00 0 00 2,000 00 0 00 2,000 00 0 00 2,000 00 0 00 2,000 00 0 00 1,440 00 0 00 2,000 00 0 00 1,440 00 0 00 4,880 00 0 00	MSL/10 00
250 00 0.00 250 00 0.00 281 45 0.00 281 45 0.00 281 45 0.00 281 45 0.00 895 00 0.00 0.00 0.00 2,655 00 0.00 2,695 00 0.00 2,655 00 0.00 2,695 00 0.00 2,695 00 0.00 2,695 00 0.00 998 00 0.00 998 00 0.00 1,200 00 0.00 1,200 00 0.00 2,998 00 0.00 1,200 00 0.00 2,998 00 0.00 2,998 00 0.00 2,000 00 0.00 2,998 00 0.00 4,067 00 0.00 2,998 00 0.00 4,067 00 0.00 4,067 00 0.00 5,550 00 0.00 4,067 00 0.00 6,000 0 0.00 2,098 00 0.00 1,440 00 0.00 1,440 00 0.00 1,440 00 0.00 1,480 00 0.00 <td>MSL/10</td>	MSL/10
281 45 0.00 281 45 0.00 545 00 0.00 545 00 0.00 899 00 0.00	MSL/10.00
545 00 0.00 545 00 545 00 0.00 899 00 0.00 899 00 899 00 0.00 2,695 00 0.00 2,695 00 2,695 00 0.00 5,550 00 0.00 5,550 00 0.00 0.00 1,200 00 0.00 1,200 00 0.00 0.00 2,998 00 0.00 2,998 00 0.00 0.00 2,998 00 0.00 2,998 00 0.00 0.00 2,998 00 0.00 2,998 00 0.00 0.00 4,067 00 0.00 2,998 00 0.00 0.00 4,067 00 0.00 4,067 00 0.00 0.00 4,067 00 0.00 4,067 00 0.00 0.00 830 00 0.00 4,067 00 4,067 00 0.00 830 00 0.00 2,638 00 0.00 0.00 1,440 00 0.00 1,440 00 0.00 0.00 4,880 00 0.00 1,480 00 0.00 0.00	MSL/10
899.00 0.00 899 00 899 00 0.00 2,695.00 0.00 2,695 00 2,695 00 0.00 5,550 00 0.00 5,550 00 0.00 0.00 998 00 0.00 998 00 0.00 0.00 1,200 00 0.00 1,200 00 0.00 0.00 2,998 00 0.00 2,998 00 0.00 0.00 2,998 00 0.00 2,998 00 0.00 0.00 4,067 00 0.00 2,998 00 0.00 0.00 4,067 00 0.00 4,067 00 0.00 0.00 4,067 00 0.00 4,067 00 0.00 0.00 830 00 0.00 4,067 00 0.00 0.00 2,638 00 0.00 1,419 00 0.00 0.00 1,440 00 0.00 1,440 00 0.00 0.00 4,880 00 0.00 1,440 00 0.00 0.00 4,880 00 0.00 1,350 00 0.00 0.00	MSL/ 5 00
2,695.00 0.00 2,695.00 2,695.00 0.00 5,550.00 0.00 5,550.00 0.00 998.00 0.00 998.00 0.00 1,200.00 0.00 1,200.00 0.00 2,998.00 0.00 2,998.00 0.00 2,998.00 0.00 2,998.00 0.00 2,000.00 0.00 2,000.00 0.00 4,067.00 0.00 4,067.00 0.00 4,067.00 0.00 4,067.00 0.00 650.00 0.00 830.00 830.00 0.00 1,449.00 0.00 2,638.00 0.00 2,638.00 0.00 1,449.00 0.00 1,440.00 0.00 1,440.00 0.00 6,000.00 0.00 1,440.00 0.00 4,880.00 0.00 1,440.00 0.00 4,880.00 0.00 1,350.00 0.00 50.00 0.00 1,350.00 0.00 6,725.00 0.00 500.00 0.00 500.00 0.00 6,725.00	MSL/ 5 00
5,550 00 0.00 5,550 00 0.00 998 00 0.00 998 00 0.00 1,200 00 0.00 1,200 00 0.00 2,998 00 0.00 2,998 00 0.00 2,000 00 0.00 2,998 00 0.00 2,000 00 0.00 2,000 00 0.00 4,067 00 0.00 4,067 00 0.00 4,067 00 0.00 4,067 00 0.00 650 00 0.00 4,067 00 0.00 2,638 00 0.00 830 00 0.00 2,638 00 0.00 830 00 0.00 1,449 00 0.00 1,449 00 0.00 6,000 00 0.00 1,440 00 0.00 6,000 00 0.00 4,880 00 0.00 4,880 00 0.00 1,350 00 1,350 00 0.00 1,350 00 0.00 6,000 00 0.00 0.00 500 00 0.00 6,725 00 0.00 0.00 500 00 <td>MSL/10 00</td>	MSL/10 00
998 00 0.00 998 00 998 00 0.00 1,200 00 0.00 1,200 00 1,200 00 0.00 2,998.00 0.00 2,998.00 2,000 00 0.00 4,067.00 0.00 2,000.00 0.00 0.00 4,067.00 0.00 4,067.00 0.00 0.00 650 00 0.00 650 00 650.00 0.00 830 00 0.00 830 00 6.00 0.00 2,638 00 0.00 2,638 00 0.00 0.00 1,449 00 0.00 1,449 00 0.00 0.00 1,440 00 0.00 1,440 00 0.00 0.00 6,000 00 0.00 4,880 00 0.00 0.00 4,880 00 0.00 4,880 00 0.00 0.00 4,880 00 0.00 1,350 00 0.00 0.00 50,00 0.00 1,350 00 0.00 0.00 50,00 0.00 50 00 0.00 0.00 <td>MSL/ 7.00</td>	MSL/ 7.00
1,200 00 0.00 1,200 00 0.00 2,998.00 2,998 00 2,998 00 0.00 2,000.00 0.00 2,000 00 0.00 4,067.00 0.00 4,067.00 0.00 4,067.00 0.00 4,067.00 0.00 830 00 0.00 830 00 0.00 2,638 00 0.00 2,638 00 0.00 1,419 00 0.00 1,419.00 0.00 1,440 00 0.00 1,440 00 0.00 6,000.00 0.00 1,440 00 0.00 4,880.00 0.00 1,440 00 0.00 4,880.00 0.00 4,880 00 0.00 4,880.00 0.00 4,880 00 0.00 1,350.00 0.00 1,350 00 1,350 00 0.00 50.00 0.00 1,350 00 1,350 00 0.00 50.00 50.00 50.00 50.00 0.00 50.00 500 00 500 00 0.00 0.00 500 00 500 00 500 00 0.00 0.00	MSL/ 5 00
2,998.00 0.00 2,998.00 2,998.00 0.00 2,000.00 0.00 2,000.00 2,000.00 0.00 4,067.00 0.00 4,067.00 0.00 650.00 0.00 650.00 0.00 830.00 0.00 830.00 0.00 1,419.00 0.00 1,419.00 0.00 1,440.00 0.00 1,440.00 0.00 4,880.00 0.00 1,480.00 0.00 4,880.00 0.00 1,350.00 0.00 1,350.00 0.00 1,350.00 0.00 50.00 50.00 50.00 50.00 6,725.00 6,725.00 6,725.00 0.00 500.00 500.00 500.00 0.00 220.00 0.00 220.00 0.00	MSL/10 0
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4,067.00 000 4,067.00 4,067.00 0.00 650 00 000 650 00 650.00 0.00 830 00 0 00 2,638 00 0.00 0.00 1,419 00 0.00 1,419.00 1,419 00 0.00 1,440 00 0.00 1,440 00 0.00 0.00 6,000.00 0.00 1,440 00 0.00 0.00 4,880.00 0.00 4,880 00 0.00 0.00 1,350.00 0.00 1,350 00 1,350 00 0.00 1,350.00 0.00 1,350 00 1,350 00 0.00 50.00 0.00 1,350 00 1,350 00 0.00 50.00 0.00 50 00 50.00 0.00 50.00 50 00 50 00 50.00 0.00 500 00 500 00 500 00 0.00 0.00 500 00 500 00 500 00 0.00 0.00 500 00 500 00 500 00 0.00 0.00 500 00 500 00 500 00 0.00 0.00	MSL/ 5 00
650 00 0 00 650 00 650 00 0.00 830 00 0 00 830 00 0.00 0.00 1,419 00 0 00 2,638 00 0.00 0.00 1,440 00 0 00 1,440 00 0.00 0.00 6,000 00 0 00 1,440 00 0.00 4,880 00 0 00 4,880 00 0.00 1,350 00 0 00 1,350 00 0.00 1,350 0 0 00 1,350 00 0.00 50 00 1,350 00 0.00 0.00 6,725 00 6,725 00 0.00 50 00 50 00 50 00 0.00 500 00 500 00 500 00 0.00 500 00 500 00 500 00 0.00 500 00 500 00 500 00 0.00 500 00 500 00 500 00 0.00	MSL/ 5.00
830 00 000 830 00 0.00 2,638 00 0 00 2,638 00 0.00 1,449 00 0.00 1,449 00 0.00 1,440 00 0.00 1,440 00 0.00 6,000.00 0.00 1,440 00 0.00 4,880.00 0.00 4,880 00 6,000 00 0.00 1,350.00 0.00 1,350 00 0.00 0.00 125.00 0.00 1,350 00 0.00 0.00 50.00 0.00 50 00 6,725 00 0.00 50.00 0.00 500 00 0.00 0.00 220.00 0.00 220.00 0.00 0.00	MSL/ 5.00
2,638 00 0.00 2,638 00 0.00 1,419 00 0.00 1,419.00 0.00 1,440 00 0.00 1,440 00 0.00 6,000.00 0.00 1,440 00 0.00 4,880 00 0.00 4,880 00 0.00 1,350.00 0.00 1,350 00 0.00 125.00 0.00 1,350 00 0.00 50.00 0.00 50 00 0.00 6,725.00 0.00 50 00 0.00 500 00 500 00 500 00 0.00 220.00 0.00 220.00 0.00	MSL/ 5.00
1,419 00 0.00 1,419 00 0.00 1,440 00 0.00 1,440 00 0.00 6,000.00 0.00 6,000 00 6,000 00 0.00 4,880.00 0.00 4,880 00 4,880 00 0.00 1,350.00 0.00 1,350 00 1,350 00 0.00 125.00 0.00 125.00 0.00 0.00 50.00 0.00 50 00 50.00 0.00 50.00 0.00 6,725 00 0.00 0.00 50.00 0.00 500 00 0.00 0.00 220.00 0.00 220.00 0.00 0.00	MSL/ 5.00
1,440 00 0.00 1,440 00 0.00 6,000.00 0.00 6,000 00 6,000 00 0.00 4,880.00 0.00 4,880 00 0.00 0.00 1,350.00 0.00 1,350.00 1,350.00 0.00 125.00 0.00 1,350.00 1,350.00 0.00 50.00 0.00 50.00 50.00 0.00 6,725.00 0.00 6,725.00 0.00 500 00 500 00 500 00 0.00 220.00 0.00 220.00 0.00 0.00	MSL/10 00
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4,880.00 0.00 4,880.00 0.00 1,350.00 0.00 1,350.00 0.00 125.00 0.00 125.00 0.00 50.00 0.00 50.00 50.00 0.00 6,725.00 0.00 6,725.00 6,725.00 0.00 500.00 0.00 500.00 500.00 0.00 220.00 0.00 220.00 0.00 0.00	SLP/ 3.00
0 00 1,350 00 1,350 00 0.00 0 00 125.00 125 00 0.00 0.00 50 00 50.00 0 00 0 00 6,725 00 0 00 0 00 0.00 500 00 0 00 0 00 0 00 220 00 0 00 0 00	MSL∕ 5.00
0 00 125.00 . 125 00 0.00 0.00 50 00 50.00 0.00 0 00 6,725.00 6,725 00 0.00 0.00 500 00 500 00 0.00 0 00 220 00 220.00 0.00	5 REMAINING MAXTECK 17" DIGITAL MO MSL/ 5.00
50.00 50.00 50.00 50.00 0.00 6,725.00 0.00 6,725.00 6,725.00 0.00 500.00 0.00 500.00 0.00 220.00 0.00 220.00 0.00	5 REMAINING APC SURGE ARREST W/TEL MSL/ 5.00
6,725.00 0 00 6,725.00 6,725.00 0 00 500 00 0.00 500 00 0.00 220.00 0 00 220.00 0 00	APC PERFORMANCE NETWORK SURGE MSL/ 5.00
500 00 0.00 500 00 0.00 220.00 0 00 220 00 220.00 0 00	MSL/ 5
220.00 0 00 220.00 0 00	SEAGATE BACKUP FOR NT, VER 7 2-SBE MSL/ 5
	2 24-PORT PATCH PANEL, RJ-45-ICMP MSL/ 5

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ASSET DEP	ASSET DEPRECIATION SHORT REPORT		Š	Sorted: ASSET A/C#		Range: 121001 - 122002	001 - 122002	
FAMILY PR	FAMILY PRACTICE RESIDENCY PROGRAM AU	Aug. 31, 2009	Ň	Method 1-FEDERAL-Std Conv Applied	Std Conv Applied	Include All assets	assets	
Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Includes Section 179 r Curr Depr	End A/Depr
ASSET AC#: 1.	ASSET A/C#: 122001 - FURNITURE, FIXTURES & EQ		ı					
04/26/99	DOUBLE SIDED BLACK RELAY RACK	MSL/ 5 00	280.00	00 0	280.00	280.00	00 0	280 00
04/26/99	B-LINE CUP/MONITOR W/KEYBOARD EXT		125 00	0.00	125 00	125 00	00 0	125 00
04/26/99	200LB DOUBLE SHELF 19"X15"-SB596	WSL/ 5 00	120 00	0.00	120 00	120 00	00 0	120 00
04/26/99	MICROSOFT WINDOWS NT SERVER, 5-USERMSL/ 5 00	SERMSL/ 5 00	850.00	00 0	850 00	850 00	0.00	850.00
04/26/99	3 HP LASERJET 400N-C4120A	MSL∕ 5.00	4,740.00	0.00	4,740.00	4,740 00	0.00	4,740 00
04/26/99	MICROSOFT PROXY SERVER 2.0, ACADEMI		965.00	00.0	965 00	965.00	0.00	965.00
04/26/99	MICROSOFT FRONTPAGE '98 ACADMIC CD		276 00	0.00	276.00	276.00	00 0	276 00
04/26/99	MICROSOFT EXCHANGE SERVER	MSL/ 5.00	1,000 00	0.00	1,000 00	1,000 00	00 0	1,000 00
04/26/99	MICROSOFT EXCHANGE SERVER	WSL/ 5 00	377.00	00 0	377 00	377.00	00 0	377 00
04/26/99	HP NETSERVER LC3-D7030T	MSL/ 5 00	3,765.00	0.00	3,765 00	3,765.00	00 0	3,765 00
04/26/99	2 HP 128-MB 100 MHZ ECC SDRAM-D609	MSL/ 5.00	1,020.00	0.00	1,020.00	1,020 00	0.00	1,020.00
04/26/99	MAXTECH 15" DIGITAL MONITOR - XT-58	MSL/ 5.00	180.00	00 0	180 00	180.00	000	180.00
04/26/99	HP SUPERSTORE DAT 241-C1555C	MSL/ 5.00	1,225.00	0.00	1,225 00	1,225.00	0.00	1,225 00
04/26/99	5 HP DDS-3 12/24 GB DAT TAPE - C570	WSL/ 5 00	150.00	00 0	150 00	150.00	0.00	150 00
04/26/99	HP DDS CLEANING CARTRIDGE, 2-PACK		25.00	0.00	25 00	25 00	000	25.00
04/26/99	APC SMART UPS 1400 WITH POWERCHUTE		720.00	0.00	720 00	720 00	00 0	720.00
04/26/99	D-LINK 16-PORT 10/100 SWITCH-DES3	MSL/ 5.00	1,398.00	00 0	1,398 00	1,398.00	00 0	1,398 00
04/26/99	SONY MAVICA STILL DIGITAL CAMERA	MSL/ 5.00	1,140 00	0.00	1,140 00	1,140 00	0.00	1,140.00
04/26/99	HP SCANJET 6250 CXI-C6275A	MSL∕ 5.00	499.00	00 0	499.00	499 00	000	499.00
07/26/99	MM LASER FORM GENERATOR MODULE	WSL∕ 5 00	2,743.00	00 0	2,743.00	2,743.00	0.00	2,743 00
12/09/99	HP LASERJET 2100XI PRINTER	MSL/ 5 00	740.00	00 0	740 00	740 00	0.00	740 00
01/12/00	MINOLTA DIGITAL LASER MF 1600 FAXM		995.00	0.00	995 00	995 00	0.00	995 00
08/30/00	MAHOGANY CONFERENCE DESK 36X72X30		00.629	0.00	00 629	00 629	0.00	679.00
09/28/00	SHREDDER	MSL∕ 5.00	749.00	00 0	749.00	749 00	0.00	749 00
03/06/01	LAB PRINTER	MSL/ 5.00	220 00	00.00	750.00	750.00	0.00	750 00
03/06/01	X-RAY ROOM FILING CABINETS	MSL/10 00	1,371.00	00 0	1,371 00	1,028.25	137.10	1,165.35
04/10/01	CARPET	MSL/10.00	4,664.01	00 0	4,664 01	3,498 00	466 40	3,964.40
06/25/01	EKG MACHINE	MSL/10 00	4,094.00	0.00	4,094.00	3,070 50	409 40	3,479.90
10/03/01	VIRUS SCAN - ITHINC	MSL∕ 3.00	830 00	00.00	830.00	830.00	00 0	830.00
01/11/02	3 HP 4100N LASERJET PRINTER - TIFG		6,435.00	00 0	6,435 00	6,435.00	0.00	6,435 00
01/11/02	6 TOSHIBA SATELLITE PRO LAPTOPS TIF		12,331 00	00 0	12,331.00	12,331 00	00 0	12,331.00
01/11/02	4 VIEWSONIC 17" FLAT MONITORS TIF G		3,524.00	0.00	3,524 00	3,524 00	0.00	3,524.00
01/11/02	HP PROCURVE SWITCH 4000M TIF GRANT		1,650.00	0.00	1,650 00	1,650.00	00 0	1,650 00
01/11/02	LP280 LCD PROJECTOR TIF GRANT	MSL∕ 5.00	2,055.00	00 0	2,055.00	2,055 00	0.00	2,055 00

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ASSET [DEPF PRA	ASSET DEPRECIATION SHORT REPORT FAMILY PRACTICE RESIDENCY PROGRAM ALIA	Aug 31 2009	So	Sorted. ASSET A/C# Method: 1-FEDERAL-Std Conv Applied	Std Conv Applied	Range [·] 121001 - 122002 Include [·] All assets	- 122002 ets	
400			Moth/life	Č	Scotion 170		Includes	Includes Section 179	
ASSET AC	# 12	ASSET A/C#: 122001 - FURNITURE, FIXTURES & EQ		1800	61 100000	D421	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Cild Acepi
01/11/02		HP COLOR LASERJET 4550N PRINTER	MSU 5.00	3,419 00	00 0	3,419 00	3,419.00	0.00	3,419 00
01/11/02		11 PCNET PENTIUM SYSTEMS W/17" FLAT	MSL/ 5.00	17,600.00	00 0	17,600 00	17,600 00	0.00	17,600.00
10/06/02		5 390'S WITH FLASH MEMORY	MSL/ 5 00	3,094.60	00 0	3,094 60	3,094.60	0.00	3,094.60
12/13/02		NEMIO 10 ULTRASOUND CONSOLE	MSL/10 00	28,750 00	00 0	28,750 00	15,812.50	2,875.00	18,687 50
12/19/02		PCNET PENTIUM SYSTEM 17IN MONITOR	MSL∕ 5.00	1,580.00	00 0	1,580 00	1,580 00	0.00	1,580.00
12/23/02		1DL SWING W/ROLLER/PRISM	MSL/10 00	11,500.00	00 0	11,500.00	6,325.00	1,150 00	7,475.00
12/31/02		APC SMARTUPS 1500 TOWER 8 OUTLETS	MSL/ 5 00	500.00	0.00	200.00	200 00	00 0	500.00
01/07/03		DESK, CREDENZA, CHAIR	MSL/ 7.00	2,477.00	00 0	2,477 00	1,946.23	353.86	2,300 09
01/21/03		TIME CLOCK	MSL/ 7.00	549.99	00 0	549 99	479 28	70 71	549 99
01/30/03		LAB EQUIPMENT	MSL/10 00	00 006	0.00	00 006	495 00	00 06	585 00
02/13/03		2 DRAWER LATERAL FILING CABINET	MSL/ 7.00	589.00	0.00	289 00	462.77	84 14	546 91
02/19/03		TOSHIBA LAPTOP SAT PRO 6100	MSL/ 5 00	3,100.00	0.00	3,100 00	3,100.00	0.00	3,100.00
04/09/03		MURATEC F-320 FAX MACHINE	WSL∕ 5 00	1,799.00	0.00	1,799 00	1,799.00	00 0	1,799 00
04/29/03		TOSHIBA LAPTOP SAT PRO 6100	WSL∕ 5 00	2,740.00	0.00	2,740.00	2,740 00	0.00	2,740.00
04/29/03		3 VIEWSONIC 17 IN LCD MONITORS	WSL/ 5 00	1,635 00	0.00	1,635 00	1,504 20	130 80	1,635 00
04/29/03		RDS /W3116247 COAG-EQC PROMO W/15BX	MSL/10 00	3,750 00	0.00	3,750.00	2,062.50	375.00	2,437.50
06/11/03		DOPPLER EARLY FETAL HRT	MSL/10 00	604 78	00 0	604.78	589.67	15.11	604.78
07/18/03		DISPLAY BOOTH FOR RECRUITING	MSL/ 7.00	1,498.51	0.00	1,498.51	1,177.39	214.07	1,391 46
08/04/03		EXECUTIVE DESK	WSL/ 7 00	1,409 00	0.00	1,409 00	1,107.09	201 29	1,308 38
08/06/03		DEFIB AED - 10 JUMPSTART	MSL/10 00	2,265.26	0.00	2,265 26	1,245.91	226 53	1,472 44
09/23/03		DOPPLER EARLY FETAL HRT	MSL/10.00	604 78	0.00	604.78	559.43	45.35	604 78
11/20/03		PCNET PENTIUM SYSTEM	WSL/ 5 00	890 00	00 0	890 00	890.00	0.00	890 00
01/30/04		SONICWALL PRO 100 INTERNET SECURITY	MSL/ 5 00	1,395.00	00 0	1,395 00	1,395.00	00 0	1,395.00
06/16/05		WALLACH LL100 CRYOSERG SYSTEM WITH	MSL∕ 5.00	972 00	00 0	972.00	680.40	194 40	874.80
07/05/05		PCNET PENTIUM SYSTEM	MSL∕ 5.00	835.00	00 0	835 00	584.50	167 00	751 50
10/27/06		Toshiba Tecra A8-S8314 T2400	MA200/ 5.00	1,830.00	00 0	1,830 00	951.60	351 36	1,302.96
09/01/08	⋖	E-MDS, COMPUTER, SERVER, AND WORKST MSL/ 5.00	LMSL/ 5.00	31,306.41	00 0	31,306 41	0.00	17,218 53	17,218 53
02/13/09	∢	ALUMINUM SIGNS	MSL/ 5 00	1,140.00	00 0	1,140.00	0.00	627.00	627.00
04/03/09	∢	AL201THREE HEMOCUE ALBUMIN	WSL/ 5 00	1,980.91	00 0	1,980.91	0.00	1,089.51	1,089.51
04/21/09	∢	ICE CUBE MAKER 65LB AIR COOL	WSL/ 7 00	1,488.82	00 0	1,488 82	0.00	797 58	797.58
04/21/09	∢	EXAM TABLE 222 HI-LO B	MSL/ 5.00	5,524.26	0.00	5,524 26	0.00	3,038 34	3,038 34
04/28/09	∢	IQ1000 TIME CLOCK	MSL/ 5 00	2,979.00	0.00	2,979 00	00 0	1,638.45	1,638 45
05/11/09	∢	SPOT VITAL SIGNS WITH MOBILE STAND	WSL∕ 5.00	2,389.95	00 0	2,389.95	00 0	1,314 48	1,314.48
05/13/09	∢	MONITOR SPOT VITAL SIGNS NIB	MA200/ 5 00	2,050 00	0.00	2,050.00	00:00	1,230 00	1,230 00

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8,062 17	514 70	1,045 00	1,347 00	1,450 00	10,954.00	1,416 69	1,550.00	9,997.00	470.00	105.48	1,126 00	1,400.00	100.00	475 00	195.00	4,067 00	750 00	14.00	1,375 00	1,050.00		Page: 6 of 7
0.00	0.00	0.00	000	00 0	00 0	0.00	00 0	00 0	0.00	00 0	0.00	00 0	00 0	0.00	00 0	000	00 0	00 0	0.00	0.00		

ASSET DE	ASSET DEPRECIATION SHORT REPORT		й	Sorted ASSET A/C#		Range: 121001 - 122002	001 - 122002	
FAMILY PR	FAMILY PRACTICE RESIDENCY PROGRAM	Aug. 31, 2009	Ž	Method: 1-FEDERAL-Std Conv Applied	-Std Conv Applied	Include: All assets	assets	
Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Includes Section 179 r Curr Depr	End A/Depr
ASSET A/C#:	ASSET A/C#: 122001 - FURNITURE, FIXTURES & EQ							
05/14/09 A	LEADCARE II	MSL/ 5 00	2,014 57	00 0	2,014 57	00 0	1,108.02	1,108 02
05/15/09 A	AUTO TYMP TM262	MSL/ 5.00	3,248.00	00 0	3,248 00	00 0	1,786.40	1,786 40
05/18/09 A	INTERPRETIVE ELECTROCARDIOGRAPHS (EMSL/ 5 00	PHS (EMSL/ 5 00	3,599 20	00 0	3,599.20	00 0	1,979.56	1,979.56
06/01/09 A	STERILIZER M11 ULTRACLAVE AU	MSL/ 5.00	4,500 00	000	4,500.00	00 0	2,475 00	2,475 00
O6/05/09 A	AUTO TYMP TM262 WITH IPSI	WSL/ 5 00	3,908.33	0.00	3,908 33	00 0	2,149.59	2,149 59
A 60/60/90	TELEPHONE SYSTEM	MSL/ 7.00	2,463.30	0.00	2,463 30	0.00	1,319.63	1,319.63
07/15/09 A	BATHROOM FAUCET & VANITY	WSL/ 7 00	1,835 69	00 0	1,835 69	0.00	983.41	983.41
08/31/09 A	BIOZ SYSTEM	MSL/ 5 00	14,065.00	0.00	14,065 00	00 0	7,735.75	7,735.75
Grand totals:	Grand totals: 122001 - FURNITURE, FIXTURES & EQ (169 assets)	assets)	348,683.91	00:00	348,683.91	237,471.36	54,048.77	291,520 13
ASSET A/C#:	ASSET A/C#: 122002 - PROP & EQUIP - LIBRARY							
01/01/97	OAK CABINETS, WALLS & FORMICA TOPS	PS MSL/700	4,637.11	00.00	4,637.11	4,637.11	0.00	4,637 11
02/01/97	CARPET	MSL/ 7 00	8,062.17	0.00	8,062.17	8,062 17	0.00	8,062 17
03/01/97	DRY ERASE BULLETIN BOARD	WSL/ 7 00	514.70	00.00	514 70	514 70	0.00	514 70
03/01/97	8 X 10 ELECTRIC SCREEN	MSL/ 7 00	1,045 00	00 0	1,045.00	1,045 00	0.00	1,045 00
03/01/97	2 HP LASERJET 5-L PRINTERS	MSL/ 5.00	1,347 00	0.00	1,347.00	1,347 00	000	1,347 00
03/01/97	SEAGATE 4.5 GB HARD DRIVE	MSL/ 5.00	1,450.00	00 0	1,450 00	1,450.00	00 0	1,450 00
04/01/97	LIBRARY SERVER - COMPAQ PROSIGNIA 2		10,954.00	00:0	10,954 00	10,954.00	00 0	10,954.00
04/01/97	SOFTWARE	SLP/ 5.00	1,416.69	00 0	1,416.69	1,416.69	0.00	1,416 69
05/01/97	2 COMPAQ 2.1 GB HARD DRIVES	MSL/ 5 00	1,550 00	0.00	1,550.00	1,550.00	00 0	1,550.00
05/01/97	RESIDENCY SERVER - COMPAQ PROLIANT	F	9,997 00	0.00	00'266'6	9,997.00	000	9,997.00
05/01/97	OKIDATA ML 320 TURBO PRINTER - RESI		470 00	0.00	470.00	470.00	0.00	470.00
05/01/97	LOCKS/ELECTRICAL WORK	MSL/ 7 00	105 48	0.00	105.48	105 48	00 0	105.48
06/01/97	SOFTWARE & EQUIPMENT	MSL/ 5.00	1,126 00	00:0	1,126 00	1,126 00	0.00	1,126 00
07/01/97	COMPUTER EQUIPMENT	MSL/ 5.00	1,400.00	00 0	1,400 00	1,400 00	00 0	1,400.00
07/01/97	MODEM JACK	MSL∕ 5.00	100.00	0.00	100.00	100.00	00 0	100.00
07/01/97	MCAFEE VIRUS SCAN	WSL/ 5 00	475.00	00 0	475.00	475 00	0.00	475 00
07/01/97	ROBOTICS 33 6 MODEM	MSL/ 5 00	195.00	00.00	195 00	195 00	00 0	195.00
07/01/97	2 ACEROPEN 166 COMPUTERS	MSL/ 5.00	4,067.00	00 0	4,067 00	4,067 00	00 0	4,067 00
07/01/97	6 CHAIRS	MSL/ 7.00	750.00	00 0	750 00	750 00	00 0	750 00
08/01/97	FRAME	MSL/ 7 00	14.00	00:00	14 00	14.00	00 0	14.00
08/23/02	COMPUTER - RIO GRANDE CITY		1,375 00	00 0	1,375 00	1,375.00	0.00	1,375 00
04/23/03	PCNET COMPUTER SOFTWARE WINDOWS	OWS MSL/500	1,050 00	00 0	1,050 00	1,050 00	0.00	1,050.00

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ASSET DEPRECIATION SHORT REPORT	

FAMILY PRACTICE RESIDENCY PROGRAM Aug. 31, 2009

Method: 1-FEDERAL-Std Conv Applied Sorted: ASSET A/C#

Range: 121001 - 122002 Include. All assets

							ou!	Includes Section 179	
Date Acq	Description	Z.	Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Curr Depr	End A/Depr
Grand totals:	Grand totals: 122002 - PROP & EQUIP - LIBRARY (22 assets)	ARY (22 assets)		52,101.15	0.00	52,101.15	52,101.15	00 0	52,101 15
Grand totals fo	Grand totals for all accounts: (195 assets)			529,791.28	0.00	529,791.28	289,572 51	124,828.23	414,400.74
Additic	Additional Summary Statistics:	Cost	Curr Yr 179	Prior Yr 179	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr Net Book Value	Net Book Value
ະ ອີ	Grand Totals for All Assets:	529,791.28	0.00	00 0	529,791.28	289,572.51	124,828.23	414,400 74	115,390 54
	Less: Inactive Assets	0.00	0.00	000	00 0	0.00	0.00	00 0	00.00
	Disposed Assets	0.00	0.00	0.00	00 0	0.00	00 0	00:0	0.00
	Traded Assets	00 0	00 0	00 0	0.00	00 0	0.00	0.00	00 0
~	Net Totals (Active Assets)	529,791 28	0.00	0.00	529,791.28	289,572.51	124,828.23	414,400.74	115,390.54
Total A	Total Additional First Year Depreciation Taken at 30% Rate:	on Taken at 30% Rate	ä	000					
Total A	Total Additional First Year Depreciation Taken at 50% Rate;	on Taken at 50% Rate		106,749 87					

106,749 87

Total Additional First Year Depreciation Taken:

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ASSET DEPRECIATION SHORT REPORT	CHALL SCALING VIEW AND VIOLENCE HALL
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Aug. 31, 2009 VILOON PAINILY PLANNING CLINIC

Range: 121012 - 126002

Sorted. ASSET A/C#

4,558.19 1,045.46 185.60 185.60 185 60 73 00 228.00 362 50 275.00 165 00 77.50 441.38 313.54 234 00 00 009 1,260.00 333 00 381 50 420.00 504 00 471 39 0.0 185.60 3,046.81 2,913.51 697 17 3,200 00 End A/Depr 2,025.00 Includes Section 179 0.00 0.00 0.00 0.00 000 0.00 000 0.00 000 0.00 00 0 0.00 000 000 0.0 0.00 0.00 0.00 0.00 000 0.00 0.00 0.00 0.00 0.00 589.50 Curr Depr 60.00 101 25 Include: All assets Beg A/Depr 77.50 441.38 313 54 234 00 600.00 1,260 00 333.00 381 50 420.00 ,045.46 471 39 0.00 000 185 60 185.60 73.00 362.50 ,046 81 275.00 165 00 ,913 51 697 17 504 00 3,040 00 ,923.75 185.60 185 60 228.00 ,558 19 Method: 1-FEDERAL-Std Conv Applied 1,045 46 275 00 333 00 381.50 697 17 420 00 504 00 471.39 185.60 73.00 228.00 362 50 8,046.81 165.00 77.50 2,913 51 441.38 313.54 234 00 600.00 1,260.00 4,558 19 Depr Basis 5,210.00 5,210 00 185 60 185.60 185 60 3,200 00 0.00 0.00 00 0 000 000 0.00 0.00 000 00 0 000 0.00 000 000 000 0.00 0.00 0.0 000 0.00 0.00 000 000 0.00 000 Section 179 000 000 5,210.00 1,045 46 471.39 Cost 185 60 185 60 73 00 228.00 362 50 3,046.81 275 00 165.00 77 50 2,913 51 441.38 313.54 234.00 600.00 1,260.00 333 00 381 50 697.17 420 00 4,558 19 504.00 5,210 00 185.60 LAND/ 1 00 **√ISL/10 00 MSL/10.00 MSL/10 00 4SL/10 00 MSL/10.00** ASL/10.00 **∆SU10.00 MSU 7 00 MSL/7.00** ASL/500 **MSL/7.00** MSU 7.00 Meth/Life SL/20 00 SL/20.00 SL/15.00 SL/20.00 SL/10.00 SL/10.00 SL/10 00 SL/10 00 SL/10 00 SL/20.00 SL/20.00 31/20 00 \$1720 00 31/20.00 SL/20 00 35 CHAIRS, 2 BENCHES AND 4 CUBES 2-8 TIER MAXI-STACK FILING SYSTEM Brand totals: 121012 - LAND IMPROVEMENTS (1 assets) **B TIER FILING SHELVES WITH BASE** M4001D MICROSCOPE BINOCULAR CARPET FOR CLINIC UNRESERVED 3 WELCH ALLEN LITES 844/845/846 4 BOOKCASES 855, 856, 857, 858 WAITING ROOM RED SIGN - 892 **BLOOD COLLECTION CHAIR** 3 EXAM TABLES 875/876/877 SSET A/C#: 122002 - FURNITURE & FIXTURES 2 DRAWER FILING CABINET 5 DRAWER FILING CABINET 2 DRAWER FILING CABINET SSET A/C#: 121012 - LAND IMPROVEMENTS LAND IMPROVEMENTS 8 TIER FILING CABINET 2 SCALES - 850/860 3 FRAMED PRINTS AUTOCLAVE - 878 8 TIER OPEN FILE DIAGNOSTIC SET PHONE SYSTEM PRINTER 809 **DISPLAY 853** Description 15 CHAIRS **TABLE 848 DESK-863 DESK 861** DESK 865 DESK 866 **DESK 864 DESK 862** 3/01/76 0/01/76 3/01/86 3/01/88 5/01/88 07/01/89 9/01/89 2/28/99 6/21/99 7/22/99 0/01/87 0/01/76 0/01/76 0/01/76 94/01/79 1/01/79 6/01/84 0/01/84 0/01/84 0/01/84 2/01/84 9/01/87 04/01/94 5/01/97 8/20/99 6/01/81 6/01/84 6/01/84 1/01/69

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CIATION SHORT REPORT	Sorted: ASSET A/C#
LY PLANNING CLINIC Aug. 31, 2009	Method 1-FEDERAL-Std Conv Applied

ASSET DE	ASSET DEPRECIATION SHORT REPORT		S	Sorted ASSET A/C#		Range. 121012 - 126002	12 - 126002	
WILSON F.	WILSON FAMILY PLANNING CLINIC Aug. 31, 2009	6	Me	Method 1-FEDERAL-Std Conv Applied	Std Conv Applied	Include All assets	ssets	
200		110.44.11 36.	Č	S		Includ	Includes Section 179	
Dare Acc	Description	Metn/Lire	rost	Section 1/9	Depr Basis	beg Avuepr	Curr Depr	End Avuepr
ASSET A/C#:	ASSET A/C#: 122002 - FURNITURE & FIXTURES							
36/16/01	PENTIUM COMPUTER - 879	MSL/ 5.00	1,090 00	0.00	1,090.00	1,090 00	0.00	1,090.00
31/11/02	6 PCNET PENTIUM SYSTEMS W/MONITORS	MSL/ 5 00	00 009'6	0.00	00.009,6	00 009'6	0.00	9,600.00
31/11/02	LP280 LCD PROJECTOR	MSL/ 5.00	2,055.00	0.00	2,055.00	2,055.00	00 0	2,055.00
37/23/02	SOFTWARE CONVERSION	MSL/ 5.00	6,200 00	00 0	6,200.00	6,200 00	00 0	6,200.00
32/13/03	SHREDDER 420 - 913	MSL/ 5.00	791 52	00 0	791 52	791.52	00 0	791.52
32/27/03	HP LASERJET 1200(2) - 904, 905	MSL/ 5.00	870.00	00 0	870 00	870.00	00 0	870.00
32/27/03	VIEWSONIC 15 IN LCD MONITOR (5)	WSL/ 5 00	1,095.00	00 0	1,095 00	1,095 00	0.00	1,095.00
07/15/03	HP LASERJET 1300 (3) - 921,922,923	MSL/ 5.00	1,350 00	0.00	1,350 00	1,350 00	00 0	1,350.00
37/28/03	OUTDOOR SIGN	MSL/10.00	1,150 00	00 0	1,150.00	632.50	115 00	747.50
39/01/05	TOSHIBA TECRA A4-S211 LAPTOP	MSL/ 5 00	1,370.00	00 0	1,370 00	685.00	274 00	929.00
36/26/07	PCNET SERVER TOWER & INSTALLATION	MSL/ 5.00	13,660 00	00 0	13,660.00	4,098.00	2,732 00	6,830 00
Grand totals:	Grand totals: 122002 - FURNITURE & FIXTURES (41 assets)		74,689 82	00:00	74,689.82	62,190.32	3,971 75	66,162.07
ASSET A/C#:	ASSET A/C#: 123002 - TITLE XX EDUCATION EQUIP							
33/01/86	BOOKCASE 859	SL/10.00	150 00	0.00	150.00	150 00	0.00	150.00
33/01/86	SIDE CHAIR	SL/10 00	155 00	0.00	155.00	155 00	00 0	155 00
05/27/99	MQ MODULAR DESK SYSTEM	SL/ 7.00	1,349.00	00 0	1,349 00	1,349.00	00 0	1,349 00
Grand totals:	Grand totals: 123002 - TITLE XX EDUCATION EQUIP (3 assets)		1,654 00	00 0	1,654.00	1,654 00	0.00	1,654.00
ASSET A/C#:	ASSET A/C#: 124002 - RESTRICTED ASSETS							
34/01/94	CARPET - WILSON	MSL/ 7.00	4,000 00	0.00	4,000.00	4,000.00	0.00	4,000.00
Grand totals:	Grand totals: 124002 - RESTRICTED ASSETS (1 assets)		4,000 00	0.00	4,000 00	4,000 00	00 0	4,000.00
ASSET A/C#:	ASSET A/C#: 125002 - MEDICAL EQUIPMENT							
32/13/03	3-0TOSCOPE/OPTHALMOSCOPE WALL UNITMSL/ 7 00	TMSL/ 7 00	1,727.13	00 0	1,727.13	1,357 02	246.73	1,603.75
Grand totals:	Grand totals: 125002 - MEDICAL EQUIPMENT (1 assets)		1,727 13	00 0	1,727.13	1,357 02	246.73	1,603.75
ASSET A/C#:	ASSET A/C#: 126002 - WEBSITE DESIGN							
07/15/03	WEBSITE DESIGN & SEARCH ENGINE	AMORT/ 3 00	2,280 00	0.00	2,280 00	2,280.00	00 0	2,280 00
Grand totals:	Grand totals: 126002 - WEBSITE DESIGN (1 assets)		2,280.00	00.0	2,280 00	2,280 00	0.00	2,280.00

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Range: 121012 - 126002

Sorted. ASSET A/C#

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WILSON FAI	WILSON FAMILY PLANNING CLINIC Aug. 31, 2009	Aug. 31, 2009		Ň	Method 1-FEDERAL-Std Conv Applied	-Std Conv Applied	include All assets	l assets	
Date Acq	Description	Met	Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Includes Section 179	End A/Depr
Grand totals for	Grand totals for all accounts: (48 assets)	li		89,560.95	00 0	89,560.95	71,481.34	4,218 48	75,699.82
						Cost Curr Depr	Depr Ending A/Depr	VDepr	
	Depreciable Assets: (47 assets)	ets)			87,2	87,280.95 4,21	4,218 48 73,4	73,419.82	
	Amortizable Assets: (1 assets)	ts)			2,2	2,280 00	0.00	2,280 00	
Addition	Additional Summary Statistics:	Cost	Curr Yr 179	Prior Yr 179	Depr Basis	Beg A/Depr	Curr Depr	Curr Depr Ending A/Depr	Net Book Value
Gra	Grand Totals for All Assets:	89,560.95	00.00	0.00	89,560 95	71,481.34	4,218 48	75,699.82	13,861.13
	Less: Inactive Assets	00 0	00 0	000	0.00	00 0	00 0	0.00	0.00
	Disposed Assets	0.00	00 0	0.00	00 0	0.00	0.00	0.00	0.00
	Traded Assets	0.00	00 0	0.00	00:00	0.00	0.00	0.00	0.00
Z	Net Totals (Active Assets)	89,560.95	00.00	00:00	89,560.95	71,481.34	4,218 48	75,699 82	13,861 13
Total A	Total Additional First Year Depreciation Taken at 30% Rate:	on Taken at 30% Rate:		000					
Total A	Total Additional First Year Depreciation Taken at 50% Rate:	on Taken at 50% Rate:		0.00					
	Total Additional First Year Depreciation Taken:	ar Depreciation Taken:		0.00					
		3		1					