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Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

2008**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning 9/1/2008 , and ending 8/31/2009																
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; vertical-align: top;"> Please use IRS label or print or type. See Specific Instructions. </td> <td style="width:55%;"> C Name of organization NORTH CENTRAL TEXAS MEDICAL FOUND Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 1301 THIRD STREET City or town, state or country, and ZIP + 4 WICHITA FALLS TX 76301 </td> <td style="width:30%;"> D Employer identification number 23-7339430 E Telephone number (940) 767-5145 G Gross receipts \$ 3,963,787 </td> </tr> <tr> <td colspan="3"> F Name and address of principal officer EID MUSTAFA, MD 1301 THIRD STREET, WICHITA FALLS, TX 76301 </td> </tr> <tr> <td colspan="3"> I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ </td> </tr> <tr> <td colspan="3"> J Website: ▶ N/A </td> </tr> <tr> <td colspan="3"> K Type of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation M State of legal domicile </td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NORTH CENTRAL TEXAS MEDICAL FOUND Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 1301 THIRD STREET City or town, state or country, and ZIP + 4 WICHITA FALLS TX 76301	D Employer identification number 23-7339430 E Telephone number (940) 767-5145 G Gross receipts \$ 3,963,787	F Name and address of principal officer EID MUSTAFA, MD 1301 THIRD STREET, WICHITA FALLS, TX 76301			I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶			J Website: ▶ N/A			K Type of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation M State of legal domicile		
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Part I Summary

1	Briefly describe the organization's mission or most significant activities. The North Central Texas Medical Foundation is a nonprofit organization incorporated in Texas. The foundation operates the Wilson Family Planning Clinic which provides services to residents in eight counties in North Texas. The foundation also operates the Wichita Falls Family Practice Residency Program that provides family practice services in the North Texas area.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of employees (Part V, line 2a)	5	62
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
8	Contributions and grants (Part VIII, line 1h)	8	9
9	Program service revenue (Part VIII, line 2g)	9	9
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	62
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	0
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶	b	0
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	17	0
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	18	0
19	Revenue less expenses. Subtract line 18 from line 12	19	0
20	Total assets (Part X, line 16)	20	0
21	Total liabilities (Part X, line 26)	21	0
22	Net assets or fund balances. Subtract line 21 from line 20	22	0

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, this is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	 Signature of officer	Date	 Date
Paid Preparer's Use Only	Preparer's signature BRANDON SCHULTZ CPA	Date 3/26/2010	Check if self-employed <input type="checkbox"/>
Firm's name (or yours if self-employed), address, and ZIP + 4 BRANDON P SCHULTZ CPA PC 2601 HARRISON, STE 300, WICHITA FALLS, TX 76308		Preparer's identifying number (see instructions) P00503592	EIN ▶ Phone no ▶ (940) 397-8400

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

G16-19 23

Part III 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? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ 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 expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 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

4b (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

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).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
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	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
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? If "Yes," 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 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? If "Yes," complete Schedule D, Part V	10	X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the U S ?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 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 or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
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 II	18	X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X
21 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
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "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 Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified 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 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 substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X

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		
a 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)? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.	1a 47	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 62	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions).	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
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 account)?	4a	X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	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).		
a	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 required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	X
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

		Yes	No
For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body	1a	9
b	Enter the number of voting members that are independent	1b	9
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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	X
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	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9a	Does the organization have local chapters, branches, or affiliates?	9a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 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 must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	11	X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	15a	X
b	Other officers or key employees of the organization? Describe the process in Schedule O (see instructions).	15b	X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate 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	

Section 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 ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 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) 767-5145
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 compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
EID MUSTAFA PRESIDENT	5	X		X				0	0	0
DAVID GREER TREASURER	5	X		X				0	0	0
GARY OZIER BOARD MEMBER	5	X				X		0	0	0
JONATHAN WILLIAMS SECRETARY	5	X		X				0	0	0
S. SUDERSHAN BOARD MEMBER	5	X						0	0	0
RODRIGO MENCHACA PRESIDENT ELECT	5	X		X				0	0	0
JOSE GONZALEZ BOARD MEMBER	5	X						0	0	0
FLAVIA HORTH BOARD MEMBER	5	X						0	0	0
SUSAN STRATE CONSULTANT	5	X						0	0	0
MARILYN WHITE BOARD MEMBER	5	X						0	0	0
ROSA TORRES CONSULTANT	5	X						0	0	0
AHMED MATTAR EXECUTIVE DIRECTOR	60				X	X		225,542	0	6,766
GLEN MINTER PHYSICIAN	60				X			134,435	0	4,033
	0							0	0	0
	0							0	0	0
	0							0	0	0
	0							0	0	0

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	0			
	b	Membership dues	1b	0			
	c	Fundraising events	1c	0			
	d	Related organizations	1d	0			
	e	Government grants (contributions)	1e	1,805,627			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	20,492			
	g	Noncash contributions included in lines 1a-1f: \$		14,065			
	h	Total. Add lines 1a-1f		1,826,119			
	Program Service Revenue	2a	PATIENT FEES	Business Code	621110	2,132,616	
b		. . . . .				
c		. . . . .			0		
d		. . . . .			0		
e		. . . . .			0		
f		All other program service revenue			0		
g		Total. Add lines 2a-2f			2,132,616		
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)			3,552	
	4	Income from investment of tax-exempt bond proceeds			0		
	5	Royalties			0		
	6a	Gross Rents	(i) Real	1,500			
	b	Less: rental expenses	(ii) Personal				
	c	Rental income or (loss)		1,500	0		
	d	Net rental income or (loss)			1,500		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	0	0		
	b	Less: cost or other basis and sales expenses	(ii) Other	0	0		
	c	Gain or (loss)		0	0		
	d	Net gain or (loss)			0		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	0			
	b	Less: direct expenses	b	0			
	c	Net income or (loss) from fundraising events			0		
	9a	Gross income from gaming activities. See Part IV, line 19.	a	0			
	b	Less: direct expenses	b	0			
	c	Net income or (loss) from gaming activities			0		
	10a	Gross sales of inventory, less returns and allowances	a	0			
	b	Less: cost of goods sold	b	0			
	c	Net income or (loss) from sales of inventory			0		
Miscellaneous Revenue		Business Code					
11a	. . . . .			0			
b	. . . . .			0			
c	. . . . .			0			
d	All other revenue			0			
e	Total. Add lines 11a-11d			0			
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			3,963,787	0	0	0

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).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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 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) and section 403(b) employer contributions)	48,283	41,330	6,953	
9	Other employee benefits	310,188	265,521	44,667	
10	Payroll taxes	132,368	113,307	19,061	
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	11,522	4,792	6,730	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
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 covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	CONTRACT/PROFESSIONAL SERVICES	189,216	115,247	73,969	
b	RACE FOR THE CURE	10,735	10,735	0	
c	RECRUITMENT	9,236	9,236		
d	UNCOLLECTIBLE FEES	542,846	542,846		
e	REPAIRS AND MAINTENANCE	28,699	7,050	21,649	
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 <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	285,927	1	200,380
	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	472,810
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	20,819	8	19,269
	9 Prepaid expenses and deferred charges	16,662	9	62,795
	10a Land, buildings, and equipment: cost basis	1,933,890		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	1,310,935	10c	622,955
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	125,799
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,351,849	16	1,504,008	
Liabilities	17 Accounts payable and accrued expenses	201,899	17	69,393
	18 Grants payable		18	
	19 Deferred revenue	0	19	
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	227,000	23	280,490
	24 Unsecured notes and loans payable	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	30,445	25	35,130
	26 Total liabilities. Add lines 17 through 25	459,344	26	385,013
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	893,884	27	1,118,709
	28 Temporarily restricted net assets	-1,379	28	286
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	892,505	33	1,118,995
	34 Total liabilities and net assets/fund balances	1,351,849	34	1,504,008

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ See separate instructions.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

NORTH CENTRAL TEXAS MEDICAL FOUNDATION

Employer identification number

23-7339430

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

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

(HTA)

Schedule A (Form 990 or 990-EZ) 2008

Part II**Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include 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 its 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						2,247,790

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	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 activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	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. (see instructions.)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	96.83%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f.	15	97.02%
16a 33 1/3% support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances-test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	0	0	0			0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar 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	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0			0
13 Total support. (Add lines 9, 10c, 11, and 12)						0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	0 00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0 00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0 00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0 00%

19a 33 1/3% support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

Area for supplemental information with horizontal dashed lines.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► **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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

NORTH CENTRAL TEXAS MEDICAL FOUNDATION

Employer identification number

23-7339430

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

	(a) Donor advised funds	(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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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 impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4 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 ☐ No

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 ☐ No

9 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

b 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	► \$

2 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:

a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f 0

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0				

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	0	44,960		44,960
b Buildings	0	1,208,246	0	1,208,246
c Leasehold improvements	0	0	0	0
d Equipment	0	680,684	0	680,684
e Other	0	0	1,310,935	-1,310,935
Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				622,955

Part VII Investments—Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products	0	
Closely-held equity interests	0	
Other	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12)	0	

Part VIII Investments—Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
CERTIFICATES OF DEPOSIT	125,799	F
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13)	125,799	

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)	0

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	0
ACCRUED PAYROLL LIABILITIES	24,894
OTHER	10,236
	0
	0
	0
	0
	0
	0
	0
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25)	35,130

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.

Part XI	Reconciliation of Change in Net Assets from Form 990 to Financial Statements
---------	--

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 and 9	10	155,023

Part XII	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
----------	--

1	Total revenue, gains, and other support per audited financial statements		1	4,041,897
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	78,110	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		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 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12.)		5	3,963,787

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	3,886,874
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	78,110	
c	Losses reported on Form 990, Part IX, line 25	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	78,110
3	Subtract line 2e from line 1		3	3,808,764
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This should equal Form 990, Part I, line 18.)		5	3,808,764

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Part XIV Supplemental Information (continued)

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

NORTH CENTRAL TEXAS MEDICAL FOUNDATION

Employer identification number

23-7339430

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
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				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (MEDICAL EQUII)	X	1	14,065	ESTIMATED FMV
26 Other ► ()		0	0	
27 Other ► ()		0	0	
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

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 required to be used for exempt purposes for the entire holding period?

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 contributions?

32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 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.

	Yes	No
30a		X
31		X
32		X
33		

[illegible]

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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**

NORTH CENTRAL TEXAS MEDICAL FOUNDATION

Employer identification number

23-7339430

Form 990 Part VI Section A Line 10 The board reviewed and voted to approve the audit and the 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 conflicts of interest.

Form 990 Part VI Section B Line 15B The board approves the executive directors salary based on compasation of

similar organizations.

Form 990 Part VI Section C Line 19 All information is avail upon request by calling 940-767-5145.

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2008Attachments
Sequence No **67**

▶ See Separate Instructions.

▶ Attach this form to your return.

Name(s) shown on return

Business or activity to which this form relates

WILSON FAMILY PLANNING CLINIC

Identifying number

Part I Election to Expense Certain Property Under Section 179**Note:** If you have any "listed property", complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	250,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	0
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	4,218
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2008 Tax Year Using the General 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	(g) Depreciation deduction
19a 3-year property			3 yrs.	HY		
b 5-year property			5 yrs.	HY		
c 7-year property			7 yrs.	HY		
d 10-year property			10 yrs.	HY		
e 15-year property			15 yrs.	HY		
f 20-year property			20 yrs.	HY		
g 25-year property			25 yrs.	HY	S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed Property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S Corporations—see instructions	22	4,218
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If "Yes," is the evidence written? **Yes** **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation Deduction	(i) Elected section 179 cost
--	----------------------------------	---	-------------------------------	---	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions). **25**

26 Property use more than 50% in a qualified business use:

		%						
		%						
		%						

27 Property use 50% or less in a qualified business use:

		%			S/L-			
		%			S/L-			
		%			S/L-			

28 Add amounts in column (h), lines 25 through 27. Enter the total here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter the total here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total bus /investment miles driven during the year (do not include commuting miles)						
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						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	--	--------------------------------------

42 Amortization of costs that begins during your 2008 tax year (see instructions):

43 Amortization of costs that began before your 2008 tax year. **43**

44 Total. Add amounts in column (f). See the instructions for where to report. **44**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2008Attachments
Sequence No **67**

▶ See Separate Instructions.

▶ Attach this form to your return.

Name(s) shown on return

NORTH CENTRAL TEXAS MEDICAL

Business or activity to which this form relates

Identifying number

Part I Election to Expense Certain Property Under Section 179**Note:** If you have any "listed property", complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	16,389
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	250,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	0
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	8,194
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	29,915

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	4,886
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2008 Tax Year Using the General 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	(g) Depreciation deduction
19a 3-year property			3 yrs.	HY		
b 5-year property			5 yrs.	HY		
c 7-year property		5,581	7 yrs.	HY	SL	399
d 10-year property			10 yrs.	HY		
e 15-year property		2,613	15 yrs.	HY	SL	87
f 20-year property			20 yrs.	HY		
g 25-year property			25 yrs.	HY	S/L	
h Residential rental property			27 1/2 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

(a) Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a 12-year			12 yrs.		S/L	
b 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed Property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S Corporations—see instructions	22	43,481
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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.**Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)**

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation Deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)									25		
26 Property use more than 50% in a qualified business use.											
		%									
		%									
		%									
27 Property use 50% or less in a qualified business use											
		%				S/L-					
		%				S/L-					
		%				S/L-					
28 Add amounts in column (h), lines 25 through 27. Enter the total here and on line 21, page 1									28		
29 Add amounts in column (i), line 26. Enter the total here and on line 7, page 1									29		

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total bus /investment miles driven during the year (do not include commuting miles)												
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												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions):					
43 Amortization of costs that began before your 2008 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report.					44

Depreciation and Amortization
(Including Information on Listed Property)

▶ See Separate Instructions.

▶ Attach this form to your return.

OMB No 1545-0172

2008Attachments
Sequence No **67**

Name(s) shown on return

FAMILY PRACTICE RESIDENCY PROGRAM

Business or activity to which this form relates

Identifying number

Part I Election to Expense Certain Property Under Section 179**Note:** If you have any "listed property", complete Part V before you complete Part I

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	213,500
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	0
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	106,750
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	7,557
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2008 Tax Year Using the General 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	(g) Depreciation deduction
19a 3-year property		903	3 yrs.	HY	SL	150
b 5-year property		99,441	5 yrs.	HY	SL	10,047
c 7-year property		2,894	7 yrs.	HY	SL	207
d 10-year property			10 yrs.	HY		
e 15-year property		3,512	15 yrs.	HY	SL	117
f 20-year property			20 yrs.	HY		
g 25-year property			25 yrs.	HY	S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed Property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S Corporations—see instructions	22	124,828
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		Yes	No	24b If "Yes," is the evidence written?		Yes	No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation Deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)					25			
26 Property use more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property use 50% or less in a qualified business use								
		%			S/L-			
		%			S/L-			
		%			S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter the total here and on line 21, page 1					28			
29 Add amounts in column (i), line 26. Enter the total here and on line 7, page 1					29			

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total bus /investment miles driven during the year (do not include commuting miles)												
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												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year.					43
44 Total. Add amounts in column (f). See the instructions for where to report.					44

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		
Other contributions total	6,427	6	14,065
7 Total	1,812,054	7	14,065

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

		207,372	129,046	78,326	0
		(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 grants receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 Grants receivable	1	17,423			
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	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 receivable		Allowance for doubtful 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				
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

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

Category or Item		Land	Buildings	Leasehold Improvements	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
1	LAND AND IMPROVEMENTS	X							44,960	0	0		32,710	44,960
2	BUILDING AND IMPROVEMENTS		X						1,208,246	0	0		1,208,246	1,208,246
3	EQUIPMENT				X				680,684	0	0		467,265	680,684
4	ACCUMULATED DEPRECIATION					X			0	1,142,626	1,310,935		-1,142,626	-1,310,935
5									0	0	0		0	0
6									0	0	0		0	0
7			X						0	0	0		0	0
8									0	0	0		0	0
9									0	0	0		0	0
10									0	0	0		0	0
11									0	0	0		0	0
12									0	0	0		0	0
13									0	0	0		0	0
14									0	0	0		0	0
15									0	0	0		0	0
16									0	0	0		0	0
17									0	0	0		0	0
18									0	0	0		0	0
19									0	0	0		0	0
20									0	0	0		0	0

Part X, Line 13 (990) - Investments - Program Related

Check one box to indicate how investments are listed		146,142	0	125,799
<input type="checkbox"/>	Cost	Book value	Beginning	Ending
<input checked="" type="checkbox"/>	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
5			0	0
6			0	0
7			0	0
8			0	0
9			0	0
10			0	0
11				0
12				0
13				0
14				0
15				0
16				0
17				0
18				0
19				0
20				0

[illegible]

Part X, Line 25 (990) - Other Liabilities

30,445

35,130

	Description	Beginning	End
1	ACCRUED PAYROLL LIABILITIES	30,445	24,894
2	OTHER	0	10,236
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Line 31 (990-T) - Net Operating Loss Carryover

Carryover Period	Beginning Loss Period (M/D/YYYY)	Ending Loss Period (M/D/YYYY)	Amount of Net Operating Loss	Amount Used in Prior Years/ Carrybacks	Adjustment Under Sec 170(d)(2)(B)	Adjustments	Amount Available This Year	Amount Used This Year	Expiring Losses	Net Operating Loss Available for Carryover	Cumulative Unused Net Operating Loss
15th Preceding Period			814	0	0		814	0	0	814	- 814
14th Preceding Period			5,374	0	0		5,374	0	0	5,374	6,188
13th Preceding Period			4,592	0	0		4,592	0	0	4,592	10,780
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	23,111
10th Preceding Period			8,728	0	0		8,728	0	0	8,728	31,839
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			9,306	0	0		9,306	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	90,119
3rd Preceding Period			0	0	0		0	0	0	0	90,119
2nd Preceding Period			0	0	0		0	0	0	0	90,119
1st Preceding Period			0	0	0		0	0	0	0	90,119
Current Period	9/1/2008	8/31/2009	0	0			0			0	90,119

Taxable Income Before Net Operating Loss: 0Total Net Operating Loss Used This Year: 0

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

125,799

Description		Book Value	Method of Valuation
1	CERTIFICATES OF DEPOSIT	125,799	F
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 (Sch 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 Contribution	Description	Number of Contributions	Revenues Reported on 990, Pt VIII, Line 1g	Method of Determining Revenues
1	X	MEDICAL EQUIPMENT	1	14,065	ESTIMATED FMV
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

ASSET DEPRECIATION SHORT REPORT

NORTH CENTRAL TEXAS MEDICAL FOUNDATION Aug. 31, 2009

Sorted ASSET A/C#

Range: 120003 - 123003

Method: 1-FEDERAL-Std Conv Applied

Include: All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Includes Section 179	Curr Depr	End A/Depr
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	BUILDING	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		4,192.83	103,423.14
05/01/85	STORAGE BUILDING	SL/15 00	6,260.00	0.00	6,260.00	6,260.00		0.00	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
07/01/90	AIR CONDITIONER COMPRESSOR	MSL/10.00	1,379.93	0.00	1,379.93	1,379.93		0.00	1,379.93
Grand totals: 120003 - 120003 - BUILDING (7 assets)			1,208,245.67	0.00	1,208,245.67	726,818.30		30,053.83	756,872.13
ASSET A/C#: 121003 - LAND IMPROVEMENTS									
08/01/82	ALLEYWAY	LAND/ 1.00	2,500.00	0.00	2,500.00	0.00		0.00	0.00
05/01/03	LAND	LAND/ 1.00	25,000.00	0.00	25,000.00	0.00		0.00	0.00
06/08/09	A SIDEWALK/IMPROVEMENTS	MSL/15.00	5,226.00	0.00	5,226.00	0.00		2,700.10	2,700.10
Grand totals: 121003 - LAND IMPROVEMENTS (3 assets)			32,726.00	0.00	32,726.00	0.00		2,700.10	2,700.10
ASSET A/C#: 122004 - EQUIPMENT									
12/01/90	FILING CABINET	MSL/10.00	150.00	0.00	150.00	150.00		0.00	150.00
03/29/00	CUSTOM COMPUTER UPGRADE	MSL/ 5.00	3,832.49	0.00	3,832.49	3,832.49		0.00	3,832.49
03/13/09	A NEC DSX160 DIGITAL TELE SYSTEM	MSL/ 7.00	9,627.00	0.00	9,627.00	0.00		5,157.32	5,157.32
Grand totals: 122004 - EQUIPMENT (3 assets)			13,609.49	0.00	13,609.49	3,982.49		5,157.32	9,139.81
ASSET A/C#: 123003 - FURNITURE & FIXTURES									
09/01/93	SECURITY SYSTEMS	MSL/ 7.00	1,950.00	0.00	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/ 3.00	995.00	0.00	995.00	995.00		0.00	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	0.00	9,492.42	9,492.42		0.00	9,492.42
11/01/01	SOFTWARE UPDATE - BUSINESS WORKS	MSL/ 3.00	510.28	0.00	510.28	510.28		0.00	510.28
01/26/05	SOFTWARE	MSL/ 3.00	1,105.09	0.00	1,105.09	1,105.09		0.00	1,105.09
03/13/09	A LIGHT FIXTURES	MSL/ 7.00	1,535.78	0.00	1,535.78	0.00		822.74	822.74
Grand totals: 123003 - FURNITURE & FIXTURES (8 assets)			64,175.57	0.00	64,175.57	50,771.04		5,570.24	56,341.28

ASSET DEPRECIATION SHORT REPORT

NORTH CENTRAL TEXAS MEDICAL FOUNDATION Aug. 31, 2009

Sorted: ASSET A/C#

Range: 120003 - 123003

Method: 1-FEDERAL-Std Conv Applied

Include: All assets

Date Acq	Description	Cost	Meth/Life	Section 179	Depr Basis	Beg A/Depr	Curr Depr	End A/Depr
Grand totals for all accounts: (21 assets)		1,318,756.73		0.00	1,318,756.73	781,571.83	43,481.49	825,053.32
Additional Summary Statistics:								
Grand Totals for All Assets:		1,318,756.73						
Less: Inactive Assets		0.00						
Disposed Assets		0.00						
Traded Assets		0.00						
Net Totals (Active Assets)		1,318,756.73						
Total Additional First Year Depreciation Taken at 30% Rate:								
Total Additional First Year Depreciation Taken at 50% Rate:								
Total Additional First Year Depreciation Taken:								

ASSET DEPRECIATION SHORT REPORT

FAMILY PRACTICE RESIDENCY PROGRAM Aug. 31, 2009

Sorted: ASSET A/C#

Range: 121001 - 122002

Method 1-FEDERAL-Std Conv Applied

Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Includes Section 179	End A/Depr
							Curr Depr	
ASSET A/C#: 121001 - LAND IMPROVEMENTS								
05/11/09	A FRONT FLOWER ENTRY LANDSCAPING	MSL/15.00	5,782.50	0.00	5,782.50	0.00	2,987.63	2,987.63
05/29/09	A LANDSCAPING	MSL/15.00	1,241.65	0.00	1,241.65	0.00	641.52	641.52
Grand totals: 121001 - LAND IMPROVEMENTS (2 assets)			7,024.15	0.00	7,024.15	0.00	3,629.15	3,629.15
ASSET A/C#: 121601 - COMPUTER SOFTWARE								
10/21/08	A SAGE BUSINESSWORKS	MSL/ 3.00	1,805.01	0.00	1,805.01	0.00	1,052.93	1,052.93
03/18/09	A E-MDS	MSL/ 5.00	120,177.06	0.00	120,177.06	0.00	66,097.38	66,097.38
Grand totals: 121601 - COMPUTER SOFTWARE (2 assets)			121,982.07	0.00	121,982.07	0.00	67,150.31	67,150.31
ASSET A/C#: 122001 - FURNITURE, FIXTURES & EQ								
03/01/79	CONFERENCE TABLE 48" X 98"	SL/10.00	320.00	0.00	320.00	320.00	0.00	320.00
03/01/79	RECTANGLE WOODGRAIN TOP TABLE 30"X	SL/10.00	200.00	0.00	200.00	200.00	0.00	200.00
03/01/79	XRAY VIEW BOX	SL/10.00	100.00	0.00	100.00	100.00	0.00	100.00
03/01/79	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	0.00	450.00	450.00	0.00	450.00
03/01/79	3 VERTICAL OPEN FILES - 7FT	SL/10.00	500.00	0.00	500.00	500.00	0.00	500.00
03/01/79	2 WOLF X-REAY VIEW BOXES	SL/10.00	100.00	0.00	100.00	100.00	0.00	100.00
03/01/79	6 SAML METAL DESKS WITH VENEER TOP	SL/10.00	750.00	0.00	750.00	750.00	0.00	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	0.00	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	0.00	400.00	400.00	0.00	400.00
09/01/79	HYFREATOR	SL/10.00	351.00	0.00	351.00	351.00	0.00	351.00
09/01/79	AMERICAN OPTICAL MICROSCOPE	SL/10.00	1,250.00	0.00	1,250.00	1,250.00	0.00	1,250.00
09/01/79	SMALL METAL DESK WITH VENEER TOP	SL/10.00	233.00	0.00	233.00	233.00	0.00	233.00
02/01/80	IBM SELECTRIC TYPWRITER	SL/ 5.00	780.00	0.00	780.00	780.00	0.00	780.00
02/01/80	4 DRAWER FILE CABINET	SL/10.00	189.00	0.00	189.00	189.00	0.00	189.00
03/01/80	DIFFERENTIAL COUNTER	SL/10.00	200.00	0.00	200.00	200.00	0.00	200.00
03/01/80	FILE CABINET	SL/10.00	130.00	0.00	130.00	130.00	0.00	130.00
03/01/80	DESK	SL/10.00	318.00	0.00	318.00	318.00	0.00	318.00
03/01/80	2 FILE CABINETS	SL/10.00	380.00	0.00	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	600.00	0.00	600.00	600.00	0.00	600.00
03/01/80	FILE CABINET	SL/10.00	160.00	0.00	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 DEPRECIATION SHORT REPORT
FAMILY PRACTICE RESIDENCY PROGRAM Aug. 31, 2009

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

Range 121001 - 122002
 Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Includes Section 179	End A/Depr
							Curr Depr	
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	0.00	180.00
03/01/80	DESK	SL/10.00	600.00	0.00	600.00	600.00	0.00	600.00
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	0.00	584.60	584.60	0.00	584.60
03/01/80	METAL DESK	SL/10.00	150.00	0.00	150.00	150.00	0.00	150.00
09/01/81	2 SMALL METAL DESKS WITH VENEER 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	0.00	1,800.00	1,800.00	0.00	1,800.00
09/01/81	3 BOOKCASES - 6FT	SL/10.00	627.00	0.00	627.00	627.00	0.00	627.00
10/01/81	BOOKCASE - 4 SHELVES	SL/10.00	152.00	0.00	152.00	152.00	0.00	152.00
10/01/81	CREDENZA	SL/10.00	170.80	0.00	170.80	170.80	0.00	170.80
10/01/81	EXECUTIVE DESK	SL/10.00	780.00	0.00	780.00	780.00	0.00	780.00
10/01/81	CREDENZA	SL/10.00	345.00	0.00	345.00	345.00	0.00	345.00
10/01/81	2 FOLDING TABLES	SL/10.00	140.80	0.00	140.80	140.80	0.00	140.80
12/01/81	COAT RACK	SL/10.00	119.95	0.00	119.95	119.95	0.00	119.95
03/01/82	KODAK PROJECTOR	SL/10.00	255.00	0.00	255.00	255.00	0.00	255.00
09/01/82	BOOKCASE - 4FT	SL/10.00	150.00	0.00	150.00	150.00	0.00	150.00
09/01/82	SHARP CALCULATOR	SL/ 5.00	219.00	0.00	219.00	219.00	0.00	219.00
10/01/82	BOOKCASE	SL/10.00	122.00	0.00	122.00	122.00	0.00	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	0.00	795.00	795.00	0.00	795.00
08/01/84	FILE CABINET	SL/10.00	190.00	0.00	190.00	190.00	0.00	190.00
09/01/84	4 EXAMINATION TABLES	SL/10.00	1,940.00	0.00	1,940.00	1,940.00	0.00	1,940.00
09/01/84	OPERATING LIGHT	SL/10.00	519.00	0.00	519.00	519.00	0.00	519.00
09/01/84	4 FILING CABINETS	SL/10.00	452.00	0.00	452.00	452.00	0.00	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	0.00	676.00	676.00	0.00	676.00
01/01/85	6 TIER SHELF	SL/10.00	411.00	0.00	411.00	411.00	0.00	411.00
02/01/85	SIGMOIDOSCOPE	SL/10.00	3,250.00	0.00	3,250.00	3,250.00	0.00	3,250.00
02/01/85	CRYOSURGICAL MT700QN	SL/10.00	1,495.00	0.00	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	0.00	2,295.00
06/01/85	DISPLAY UNIT	SL/10.00	816.00	0.00	816.00	816.00	0.00	816.00
12/01/86	TYPEWRITER	SL/10.00	399.00	0.00	399.00	399.00	0.00	399.00
10/01/88	FRIGITRONICS COLO/CYRO UNIT	MSL/10.00	7,587.52	0.00	7,587.52	7,587.52	0.00	7,587.52

ASSET DEPRECIATION SHORT REPORT

FAMILY PRACTICE RESIDENCY PROGRAM Aug. 31, 2009

Sorted: ASSET A/C#

Range: 121001 - 122002

Method: 1-FEDERAL-Std Conv Applied

Include: All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Includes Section 179	End A/Depr
ASSET A/C#	122001 - FURNITURE, FIXTURES & EQ							
10/01/88	OLYMPUS SIGMOID W/CAMERA	MSL/10.00	4,390.00	0.00	4,390.00	4,390.00	0.00	4,390.00
12/01/88	7 OFFICE CHAIRS & 2 END TABLES	MSL/10.00	370.00	0.00	370.00	370.00	0.00	370.00
12/01/88	2 USED UMF EXAM TABLES	MSL/10.00	550.00	0.00	550.00	550.00	0.00	550.00
01/01/89	OLYMPUS LECTURESCOPE W/RIGID EYPIE	MSL/10.00	3,146.50	0.00	3,146.50	3,146.50	0.00	3,146.50
02/01/89	USED IBM SELECTRIC III TYPEWRITER	MSL/10.00	395.00	0.00	395.00	395.00	0.00	395.00
02/01/89	HEMOTOLOGY UNIT	MSL/10.00	2,900.00	0.00	2,900.00	2,900.00	0.00	2,900.00
04/01/90	VIDEO EQUIPMENT	MSL/ 5.00	597.97	0.00	597.97	597.97	0.00	597.97
07/01/90	PNEUMO CHECK	MSL/10.00	1,999.00	0.00	1,999.00	1,999.00	0.00	1,999.00
08/01/90	PNEUMO CHECK CAL SYRINGE	MSL/10.00	290.00	0.00	290.00	290.00	0.00	290.00
04/01/91	FILING CABINET	MSL/10.00	170.95	0.00	170.95	170.95	0.00	170.95
04/01/91	LAB EQUIPMENT	MSL/10.00	250.00	0.00	250.00	250.00	0.00	250.00
08/01/91	FILING CABINET	MSL/10.00	281.45	0.00	281.45	281.45	0.00	281.45
04/01/93	BEAD STERILIZER	MSL/ 5.00	545.00	0.00	545.00	545.00	0.00	545.00
04/01/93	LASER JET PRINTER	MSL/ 5.00	899.00	0.00	899.00	899.00	0.00	899.00
07/01/93	TEMPANOGRAM	MSL/10.00	2,695.00	0.00	2,695.00	2,695.00	0.00	2,695.00
09/01/93	MONUMENT SIGN 29" X 120"	MSL/ 7.00	5,550.00	0.00	5,550.00	5,550.00	0.00	5,550.00
12/01/94	OKIDATA ML 395 PRINTER	MSL/ 5.00	998.00	0.00	998.00	998.00	0.00	998.00
04/01/97	TRIMETRICS BOOTH	MSL/10.00	1,200.00	0.00	1,200.00	1,200.00	0.00	1,200.00
04/01/97	MINOLTA COPIER & STAND	MSL/ 5.00	2,998.00	0.00	2,998.00	2,998.00	0.00	2,998.00
07/01/97	SHREDDER	MSL/ 5.00	2,000.00	0.00	2,000.00	2,000.00	0.00	2,000.00
07/01/97	2 ACER OPEN 166 COMPUTERS	MSL/ 5.00	4,067.00	0.00	4,067.00	4,067.00	0.00	4,067.00
07/01/97	SHREDDER	MSL/ 5.00	650.00	0.00	650.00	650.00	0.00	650.00
10/01/97	HP LASERJET	MSL/ 5.00	830.00	0.00	830.00	830.00	0.00	830.00
11/01/97	TOSHIBA COMPUTER	MSL/ 5.00	2,638.00	0.00	2,638.00	2,638.00	0.00	2,638.00
11/01/97	SECRETARIAL DESK CHAIRS	MSL/10.00	1,419.00	0.00	1,419.00	1,419.00	0.00	1,419.00
05/01/98	FORMICA LAB TOPS	MSL/10.00	1,440.00	0.00	1,440.00	1,440.00	0.00	1,440.00
06/01/98	MEDICAL MANAGER SOFTWARE	SLP/ 3.00	6,000.00	0.00	6,000.00	6,000.00	0.00	6,000.00
04/26/99	4 REMAINING PCNET SYSTEMS	MSL/ 5.00	4,880.00	0.00	4,880.00	4,880.00	0.00	4,880.00
04/26/99	5 REMAINING MAXTECK 17" DIGITAL MO	MSL/ 5.00	1,350.00	0.00	1,350.00	1,350.00	0.00	1,350.00
04/26/99	5 REMAINING APC SURGE ARREST W/TEL	MSL/ 5.00	125.00	0.00	125.00	125.00	0.00	125.00
04/26/99	APC PERFORMANCE NETWORK SURGE	MSL/ 5.00	50.00	0.00	50.00	50.00	0.00	50.00
04/26/99	SERVICE CONTRACT	MSL/ 5.00	6,725.00	0.00	6,725.00	6,725.00	0.00	6,725.00
04/26/99	SEAGATE BACKUP FOR NT, VER 7.2-SBE	MSL/ 5.00	500.00	0.00	500.00	500.00	0.00	500.00
04/26/99	2 24-PORT PATCH PANEL, RJ-45-ICMP	MSL/ 5.00	220.00	0.00	220.00	220.00	0.00	220.00

ASSET DEPRECIATION SHORT REPORT
FAMILY PRACTICE RESIDENCY PROGRAM Aug. 31, 2009

Sorted: ASSET A/C#
 Method 1-FEDERAL-Std Conv Applied
 Range: 121001 - 122002
 Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Includes Section 179	End A/Depr
							Curr Depr	
ASSET A/C#: 122001 - FURNITURE, FIXTURES & EQ								
04/26/99	DOUBLE SIDED BLACK RELAY RACK	MSL/ 5.00	280.00	0.00	280.00	280.00	0.00	280.00
04/26/99	B-LINE CUP/MONITOR W/KEYBOARD EXT	MSL/ 5.00	125.00	0.00	125.00	125.00	0.00	125.00
04/26/99	200LB DOUBLE SHELF 19"X15"-SB596	MSL/ 5.00	120.00	0.00	120.00	120.00	0.00	120.00
04/26/99	MICROSOFT WINDOWS NT SERVER, 5-USER	MSL/ 5.00	850.00	0.00	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	MSL/ 5.00	965.00	0.00	965.00	965.00	0.00	965.00
04/26/99	MICROSOFT FRONTPAGE '98 ACADEMIC CD	MSL/ 5.00	276.00	0.00	276.00	276.00	0.00	276.00
04/26/99	MICROSOFT EXCHANGE SERVER	MSL/ 5.00	1,000.00	0.00	1,000.00	1,000.00	0.00	1,000.00
04/26/99	MICROSOFT EXCHANGE SERVER	MSL/ 5.00	377.00	0.00	377.00	377.00	0.00	377.00
04/26/99	HP NETSERVER LC3-D7030T	MSL/ 5.00	3,765.00	0.00	3,765.00	3,765.00	0.00	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	0.00	180.00	180.00	0.00	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	MSL/ 5.00	150.00	0.00	150.00	150.00	0.00	150.00
04/26/99	HP DDS CLEANING CARTRIDGE, 2-PACK	MSL/ 5.00	25.00	0.00	25.00	25.00	0.00	25.00
04/26/99	APC SMART UPS 1400 WITH POWERCHUTE	MSL/ 5.00	720.00	0.00	720.00	720.00	0.00	720.00
04/26/99	D-LINK 16-PORT 10/100 SWITCH-DES3	MSL/ 5.00	1,398.00	0.00	1,398.00	1,398.00	0.00	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	0.00	499.00	499.00	0.00	499.00
07/26/99	MM LASER FORM GENERATOR MODULE	MSL/ 5.00	2,743.00	0.00	2,743.00	2,743.00	0.00	2,743.00
12/09/99	HP LASERJET 2100XI PRINTER	MSL/ 5.00	740.00	0.00	740.00	740.00	0.00	740.00
01/12/00	MINOLTA DIGITAL LASER MF 1600 FAXM	MSL/ 5.00	995.00	0.00	995.00	995.00	0.00	995.00
08/30/00	MAHOGANY CONFERENCE DESK 36X72X30	MSL/ 7.00	679.00	0.00	679.00	679.00	0.00	679.00
09/28/00	SHREDDER	MSL/ 5.00	749.00	0.00	749.00	749.00	0.00	749.00
03/06/01	LAB PRINTER	MSL/ 5.00	750.00	0.00	750.00	750.00	0.00	750.00
03/06/01	X-RAY ROOM FILING CABINETS	MSL/10.00	1,371.00	0.00	1,371.00	1,028.25	137.10	1,165.35
04/10/01	CARPET	MSL/10.00	4,664.01	0.00	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	0.00	830.00	830.00	0.00	830.00
01/11/02	3 HP 4100N LASERJET PRINTER - TIFG	MSL/ 5.00	6,435.00	0.00	6,435.00	6,435.00	0.00	6,435.00
01/11/02	6 TOSHIBA SATELLITE PRO LAPTOPS TIF	MSL/ 5.00	12,331.00	0.00	12,331.00	12,331.00	0.00	12,331.00
01/11/02	4 VIEWSONIC 17" FLAT MONITORS TIF G	MSL/ 5.00	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	MSL/ 5.00	1,650.00	0.00	1,650.00	1,650.00	0.00	1,650.00
01/11/02	LP280 LCD PROJECTOR TIF GRANT	MSL/ 5.00	2,055.00	0.00	2,055.00	2,055.00	0.00	2,055.00

ASSET DEPRECIATION SHORT REPORT
FAMILY PRACTICE RESIDENCY PROGRAM Aug. 31, 2009

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

Range: 121001 - 122002
 Include: All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Includes Section 179	End A/Depr
							Curr Depr	
ASSET A/C#:	122001 - FURNITURE, FIXTURES & EQ							
01/11/02	HP COLOR LASERJET 450N PRINTER	MSL/ 5.00	3,419.00	0.00	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	0.00	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	0.00	3,094.60	3,094.60	0.00	3,094.60
12/13/02	NEMIO 10 ULTRASOUND CONSOLE	MSL/10.00	28,750.00	0.00	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	0.00	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	0.00	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	500.00	500.00	0.00	500.00
01/07/03	DESK, CREDENZA, CHAIR	MSL/ 7.00	2,477.00	0.00	2,477.00	1,946.23	353.86	2,300.09
01/21/03	TIME CLOCK	MSL/ 7.00	549.99	0.00	549.99	479.28	70.71	549.99
01/30/03	LAB EQUIPMENT	MSL/10.00	900.00	0.00	900.00	495.00	90.00	585.00
02/13/03	2 DRAWER LATERAL FILING CABINET	MSL/ 7.00	589.00	0.00	589.00	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	MSL/ 5.00	1,799.00	0.00	1,799.00	1,799.00	0.00	1,799.00
04/29/03	TOSHIBA LAPTOP SAT PRO 6100	MSL/ 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	MSL/ 5.00	1,635.00	0.00	1,635.00	1,504.20	130.80	1,635.00
04/29/03	RDS W/3116247 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	0.00	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	MSL/ 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	MSL/ 5.00	890.00	0.00	890.00	890.00	0.00	890.00
01/30/04	SONICWALL PRO 100 INTERNET SECURITY	MSL/ 5.00	1,395.00	0.00	1,395.00	1,395.00	0.00	1,395.00
06/16/05	WALLACH LL100 CRYOSERG SYSTEM WITH	MSL/ 5.00	972.00	0.00	972.00	680.40	194.40	874.80
07/05/05	PCNET PENTIUM SYSTEM	MSL/ 5.00	835.00	0.00	835.00	584.50	167.00	751.50
10/27/06	Toshiba Tecra A8-S8314 T2400	MA200/ 5.00	1,830.00	0.00	1,830.00	951.60	351.36	1,302.96
09/01/08	A E-MDS, COMPUTER, SERVER, AND WORKST	MSL/ 5.00	31,306.41	0.00	31,306.41	0.00	17,218.53	17,218.53
02/13/09	A ALUMINUM SIGNS	MSL/ 5.00	1,140.00	0.00	1,140.00	0.00	627.00	627.00
04/03/09	A AL201THREE HEMOCUE ALBUMIN	MSL/ 5.00	1,980.91	0.00	1,980.91	0.00	1,089.51	1,089.51
04/21/09	A ICE CUBE MAKER 65LB AIR COOL	MSL/ 7.00	1,488.82	0.00	1,488.82	0.00	797.58	797.58
04/21/09	A 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	A IQ1000 TIME CLOCK	MSL/ 5.00	2,979.00	0.00	2,979.00	0.00	1,638.45	1,638.45
05/11/09	A SPOT VITAL SIGNS WITH MOBILE STAND	MSL/ 5.00	2,389.95	0.00	2,389.95	0.00	1,314.48	1,314.48
05/13/09	A MONITOR SPOT VITAL SIGNS NIB	MA200/ 5.00	2,050.00	0.00	2,050.00	0.00	1,230.00	1,230.00

ASSET DEPRECIATION SHORT REPORT

FAMILY PRACTICE RESIDENCY PROGRAM Aug. 31, 2009

Sorted: ASSET A/C#

Range: 121001 - 122002

Method: 1-FEDERAL-Std Conv Applied

Include: All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Bag A/Depr	Includes Section 179	Curr Depr	End A/Depr
ASSET A/C#: 122001 - FURNITURE, FIXTURES & EQ									
05/14/09	A LEADCARE II	MSL/ 5.00	2,014.57	0.00	2,014.57	0.00		1,108.02	1,108.02
05/15/09	A AUTO TYMP TM262	MSL/ 5.00	3,248.00	0.00	3,248.00	0.00		1,786.40	1,786.40
05/18/09	A INTERPRETIVE ELECTROCARDIOGRAPHS (EMSL/ 5.00		3,599.20	0.00	3,599.20	0.00		1,979.56	1,979.56
06/01/09	A STERILIZER M11 ULTRACLAVE AU	MSL/ 5.00	4,500.00	0.00	4,500.00	0.00		2,475.00	2,475.00
06/05/09	A AUTO TYMP TM262 WITH IPSI	MSL/ 5.00	3,908.33	0.00	3,908.33	0.00		2,149.59	2,149.59
06/09/09	A 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	MSL/ 7.00	1,835.69	0.00	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	0.00		7,735.75	7,735.75
Grand totals: 122001 - FURNITURE, FIXTURES & EQ (169 assets)			348,683.91	0.00	348,683.91	237,471.36		54,048.77	291,520.13
ASSET A/C#: 122002 - PROP & EQUIP - LIBRARY									
01/01/97	OAK CABINETS, WALLS & FORMICA TOPS	MSL/ 7.00	4,637.11	0.00	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	MSL/ 7.00	514.70	0.00	514.70	514.70		0.00	514.70
03/01/97	8 X 10 ELECTRIC SCREEN	MSL/ 7.00	1,045.00	0.00	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		0.00	1,347.00
03/01/97	SEAGATE 4.5 GB HARD DRIVE	MSL/ 5.00	1,450.00	0.00	1,450.00	1,450.00		0.00	1,450.00
04/01/97	LIBRARY SERVER - COMPAQ PROSIGNIA 2	MSL/ 5.00	10,954.00	0.00	10,954.00	10,954.00		0.00	10,954.00
04/01/97	SOFTWARE	SLP/ 5.00	1,416.69	0.00	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		0.00	1,550.00
05/01/97	RESIDENCY SERVER - COMPAQ PROLIANT	MSL/ 5.00	9,997.00	0.00	9,997.00	9,997.00		0.00	9,997.00
05/01/97	OKIDATA ML 320 TURBO PRINTER - RESI	MSL/ 5.00	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		0.00	105.48
06/01/97	SOFTWARE & EQUIPMENT	MSL/ 5.00	1,126.00	0.00	1,126.00	1,126.00		0.00	1,126.00
07/01/97	COMPUTER EQUIPMENT	MSL/ 5.00	1,400.00	0.00	1,400.00	1,400.00		0.00	1,400.00
07/01/97	MODEM JACK	MSL/ 5.00	100.00	0.00	100.00	100.00		0.00	100.00
07/01/97	MCAFEE VIRUS SCAN	MSL/ 5.00	475.00	0.00	475.00	475.00		0.00	475.00
07/01/97	ROBOTICS 33.6 MODEM	MSL/ 5.00	195.00	0.00	195.00	195.00		0.00	195.00
07/01/97	2 ACEROPEN 166 COMPUTERS	MSL/ 5.00	4,067.00	0.00	4,067.00	4,067.00		0.00	4,067.00
07/01/97	6 CHAIRS	MSL/ 7.00	750.00	0.00	750.00	750.00		0.00	750.00
08/01/97	FRAME	MSL/ 7.00	14.00	0.00	14.00	14.00		0.00	14.00
08/23/02	COMPUTER - RIO GRANDE CITY	MSL/ 5.00	1,375.00	0.00	1,375.00	1,375.00		0.00	1,375.00
04/23/03	PCNET COMPUTER SOFTWARE WINDOWS	MSL/ 5.00	1,050.00	0.00	1,050.00	1,050.00		0.00	1,050.00

ASSET DEPRECIATION SHORT REPORT

FAMILY PRACTICE RESIDENCY PROGRAM Aug. 31, 2009

Sorted: ASSET A/C#

Range: 121001 - 122002

Method: 1-FEDERAL-Std Conv Applied

Include: All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Curr Depr	Includes Section 179	End A/Depr
Grand totals: 122002 - PROP & EQUIP - LIBRARY (22 assets)									
			52,101.15	0.00	52,101.15	52,101.15	0.00		52,101.15
Grand totals for all accounts: (195 assets)									
			529,791.28	0.00	529,791.28	289,572.51	124,828.23		414,400.74
Additional Summary Statistics:									
Grand Totals for All Assets:	Cost	Curr Yr 179	Prior Yr 179	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Value	
	529,791.28	0.00	0.00	529,791.28	289,572.51	124,828.23	414,400.74	115,390.54	
Less: Inactive Assets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Disposed Assets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Traded Assets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
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 Additional First Year Depreciation Taken at 30% Rate: 0.00

Total Additional First Year Depreciation Taken at 50% Rate: 106,749.87

Total Additional First Year Depreciation Taken: 106,749.87

ASSET DEPRECIATION SHORT REPORT
WILSON FAMILY PLANNING CLINIC Aug. 31, 2009

Sorted: ASSET A/C#
 Method: 1-FEDERAL-Std Conv Applied
 Range: 121012 - 126002
 Include: All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Includes Section 179	Curr Depr	End A/Depr
ASSET A/C#: 121012 - LAND IMPROVEMENTS									
10/01/87	LAND IMPROVEMENTS	LAND/ 1 00	5,210.00	0.00	5,210.00	0.00	0.00	0.00	0.00
Grand totals: 121012 - LAND IMPROVEMENTS (1 assets)			5,210.00	0.00	5,210.00	0.00	0.00	0.00	0.00
ASSET A/C#: 122002 - FURNITURE & FIXTURES									
01/01/69	5 DRAWER FILING CABINET	SL/20 00	75.00	0.00	75.00	75.00	0.00	0.00	75.00
03/01/76	DIAGNOSTIC SET	SL/10 00	119.95	0.00	119.95	119.95	0.00	0.00	119.95
10/01/76	DESK 861	SL/20 00	185.60	0.00	185.60	185.60	0.00	0.00	185.60
10/01/76	DESK 865	SL/20 00	185.60	0.00	185.60	185.60	0.00	0.00	185.60
10/01/76	DESK 866	SL/20 00	185.60	0.00	185.60	185.60	0.00	0.00	185.60
10/01/76	DESK 864	SL/20 00	185.60	0.00	185.60	185.60	0.00	0.00	185.60
04/01/79	2 DRAWER FILING CABINET	SL/20 00	73.00	0.00	73.00	73.00	0.00	0.00	73.00
11/01/79	DESK 862	SL/20 00	228.00	0.00	228.00	228.00	0.00	0.00	228.00
06/01/81	8 TIER FILING CABINET	SL/20 00	362.50	0.00	362.50	362.50	0.00	0.00	362.50
06/01/84	35 CHAIRS, 2 BENCHES AND 4 CUBES	SL/15 00	8,046.81	0.00	8,046.81	8,046.81	0.00	0.00	8,046.81
06/01/84	8 TIER OPEN FILE	SL/20 00	275.00	0.00	275.00	275.00	0.00	0.00	275.00
06/01/84	TABLE 848	SL/10 00	165.00	0.00	165.00	165.00	0.00	0.00	165.00
10/01/84	2 DRAWER FILING CABINET	SL/20 00	77.50	0.00	77.50	77.50	0.00	0.00	77.50
10/01/84	15 CHAIRS	SL/10 00	2,913.51	0.00	2,913.51	2,913.51	0.00	0.00	2,913.51
10/01/84	4 BOOKCASES 855, 856, 857, 858	SL/10 00	441.38	0.00	441.38	441.38	0.00	0.00	441.38
12/01/84	3 FRAMED PRINTS	SL/10 00	313.54	0.00	313.54	313.54	0.00	0.00	313.54
03/01/86	DESK-863	SL/10 00	234.00	0.00	234.00	234.00	0.00	0.00	234.00
09/01/87	2-8 TIER MAXI-STACK FILING SYSTEM	MSL/10 00	600.00	0.00	600.00	600.00	0.00	0.00	600.00
03/01/88	M4001D MICROSCOPE BINOCULAR	MSL/10 00	1,260.00	0.00	1,260.00	1,260.00	0.00	0.00	1,260.00
05/01/88	BLOOD COLLECTION CHAIR	MSL/10 00	333.00	0.00	333.00	333.00	0.00	0.00	333.00
07/01/89	8 TIER FILING SHELVES WITH BASE	MSL/10 00	381.50	0.00	381.50	381.50	0.00	0.00	381.50
09/01/89	DISPLAY 853	MSL/10 00	697.17	0.00	697.17	697.17	0.00	0.00	697.17
04/01/94	CARPET FOR CLINIC UNRESERVED	MSL/ 7 00	420.00	0.00	420.00	420.00	0.00	0.00	420.00
05/01/97	PHONE SYSTEM	MSL/ 7 00	4,558.19	0.00	4,558.19	4,558.19	0.00	0.00	4,558.19
02/28/99	3 WELCH ALLEN LITES 844/845/846	MSL/ 7 00	1,045.46	0.00	1,045.46	1,045.46	0.00	0.00	1,045.46
06/21/99	2 SCALES - 850/860	MSL/ 7 00	504.00	0.00	504.00	504.00	0.00	0.00	504.00
07/22/99	PRINTER 809	MSL/ 5 00	471.39	0.00	471.39	471.39	0.00	0.00	471.39
08/20/99	AUTOCLOAVE - 878	MSL/10 00	3,200.00	0.00	3,200.00	3,040.00	160.00	0.00	3,200.00
08/20/99	3 EXAM TABLES 875/876/877	MSL/10 00	2,025.00	0.00	2,025.00	1,923.75	101.25	0.00	2,025.00
03/16/01	WAITING ROOM RED SIGN - 892	MSL/10 00	5,895.00	0.00	5,895.00	4,421.25	589.50	0.00	5,010.75

ASSET DEPRECIATION SHORT REPORT
WILSON FAMILY PLANNING CLINIC Aug. 31, 2009

Sorted: ASSET A/C# Range: 121012 - 126002
 Method 1-FEDERAL-Std Conv Applied Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Includes Section 179	End A/Depr
							Curr Depr	
ASSET A/C#: 122002 - FURNITURE & FIXTURES								
06/16/01	PENTIUM COMPUTER - 879	MSL/ 5.00	1,090.00	0.00	1,090.00	1,090.00	0.00	1,090.00
01/11/02	6 PCNET PENTIUM SYSTEMS W/MONITORS	MSL/ 5.00	9,600.00	0.00	9,600.00	9,600.00	0.00	9,600.00
01/11/02	LP280 LCD PROJECTOR	MSL/ 5.00	2,055.00	0.00	2,055.00	2,055.00	0.00	2,055.00
07/23/02	SOFTWARE CONVERSION	MSL/ 5.00	6,200.00	0.00	6,200.00	6,200.00	0.00	6,200.00
02/13/03	SHREDDER 420 - 913	MSL/ 5.00	791.52	0.00	791.52	791.52	0.00	791.52
02/27/03	HP LASERJET 1200(2) - 904, 905	MSL/ 5.00	870.00	0.00	870.00	870.00	0.00	870.00
02/27/03	VIEWSONIC 15 IN LCD MONITOR (5)	MSL/ 5.00	1,095.00	0.00	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	0.00	1,350.00
07/28/03	OUTDOOR SIGN	MSL/10.00	1,150.00	0.00	1,150.00	632.50	115.00	747.50
09/01/05	TOSHIBA TECRA A4-S211 LAPTOP	MSL/ 5.00	1,370.00	0.00	1,370.00	685.00	274.00	959.00
06/26/07	PCNET SERVER TOWER & INSTALLATION	MSL/ 5.00	13,660.00	0.00	13,660.00	4,098.00	2,732.00	6,830.00
Grand totals: 122002 - FURNITURE & FIXTURES (41 assets)			74,689.82	0.00	74,689.82	62,190.32	3,971.75	66,162.07
ASSET A/C#: 123002 - TITLE XX EDUCATION EQUIP								
03/01/86	BOOKCASE 859	SL/10.00	150.00	0.00	150.00	150.00	0.00	150.00
03/01/86	SIDE CHAIR	SL/10.00	155.00	0.00	155.00	155.00	0.00	155.00
05/27/99	MQ MODULAR DESK SYSTEM	SL/ 7.00	1,349.00	0.00	1,349.00	1,349.00	0.00	1,349.00
Grand totals: 123002 - TITLE XX EDUCATION EQUIP (3 assets)			1,654.00	0.00	1,654.00	1,654.00	0.00	1,654.00
ASSET A/C#: 124002 - RESTRICTED ASSETS								
04/01/94	CARPET - WILSON	MSL/ 7.00	4,000.00	0.00	4,000.00	4,000.00	0.00	4,000.00
Grand totals: 124002 - RESTRICTED ASSETS (1 assets)			4,000.00	0.00	4,000.00	4,000.00	0.00	4,000.00
ASSET A/C#: 125002 - MEDICAL EQUIPMENT								
02/13/03	3-OTOSCOPE/OPTHALMOSCOPE WALL UNIT	MSL/ 7.00	1,727.13	0.00	1,727.13	1,357.02	246.73	1,603.75
Grand totals: 125002 - MEDICAL EQUIPMENT (1 assets)			1,727.13	0.00	1,727.13	1,357.02	246.73	1,603.75
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	0.00	2,280.00
Grand totals: 126002 - WEBSITE DESIGN (1 assets)			2,280.00	0.00	2,280.00	2,280.00	0.00	2,280.00

ASSET DEPRECIATION SHORT REPORT

WILSON FAMILY PLANNING CLINIC Aug. 31, 2009

Sorted: ASSET A/C# Range: 121012 - 126002

Method 1-FEDERAL-Std Conv Applied Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Curr Depr	End A/Depr
Grand totals for all accounts: (48 assets)								
			89,560.95	0.00	89,560.95	71,481.34	4,218.48	75,699.82

Depreciable Assets: (47 assets)

Amortizable Assets: (1 assets)

Additional Summary Statistics:								
			Cost	Curr Yr 179	Prior Yr 179	Depr Basis	Beg A/Depr	Curr Depr
Grand Totals for All Assets:			89,560.95	0.00	0.00	89,560.95	71,481.34	4,218.48
Less: Inactive Assets			0.00	0.00	0.00	0.00	0.00	0.00
Disposed Assets			0.00	0.00	0.00	0.00	0.00	0.00
Traded Assets			0.00	0.00	0.00	0.00	0.00	0.00
Net Totals (Active Assets)			89,560.95	0.00	0.00	89,560.95	71,481.34	4,218.48
Total Additional First Year Depreciation Taken at 30% Rate:					0.00			
Total Additional First Year Depreciation Taken at 50% Rate:					0.00			
Total Additional First Year Depreciation Taken:					0.00			
Net Book Value								13,861.13

Total Additional First Year Depreciation Taken at 30% Rate: 0.00

Total Additional First Year Depreciation Taken at 50% Rate: 0.00

Total Additional First Year Depreciation Taken: 0.00