

Filing Instructions

Community Care Center for Forsyth C

Amended Exempt Organization Tax Return

Taxable Year Ended December 31, 2022

Date Due: AS SOON AS POSSIBLE

Remittance: Your amended Form 990 for the tax year ended 12/31/22 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Kohari Gonzalez Oneyear & Brown PLLC
326 S Main Street
Winston Salem, NC 27101

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Other: Your amended return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your amended return to the IRS it will delay the processing of your return.

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form 8879-TE

For calendar year 2022, or fiscal year beginning 2022, and ending 2020

2022

Department of the Treasury Internal Revenue Service

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

Name of filer

EIN or SSN

COMMUNITY CARE CENTER FOR FORSYTH C

58-1403699

Name and title of officer or person subject to tax ALEX TURNER TREASURER

Part I Type of Return and Return Information

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

Table with 2 columns: 'Form' (with checkboxes) and 'Amount'.

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) ... and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize KOHARI GONZALEZ ONEYEAR & BROWN PLL to enter my PIN 04720 as my signature

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return.

Signature of officer or person subject to tax Date 11/15/23

Part III Certification and Authentication

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

69836298765

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date 11/15/23

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization COMMUNITY CARE CENTER FOR FORSYTH C Doing business as Number and street (or P.O. box if mail is not delivered to street address) 2135 NEW WALKERTOWN ROAD City or town, state or province, country, and ZIP or foreign postal code WINSTON SALEM NC 27101		D Employer identification number 58-1403699
F Name and address of principal officer: ROBERT P DIBELLA 2135 NEW WALKERTOWN ROAD WINSTON-SALEM NC 27101		E Telephone number		G Gross receipts \$ 9,035,117

H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.CCCFORSYTH.ORG** **H(c)** Group exemption number

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1980** **M** State of legal domicile: **NC**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE FREE ON-SITE MEDICAL AND DENTAL CARE TO LOW INCOME FAMILIES.

2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3 Number of voting members of the governing body (Part VI, line 1a)	3	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	27
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
		8 Contributions and grants (Part VIII, line 1h)	14,028,495
9 Program service revenue (Part VIII, line 2g)		0	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	106	4,044	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,703	1,725	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,036,304	9,035,117	

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	967,769	950,265
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25)	4,409	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,910,702	8,122,462
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,878,471	9,072,727
19 Revenue less expenses. Subtract line 18 from line 12	157,833	-37,610

		Beginning of Current Year	End of Year
		20 Total assets (Part X, line 16)	2,083,831
21 Total liabilities (Part X, line 26)	41,802	45,394	
22 Net assets or fund balances. Subtract line 21 from line 20	2,042,029	1,986,903	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ALEX TURNER Type or print name and title	Treasurer TREASURER	Date
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Paid Preparer Use Only	Print/Type preparer's name REBECCA A ONEYEAR, CPA	Preparer's signature	Date 12/11/23	Check <input type="checkbox"/> if self-employed	PTIN P00710716
	Firm's name KOHARI GONZALEZ ONEYEAR & BROWN PLLC	Firm's EIN 81-0896468	Firm's address 326 S MAIN STREET WINSTON SALEM, NC 27101		
	Firm's address	Phone no. 336-761-0366			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO PROVIDE FREE ON-SITE MEDICAL AND DENTAL CARE TO LOW INCOME FAMILIES.

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **8,931,075** including grants of \$) (Revenue \$)
COMMUNITY CARE CENTER OF FORSYTH COUNTY, INC. IS A FREE MEDICAL CLINIC FOR FAMILIES WHO EARN LESS THAN 200% OF THE FEDERAL PROVERTY LEVEL AND ARE NOT ELIGIBLE FOR GOVERNMENT PROGRAMS AND HAVE NO MEDICAL INSURANCE. THE CENTER PROVIDES FREE ON-SITE MEDICAL AND DENTAL CARE TO LOW-INCOME FAMILIES, AS THE SOLE PROGRAM.

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

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

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

4e Total program service expenses **8,931,075**

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	7	
b Enter the number of Forms W-2G included on 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	

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	27			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b				X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a				X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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 instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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 line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15				X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16				X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		X
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official		X
15b	b Other officers or key employees of the organization		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?		X
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

TIMOTHY J CLONTZ **2135 NEW WALKERTOWN RD** **NC 27101** **336-760-1235**
WINSTON SALEM

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TIMOTHY CLONTZ EXECUTIVE DIRECTOR	40.00 0.00	X						133,600	0	0
(2) RUDY ALLEN DIRECTOR	0.00 0.00	X						0	0	0
(3) ANTHONY H. BRETT DIRECTOR	0.00 0.00	X						0	0	0
(4) ROBERT F. COIL DIRECTOR	0.00 0.00	X						0	0	0
(5) YEN NGUYEN, DDS DIRECTOR	0.00 0.00	X						0	0	0
(6) ROBERT P DIBELLA BOARD CHAIR	0.00 0.00	X		X				0	0	0
(7) DR. ROBERT V. FORD DIRECTOR	0.00 0.00	X						0	0	0
(8) KIMBERLY W. GREGG DIRECTOR	0.00 0.00	X						0	0	0
(9) BEN HOUGH DIRECTOR	0.00 0.00	X						0	0	0
(10) MARLON HUNTER DIRECTOR	0.00 0.00	X						0	0	0
(11) LUCINDA JONES IMMEDIATE PAST CHAIR	0.00 0.00	X		X				0	0	0

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

Table with columns (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for DR. WILLIAM M SATTERWHITE JR, GILMOUR LAKE, LORRAINE FRANK LIGHTFOOT, GREGORY G. HOLTHUSEN, MD, J BALDWIN SMITH, MD, JAMES T. ROBINSON, SARAH SABISTON, and MILLIE SCHULTZ.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

Table with 3 columns: Question number, Yes, No. Includes questions 3, 4, and 5 regarding compensation reporting and related organizations.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a total row for independent contractors.

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	69,521			
	b Membership dues	1b				
	c Fundraising events	1c	57,395			
	d Related organizations	1d				
	e Government grants (contributions)	1e	163,246			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,739,186			
	g Noncash contributions included in lines 1a-1f	1g	\$ 7,811,387			
	h Total. Add lines 1a-1f		9,029,348			
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,044		4,044	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 57,395 of contributions reported on line 1c). See Part IV, line 18	8a				
		b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
		b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a MISC. REVENUE - RELATED	Business Code		1,725	1,725	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		1,725			
12 Total revenue. See instructions		9,035,117	1,725	0	4,044	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	808,102	727,942	80,160	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	81,005	77,952	3,053	
10 Payroll taxes	61,158	55,075	6,083	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	18,692		18,692	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	29,255		29,255	
12 Advertising and promotion	3,539	3,539		
13 Office expenses	44,851	44,851		
14 Information technology				
15 Royalties				
16 Occupancy	16,244	16,244		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,153	2,153		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,825	5,825		
23 Insurance	19,317	19,317		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICINES & MEDICAL SUPPL	7,858,782	7,858,782		
b REPAIRS	73,339	73,339		
c MISCELLANEOUS	26,145	26,145		
d SECURITY	12,530	12,530		
e All other expenses	11,790	7,381		4,409
25 Total functional expenses. Add lines 1 through 24e	9,072,727	8,931,075	137,243	4,409
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	693,386	1	696,747	
	2 Savings and temporary cash investments	930,418	2	928,828	
	3 Pledges and grants receivable, net	134,493	3	105,405	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use	19,766	8	19,766	
	9 Prepaid expenses and deferred charges	10,264	9	10,889	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	763,204			
	b Less: accumulated depreciation	623,876	140,007	10c	139,328
	11 Investments—publicly traded securities	2,888	11		
	12 Investments—other securities. See Part IV, line 11		12		
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	152,609	15	131,334	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,083,831	16	2,032,297		
Liabilities	17 Accounts payable and accrued expenses	41,802	17	45,394	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26 Total liabilities. Add lines 17 through 25	41,802	26	45,394	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	1,884,754	27	1,852,906	
	28 Net assets with donor restrictions	157,275	28	133,997	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	2,042,029	32	1,986,903	
33 Total liabilities and net assets/fund balances	2,083,831	33	2,032,297		

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	9,035,117
2 Total expenses (must equal Part IX, column (A), line 25)	2	9,072,727
3 Revenue less expenses. Subtract line 2 from line 1	3	-37,610
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,042,029
5 Net unrealized gains (losses) on investments	5	-17,516
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,986,903

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) DR. NANCY SMITH	0.00									
DIRECTOR	0.00	X					0	0	0	
(21) SHARON STORM	0.00									
DIRECTOR	0.00	X					0	0	0	
(22) ALEX TURNER	0.00									
TREASURER	0.00	X					0	0	0	
(23) CARL WESTSCOTT	0.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization

COMMUNITY CARE CENTER FOR FORSYTH C

Employer identification number

58-1403699

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied; 3 Value of services or facilities; 4 Total; 5 Portion of total contributions; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends; 9 Net income from unrelated business; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number and Percentage. Rows include: 14 Public support percentage for 2022; 15 Public support percentage from 2021; 16a 33 1/3% support test-2022; 16b 33 1/3% support test-2021; 17a 10%-facts-and-circumstances test-2022; 17b 10%-facts-and-circumstances test-2021; 18 Private foundation.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, 11c regarding gifts and controlled entities.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body powers and supported organizations.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding majority of directors/trustees.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support provided, relationships, and investment policies.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding the Integral Part Test and functional integration.

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Table with 10 rows for Section D - Distributions. Columns include description and Current Year (1-10). Rows include amounts paid to supported organizations, administrative expenses, and total annual distributions.

Table with 10 rows for Section E - Distribution Allocations. Columns include (i) Excess Distributions, (ii) Underdistributions Pre-2022, and (iii) Distributable Amount for 2022. Rows include distributable amount for 2022, underdistributions, excess distributions carryover, and remaining underdistributions.

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

PART II, LINE 10 - OTHER INCOME DETAIL

MISC REVENUE **\$ 50,764**

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

COMMUNITY CARE CENTER FOR FORSYTH C

Employer identification number

58-1403699

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the $33\frac{1}{3}\%$ support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

\$

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

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

Schedule B (Form 990) (2022)

Name of organization

COMMUNITY CARE CENTER FOR FORSYTH C

Employer identification number

58-1403699

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMERICARES 88 HAMILTON AVE STAMFORD CT 06902	\$ 4,177,571	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="checked" type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
2	DIRECT RELIEF USA 27 S LA PATERN LANE GOLETA CA 93117	\$ 1,993,145	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="checked" type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
3	PHARMACY CONNECTION 707 EAST MAIN ST RICHMOND VA 23219	\$ 1,426,219	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="checked" type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
4	NC ASSOCIATION OF FREE & CHARITABLE CLINICS 1399 ASHLEYBROOK LANE, SUITE 110 WINSTON SALEM NC 27103	\$ 218,036	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
5	FORYSTH MEDICAL CENTER FOUNDATION 3333 SILAS CREEK PARKWAY WINSTON SALEM NC 27104	\$ 250,000	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization
COMMUNITY CARE CENTER FOR FORSYTH C

Employer identification number
58-1403699

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	<u>PACKAGING SLIPS</u>	\$ <u>4,177,571</u>	<u>12/31/22</u>
<u>2</u>	<u>MEDICAL SUPPLIES</u>	\$ <u>1,993,145</u>	<u>12/31/22</u>
<u>3</u>	<u>PHARMACY & MEDICAL SUPPLIES</u>	\$ <u>1,426,219</u>	<u>12/31/22</u>
<u> </u>	\$
<u> </u>	\$
<u> </u>	\$

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization COMMUNITY CARE CENTER FOR FORSYTH C	Employer identification number 58-1403699
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

Complete if the organization answered "Yes" on 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 (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax 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 July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation 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 XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on 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 acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	152,275	136,517	134,815	125,013	132,032
b Contributions					
c Net investment earnings, gains, and losses	-16,555	22,381	8,169	16,209	-639
d Grants or scholarships	5,340	5,184	5,200	5,108	5,056
e Other expenditures for facilities and programs					
f Administrative expenses	1,383	1,439	1,267	1,299	1,324
g End of year balance	128,997	152,275	136,517	134,815	125,013

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) Unrelated organizations
- (ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		162,871	31,372	131,499
d Equipment		594,038	586,309	7,729
e Other		6,295	6,195	100
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				139,328

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely held equity interests, and Other categories (A-H).

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows include FUNDS HELD IN TRUST - ENDOWMENT and OTHER ASSETS.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes.

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

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

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

1 Total revenue, gains, and other support per audited financial statements		1	17,179,257
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a	-17,516	
b Donated services and use of facilities	2b	8,161,656	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d	2e	8,144,140	
3 Subtract line 2e from line 1	3	9,035,117	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	4c		
5 Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	9,035,117	

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

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

1 Total expenses and losses per audited financial statements		1	17,234,383
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a	8,161,656	
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d	2e	8,161,656	
3 Subtract line 2e from line 1	3	9,072,727	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	4c		
5 Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,072,727	

Part XIII Supplemental Information.

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

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**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

2022

Open to Public Inspection

COMMUNITY CARE CENTER FOR FORSYTH C

Employer identification number

58-1403699

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

.....

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

	(a) Event #1 SPECIAL EVENT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	57,395		57,395
	2 Less: Contributions	57,395		57,395
	3 Gross income (line 1 minus line 2)			
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses			
	10 Direct expense summary. Add lines 4 through 9 in column (d)			
11 Net income summary. Subtract line 10 from line 3, column (d)				

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

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

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open To Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

COMMUNITY CARE CENTER FOR FORSYTH C

58-1403699

Part I Types of Property

Table with columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 25 shows 'Other' with value 1 and 7,811,387.

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

Yes/No table with 'Yes' column empty and 'No' column containing 'X' for rows 30a, 31, and 32a.

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

COMMUNITY CARE CENTER FOR FORSYTH C

Employer identification number

58-1403699

AMENDED RETURN EXPLANATION

**TO UPDATE THE RETURN TO REFLECT THE FINAL AUDITED FIGURES FOR DECEMBER 31,
2022.**

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

**COMMUNITY CARE CENTER OF FORSYTH COUNTY, INC. IS A FREE MEDICAL CLINIC FOR
FAMILIES WHO EARN LESS THAN 200% OF THE FEDERAL PROVERTY LEVEL AND ARE NOT
ELIGIBLE FOR GOVERNMENT PROGRAMS AND HAVE NO MEDICAL INSURANCE. THE CENTER
PROVIDES FREE ON-SITE MEDICAL AND DENTAL CARE TO LOW-INCOME FAMILIES, AS
THE SOLE PROGRAM.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
NO REVIEW WAS OR WILL BE CONDUCTED.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
NO DOCUMENTS AVAILABLE TO THE PUBLIC**

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

COMMUNITY CARE CENTER FOR FORSYTH C

Identifying number
58-1403699

Business or activity to which this form relates

INDIRECT DEPRECIATION

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.

Table with 13 rows for Part I. Line 1: Maximum amount (1,080,000). Line 2: Total cost of section 179 property. Line 3: Threshold cost (2,700,000). Line 4: Reduction in limitation (-). Line 5: Dollar limitation (-). Line 6: Description of property, Cost, Elected cost. Line 7: Listed property amount. Line 8: Total elected cost. Line 9: Tentative deduction. Line 10: Carryover. Line 11: Business income limitation. Line 12: Section 179 expense deduction. Line 13: Carryover to 2023.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Part II. Line 14: Special depreciation allowance. Line 15: Property subject to section 168(f)(1) election. Line 16: Other depreciation (including ACRS).

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Section A. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2022 (5,496). Line 18: Electing to group assets (checkbox).

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, and residential/nonresidential rental property.

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

Table with 4 columns: (a) Class life, (b) 12-year, (c) 30-year, (d) 40-year. Includes rows for Class life, 12-year, 30-year, and 40-year.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 21: Listed property amount. Line 22: Total (5,825). Line 23: Portion of the basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

Community Care Center for Forsyth C
2135 New Walkertown Road
Winston Salem, NC 27101

Section 1.263(a)-3(h) Safe Harbor Election for Small Taxpayers

Under Regulation 1.263(a)-3(h), the taxpayer elects the small taxpayer safe harbor election to deduct the costs of repairs, maintenance, improvements, and similar activities performed on the following eligible building(s).

Community Care Center for Forsyth C
2135 New Walkertown Road
Winston Salem, NC 27101

**Electing out of Bonus Depreciation Allowance for
All Eligible Depreciable Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible depreciable property placed in service during the tax year.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<u>5-year GDS Property:</u>											
108	Three computers	11/07/22	3,142				3,142	5	MQ S/L	0	79
109	PT Treatment Table	5/12/22	2,001				2,001	5	MQ S/L	0	250
			<u>5,143</u>				<u>5,143</u>			<u>0</u>	<u>329</u>
<u>Prior MACRS:</u>											
1	Sign	5/11/01	2,192				2,192	15	HY S/L	2,192	0
2	Okidata 320 Printers	12/07/00	846				846	5	HY S/L	846	0
3	Bead Warmer	12/01/00	367				367	5	HY S/L	367	0
6	Small Dental Equipment	12/01/01	3,656			X	2,559	5	HY S/L	3,656	0
7	Dental Vacuum Pump	12/01/01	2,898			X	2,029	5	HY S/L	2,898	0
8	Dental Compressor	12/01/01	3,139			X	2,197	5	HY S/L	3,139	0
9	Star X-Ray Chairside Darkroom	12/01/01	512			X	358	5	HY S/L	512	0
10	Ultrasonics Cleaner	12/01/01	841			X	589	5	HY S/L	841	0
11	Tuttnaver	12/01/01	3,118			X	2,183	5	HY S/L	3,118	0
12	Dental Chairs & Ensembles (3 Rooms)	12/01/01	40,933			X	28,653	5	HY S/L	40,933	0
13	6 Fiberoptic Handpieces	2/01/02	3,190			X	2,233	5	HY S/L	3,190	0
14	Chair & Accessories (Eye)	4/03/02	21,051			X	14,736	5	HY S/L	21,051	0
15	Reichert Chart Projector (Eye)	4/03/02	719			X	503	5	HY S/L	719	0
16	Photo Developer (Dental)	7/09/02	1,500			X	1,050	5	HY S/L	1,500	0
17	Dermatology Chair	9/24/02	6,071			X	4,250	5	HY S/L	6,071	0
18	Electro Surgery Unit	11/22/02	1,182			X	827	5	HY S/L	1,182	0
19	Cryo Unit 16oz	11/22/02	724			X	507	5	HY S/L	724	0
20	Vitals Monitor	12/03/02	2,097			X	1,468	5	HY S/L	2,097	0
21	Surgical Light	12/01/02	1,730			X	1,211	5	HY S/L	1,730	0
22	Vital Signs Monitors (2)	1/10/03	4,148			X	2,904	5	HY S/L	4,148	0
23	Ziess Acuitis R/U 5000	1/27/03	7,665			X	5,365	5	HY S/L	7,665	0
24	Zeiss Table V-Base	2/24/03	537			X	376	5	HY S/L	537	0
25	Parkell Inc. Cavitron	12/30/04	824			X	412	5	HY S/L	824	0
26	Impact -Air + Traditional High Speed	10/10/05	1,053				1,053	5	HY S/L	1,053	0
27	Vital Signs Monitors (3)#2	4/17/06	2,525				2,525	5	HY S/L	2,525	0
28	Dental Compressor(2)	5/03/06	4,009				4,009	5	HY S/L	4,009	0
29	Colposcopy Instruments	2/05/07	2,850				2,850	5	HY S/L	2,850	0
30	QMI RAD DS-4 X-Ray System	5/17/07	49,959				49,959	5	HY S/L	49,959	0
31	Agfa CR 35/SP Digitalizer	5/17/07	46,009				46,009	5	HY S/L	46,009	0
32	Heart Start Defibrillator	9/08/08	1,346			X	673	5	HY S/L	1,346	0
33	Spirometer	4/28/10	1,106			X	553	5	HY S/L	1,106	0
34	Computers	12/01/01	3,454			X	2,418	5	HY S/L	3,454	0
35	Visual Pro 5	12/07/00	742				742	5	HY S/L	742	0
36	Installation Costs	12/07/00	1,500				1,500	5	HY S/L	1,500	0
37	Camera, Printer	3/22/01	903				903	5	HY S/L	903	0
38	En Pointe Tech	3/05/01	1,431				1,431	5	HY S/L	1,431	0
39	MICA-MED Dental Software	1/18/02	500			X	350	5	HY S/L	500	0
40	Copier	1/21/02	635			X	444	5	HY S/L	635	0
41	Emachine Computer	4/10/02	769			X	538	5	HY S/L	769	0
42	Laserjet 1200 (2)	4/10/02	760			X	532	5	HY S/L	760	0
43	Emachine T115 System (Kaya)	5/01/02	615			X	430	5	HY S/L	615	0
44	Telephone System (from DC)	5/17/02	5,374			X	3,762	5	HY S/L	5,374	0
45	Gateway Computer	5/23/03	1,952			X	976	5	HY S/L	1,952	0
46	Campagne Software	7/31/03	4,580			X	2,290	5	HY S/L	4,580	0
47	Visionary Medical Systems	11/02/05	5,338				5,338	5	HY S/L	5,338	0
48	Atcom Phone System	2/02/04	7,417			X	3,708	5	HY S/L	7,417	0
49	Dell Server for Visionary MS	12/27/05	3,041				3,041	5	HY S/L	3,041	0
50	Emachines Computers #3	12/31/05	2,114				2,114	5	HY S/L	2,114	0
51	QS/1 Pharmacy Software	10/27/06	3,000				3,000	5	HY S/L	3,000	0
52	Pharmacy Computers	10/27/06	1,996				1,996	5	HY S/L	1,996	0
53	Quickbooks	11/02/06	640				640	5	HY S/L	640	0
54	QS/1 Labeling Software	1/02/07	521				521	5	HY S/L	521	0
55	Med Records Computer Dell	9/21/07	668				668	5	HY S/L	668	0
56	Phone System Addition (3 - IX12KTD)	9/14/07	1,502				1,502	5	HY S/L	1,502	0
57	Projector	1/25/08	801			X	400	5	HY S/L	801	0
58	Diabetes Color Copier	7/10/08	746			X	373	5	HY S/L	746	0
59	Blackbaud Software	7/11/08	3,988			X	1,994	5	HY S/L	3,988	0
60	Dell PC & Laptop	7/29/08	1,055			X	527	5	HY S/L	1,055	0
61	DVD Projector	2/25/11	900			X	0	5	HY S/L	900	0
62	Medical Records Fax Machine	5/04/11	519			X	0	5	HY S/L	519	0
63	Diabetes Multi-Media Solution for Lobby	5/25/11	1,686			X	0	5	HY S/L	1,686	0
64	Dell MAP Computer System	12/31/04	1,436			X	718	5	HY S/L	1,436	0

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
65	Visionary Software	7/03/06	695			695	5 HY S/L	695	0
66	2 New Computers	1/14/09	1,238		X	619	5 HY S/L	1,238	0
67	4 PC's	12/16/08	2,960		X	1,480	5 HY S/L	2,713	0
68	Laptops & Server Equipment	5/30/08	8,935		X	4,467	5 HY S/L	8,935	0
69	Blackbox VOIP Phone System	9/02/09	3,069		X	1,534	5 HY S/L	3,069	0
70	Donated Equipment	11/01/00	75,829			75,829	5 HY S/L	75,829	0
71	Dental Chair	1/05/01	1,000			1,000	5 HY S/L	1,000	0
72	Lead Window Frame	1/05/01	300			300	5 HY S/L	300	0
73	Construction X-Ray	1/05/01	1,000			1,000	5 HY S/L	1,000	0
74	X-Ray Machine/Developer	1/05/01	9,500			9,500	5 HY S/L	9,500	0
75	X-Ray Installation	1/05/01	2,500			2,500	5 HY S/L	2,500	0
76	X-Ray Film	1/05/01	500			500	5 HY S/L	500	0
77	Boby Unit (Used)	1/05/01	500			500	5 HY S/L	500	0
78	Computers & Scanner	9/01/03	715		X	357	5 HY S/L	715	0
79	Donated Furniture	10/01/03	2,356		X	1,178	5 HY S/L	2,356	0
80	Exam Tables (2)	10/01/03	1,300		X	650	5 HY S/L	1,300	0
81	Radiographic Unit + Film Processor	11/01/05	5,000			5,000	5 HY S/L	5,000	0
82	Oral Surgical Handpiece	11/01/05	1,400			1,400	5 HY S/L	1,400	0
83	3 GYN Tables + 3 Lamps	9/01/05	3,000			3,000	5 HY S/L	3,000	0
84	Colposcope	9/01/05	3,000			3,000	5 HY S/L	3,000	0
85	Dr. Beason's Shelves	12/01/05	600			600	5 HY S/L	600	0
86	Logiq 9 GE Ultrasound	10/23/07	160,000			160,000	10 HY S/L	157,333	0
87	Rotating File Cabinets	6/30/09	11,004		X	5,502	10 HY S/L	11,003	0
88	Vitals Monitor - Donated	7/13/11	2,327		X	0	10 HY S/L	2,327	0
89	Shelco-Leasehold Improvement	9/28/01	16,696			16,696	39 MMS/L	8,687	428
90	Electric Wiring X-Ray Machine	1/07/02	1,870			1,870	39 MMS/L	959	48
91	Chart Shelves	11/10/04	675		X	337	15 HY S/L	661	0
92	Salem Electrical X-Ray Wiring	5/17/07	1,500			1,500	33 MMS/L	648	45
93	Pharmacy Cabinet Renovations	4/21/08	8,230			8,230	39 MMS/L	2,860	211
94	Pharmacy Wall, Window, Door, Etc.	5/15/08	2,500			2,500	39 MMS/L	867	64
95	Cubicles	1/03/09	2,097			2,097	39 MMS/L	679	54
96	Modifications to space/windows	3/25/09	7,208			7,208	39 MMS/L	2,324	185
97	Conference Room Tables	7/02/07	2,000			2,000	10 HY S/L	1,900	0
98	Refrigerator for Insulin	9/02/10	630		X	315	10 HY S/L	630	0
99	Med-Aid Refrigerator & Drafting Chair	6/02/09	775		X	387	10 HY S/L	775	0
100	Med-Aid Refrigerator	10/16/09	698		X	349	10 HY S/L	698	0
101	Pharmacy Printer	3/27/13	694		X	347	5 HY S/L	694	0
102	Accounting Computer	1/09/13	580		X	290	5 HY S/L	580	0
103	Computers (2)	3/11/14	1,281		X	640	5 HY S/L	1,281	0
104	Time Clock	8/27/14	683		X	341	5 HY S/L	683	0
105	Carpet Tiles	8/01/16	21,478		X	13,603	15 HY S/L	7,875	907
106	Digital Xray (Dental)	8/21/17	9,741		X	4,870	5 HY S/L	8,767	974
107	BIRS Roof	7/01/21	100,617			100,617	39 MM S/L	1,290	2,580
			<u>758,061</u>			<u>673,110</u>		<u>618,051</u>	<u>5,496</u>
Grand Totals			763,204			678,253		618,051	5,825
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>763,204</u>			<u>678,253</u>		<u>618,051</u>	<u>5,825</u>

NC Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	NC Prior	NC Current	Federal Current	Difference Fed - NC
5-year GDS Property:								
108	Three computers	11/07/22	3,142	3,142	0	79	79	0
109	PT Treatment Table	5/12/22	2,001	2,001	0	250	250	0
			<u>5,143</u>	<u>5,143</u>	<u>0</u>	<u>329</u>	<u>329</u>	<u>0</u>
Prior MACRS:								
1	Sign	5/11/01	2,192	2,192	2,192	0	0	0
2	Okidata 320 Printers	12/07/00	846	846	846	0	0	0
3	Bead Warmer	12/01/00	367	367	367	0	0	0
6	Small Dental Equipment	12/01/01	3,656	2,559	3,656	0	0	0
7	Dental Vacuum Pump	12/01/01	2,898	2,029	2,898	0	0	0
8	Dental Compressor	12/01/01	3,139	2,197	3,139	0	0	0
9	Star X-Ray Chairside Darkroom	12/01/01	512	358	512	0	0	0
10	Ultrasonics Cleaner	12/01/01	841	589	841	0	0	0
11	Tuttnaver	12/01/01	3,118	2,183	3,118	0	0	0
12	Dental Chairs & Ensembles (3 Rooms)	12/01/01	40,933	28,653	40,933	0	0	0
13	6 Fiberoptic Handpieces	2/01/02	3,190	2,233	3,190	0	0	0
14	Chair & Accessories (Eye)	4/03/02	21,051	14,736	21,051	0	0	0
15	Reichert Chart Projector (Eye)	4/03/02	719	503	719	0	0	0
16	Photo Developer (Dental)	7/09/02	1,500	1,050	1,500	0	0	0
17	Dermatology Chair	9/24/02	6,071	4,250	6,071	0	0	0
18	Electro Surgery Unit	11/22/02	1,182	827	1,182	0	0	0
19	Cryo Unit 16oz	11/22/02	724	507	724	0	0	0
20	Vitals Monitor	12/03/02	2,097	1,468	2,097	0	0	0
21	Surgical Light	12/01/02	1,730	1,211	1,730	0	0	0
22	Vital Signs Monitors (2)	1/10/03	4,148	2,904	4,148	0	0	0
23	Ziess Acuitis R/U 5000	1/27/03	7,665	5,365	7,665	0	0	0
24	Zeiss Table V-Base	2/24/03	537	376	537	0	0	0
25	Parkell Inc. Cavitron	12/30/04	824	412	824	0	0	0
26	Impact -Air + Traditional High Speed	10/10/05	1,053	1,053	1,053	0	0	0
27	Vital Signs Monitors (3)#2	4/17/06	2,525	2,525	2,525	0	0	0
28	Dental Compressor(2)	5/03/06	4,009	4,009	4,009	0	0	0
29	Colposcopy Instruments	2/05/07	2,850	2,850	2,850	0	0	0
30	QMI RAD DS-4 X-Ray System	5/17/07	49,959	49,959	49,959	0	0	0
31	Agfa CR 35/SP Digitalizer	5/17/07	46,009	46,009	46,009	0	0	0
32	Heart Start Defibrillator	9/08/08	1,346	673	1,346	0	0	0
33	Spirometer	4/28/10	1,106	553	1,106	0	0	0
34	Computers	12/01/01	3,454	2,418	3,454	0	0	0
35	Visual Pro 5	12/07/00	742	742	742	0	0	0
36	Installation Costs	12/07/00	1,500	1,500	1,500	0	0	0
37	Camera, Printer	3/22/01	903	903	903	0	0	0
38	En Pointe Tech	3/05/01	1,431	1,431	1,431	0	0	0
39	MICA-MED Dental Software	1/18/02	500	350	500	0	0	0
40	Copier	1/21/02	635	444	635	0	0	0
41	Emachine Computer	4/10/02	769	538	769	0	0	0
42	Laserjet 1200 (2)	4/10/02	760	532	760	0	0	0
43	Emachine T115 System (Kaya)	5/01/02	615	430	615	0	0	0
44	Telephone System (from DC)	5/17/02	5,374	3,762	5,374	0	0	0
45	Gateway Computer	5/23/03	1,952	976	1,952	0	0	0
46	Campaign Software	7/31/03	4,580	2,290	4,580	0	0	0
47	Visionary Medical Systems	11/02/05	5,338	5,338	5,338	0	0	0
48	Atcom Phone System	2/02/04	7,417	3,708	7,417	0	0	0
49	Dell Server for Visionary MS	12/27/05	3,041	3,041	3,041	0	0	0
50	Emachines Computers #3	12/31/05	2,114	2,114	2,114	0	0	0
51	QS/1 Pharmacy Software	10/27/06	3,000	3,000	3,000	0	0	0
52	Pharmacy Computers	10/27/06	1,996	1,996	1,996	0	0	0
53	Quickbooks	11/02/06	640	640	640	0	0	0
54	QS/1 Labeling Software	1/02/07	521	521	521	0	0	0
55	Med Records Computer Dell	9/21/07	668	668	668	0	0	0
56	Phone System Addition (3 - IX12KTD)	9/14/07	1,502	1,502	1,502	0	0	0
57	Projector	1/25/08	801	400	801	0	0	0
58	Diabetes Color Copier	7/10/08	746	373	746	0	0	0
59	Blackbaud Software	7/11/08	3,988	1,994	3,988	0	0	0
60	Dell PC & Laptop	7/29/08	1,055	527	1,055	0	0	0
61	DVD Projector	2/25/11	900	0	900	0	0	0
62	Medical Records Fax Machine	5/04/11	519	0	519	0	0	0
63	Diabetes Multi-Media Solution for Lobby	5/25/11	1,686	0	1,686	0	0	0
64	Dell MAP Computer System	12/31/04	1,436	718	1,436	0	0	0

NC Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NC Prior	NC Current	Federal Current	Difference Fed - NC
65	Visionary Software	7/03/06	695	695	695	0	0	0
66	2 New Computers	1/14/09	1,238	619	1,238	0	0	0
67	4 PC's	12/16/08	2,960	1,480	2,960	0	0	0
68	Laptops & Server Equipment	5/30/08	8,935	4,467	8,935	0	0	0
69	Blackbox VOIP Phone System	9/02/09	3,069	1,534	3,069	0	0	0
70	Donated Equipment	11/01/00	75,829	75,829	75,829	0	0	0
71	Dental Chair	1/05/01	1,000	1,000	1,000	0	0	0
72	Lead Window Frame	1/05/01	300	300	300	0	0	0
73	Construction X-Ray	1/05/01	1,000	1,000	1,000	0	0	0
74	X-Ray Machine/Developer	1/05/01	9,500	9,500	9,500	0	0	0
75	X-Ray Installation	1/05/01	2,500	2,500	2,500	0	0	0
76	X-Ray Film	1/05/01	500	500	500	0	0	0
77	Boby Unit (Used)	1/05/01	500	500	500	0	0	0
78	Computers & Scanner	9/01/03	715	357	715	0	0	0
79	Donated Furniture	10/01/03	2,356	1,178	2,356	0	0	0
80	Exam Tables (2)	10/01/03	1,300	650	1,300	0	0	0
81	Radiographic Unit + Film Processor	11/01/05	5,000	5,000	5,000	0	0	0
82	Oral Surgical Handpiece	11/01/05	1,400	1,400	1,400	0	0	0
83	3 GYN Tables + 3 Lamps	9/01/05	3,000	3,000	3,000	0	0	0
84	Colposcope	9/01/05	3,000	3,000	3,000	0	0	0
85	Dr. Beason's Shelves	12/01/05	600	600	600	0	0	0
86	Logiq 9 GE Ultrasound	10/23/07	160,000	160,000	160,000	0	0	0
87	Rotating File Cabinets	6/30/09	11,004	5,502	11,004	0	0	0
88	Vitals Monitor - Donated	7/13/11	2,327	0	2,327	0	0	0
89	Shelco-Leasehold Improvement	9/28/01	16,696	16,696	8,687	428	428	0
90	Electric Wiring X-Ray Machine	1/07/02	1,870	1,870	957	48	48	0
91	Chart Shelves	11/10/04	675	337	675	0	0	0
92	Salem Electrical X-Ray Wiring	5/17/07	1,500	1,500	665	45	45	0
93	Pharmacy Cabinet Renovations	4/21/08	8,230	8,230	2,893	211	211	0
94	Pharmacy Wall, Window, Door, Etc.	5/15/08	2,500	2,500	873	64	64	0
95	Cubicles	1/03/09	2,097	2,097	697	54	54	0
96	Modifications to space/windows	3/25/09	7,208	7,208	2,364	185	185	0
97	Conference Room Tables	7/02/07	2,000	2,000	2,000	0	0	0
98	Refrigerator for Insulin	9/02/10	630	315	630	0	0	0
99	Med-Aid Refrigerator & Drafting Chair	6/02/09	775	387	775	0	0	0
100	Med-Aid Refrigerator	10/16/09	698	349	698	0	0	0
101	Pharmacy Printer	3/27/13	694	347	694	0	0	0
102	Accounting Computer	1/09/13	580	290	580	0	0	0
103	Computers (2)	3/11/14	1,281	640	1,281	0	0	0
104	Time Clock	8/27/14	683	341	683	0	0	0
105	Carpet Tiles	8/01/16	21,478	10,739	14,677	716	907	191
106	Digital Xray (Dental)	8/21/17	9,741	4,870	9,254	487	974	487
107	BIRS Roof	7/01/21	100,617	100,617	1,182	2,580	2,580	0
			<u>758,061</u>	<u>670,246</u>	<u>628,373</u>	<u>4,818</u>	<u>5,496</u>	<u>678</u>
	Grand Totals		763,204	675,389	628,373	5,147	5,825	678
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>763,204</u>	<u>675,389</u>	<u>628,373</u>	<u>5,147</u>	<u>5,825</u>	<u>678</u>

Bonus Depreciation Report**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
6	Small Dental Equipment	12/01/01	3,656	100	0	0	1,097	2,559
7	Dental Vacuum Pump	12/01/01	2,898	100	0	0	869	2,029
8	Dental Compressor	12/01/01	3,139	100	0	0	942	2,197
9	Star X-Ray Chairside Darkroom	12/01/01	512	100	0	0	154	358
10	Ultrasonics Cleaner	12/01/01	841	100	0	0	252	589
11	Tuttnaver	12/01/01	3,118	100	0	0	935	2,183
12	Dental Chairs & Ensembles (3 Rooms)	12/01/01	40,933	100	0	0	12,280	28,653
13	6 Fiberoptic Handpieces	2/01/02	3,190	100	0	0	957	2,233
14	Chair & Accessories (Eye)	4/03/02	21,051	100	0	0	6,315	14,736
15	Reichert Chart Projector (Eye)	4/03/02	719	100	0	0	216	503
16	Photo Developer (Dental)	7/09/02	1,500	100	0	0	450	1,050
17	Dermatology Chair	9/24/02	6,071	100	0	0	1,821	4,250
18	Electro Surgery Unit	11/22/02	1,182	100	0	0	355	827
19	Cryo Unit 16oz	11/22/02	724	100	0	0	217	507
20	Vitals Monitor	12/03/02	2,097	100	0	0	629	1,468
21	Surgical Light	12/01/02	1,730	100	0	0	519	1,211
22	Vital Signs Monitors (2)	1/10/03	4,148	100	0	0	1,244	2,904
23	Ziess Acuitis R/U 5000	1/27/03	7,665	100	0	0	2,300	5,365
24	Zeiss Table V-Base	2/24/03	537	100	0	0	161	376
25	Parkell Inc. Cavitron	12/30/04	824	100	0	0	412	412
32	Heart Start Defibrillator	9/08/08	1,346	100	0	0	673	673
33	Spirometer	4/28/10	1,106	100	0	0	553	553
34	Computers	12/01/01	3,454	100	0	0	1,036	2,418
39	MICA-MED Dental Software	1/18/02	500	100	0	0	150	350
40	Copier	1/21/02	635	100	0	0	191	444
41	Emachine Computer	4/10/02	769	100	0	0	231	538
42	Laserjet 1200 (2)	4/10/02	760	100	0	0	228	532
43	Emachine T115 System (Kaya)	5/01/02	615	100	0	0	185	430
44	Telephone System (from DC)	5/17/02	5,374	100	0	0	1,612	3,762
45	Gateway Computer	5/23/03	1,952	100	0	0	976	976
46	Campagne Software	7/31/03	4,580	100	0	0	2,290	2,290
48	Atcom Phone System	2/02/04	7,417	100	0	0	3,709	3,708
57	Projector	1/25/08	801	100	0	0	401	400
58	Diabetes Color Copier	7/10/08	746	100	0	0	373	373
59	Blackbaud Software	7/11/08	3,988	100	0	0	1,994	1,994
60	Dell PC & Laptop	7/29/08	1,055	100	0	0	528	527
61	DVD Projector	2/25/11	900	100	0	0	900	0
62	Medical Records Fax Machine	5/04/11	519	100	0	0	519	0
63	Diabetes Multi-Media Solution for Lobby	5/25/11	1,686	100	0	0	1,686	0
64	Dell MAP Computer System	12/31/04	1,436	100	0	0	718	718
66	2 New Computers	1/14/09	1,238	100	0	0	619	619
67	4 PC's	12/16/08	2,960	100	0	0	1,480	1,480
68	Laptops & Server Equipment	5/30/08	8,935	100	0	0	4,468	4,467
69	Blackbox VOIP Phone System	9/02/09	3,069	100	0	0	1,535	1,534
78	Computers & Scanner	9/01/03	715	100	0	0	358	357
79	Donated Furniture	10/01/03	2,356	100	0	0	1,178	1,178
80	Exam Tables (2)	10/01/03	1,300	100	0	0	650	650
87	Rotating File Cabinets	6/30/09	11,004	100	0	0	5,502	5,502
88	Vitals Monitor - Donated	7/13/11	2,327	100	0	0	2,327	0
91	Chart Shelves	11/10/04	675	100	0	0	338	337
98	Refrigerator for Insulin	9/02/10	630	100	0	0	315	315
99	Med-Aid Refrigerator & Drafting Chair	6/02/09	775	100	0	0	388	387
100	Med-Aid Refrigerator	10/16/09	698	100	0	0	349	349
101	Pharmacy Printer	3/27/13	694	100	0	0	347	347
102	Accounting Computer	1/09/13	580	100	0	0	290	290
103	Computers (2)	3/11/14	1,281	100	0	0	641	640
104	Time Clock	8/27/14	683	100	0	0	342	341
105	Carpet Tiles	8/01/16	21,478	100	0	0	7,875	13,603
106	Digital Xray (Dental)	8/21/17	9,741	100	0	0	4,871	4,870
Grand Total			217,313		0	0	84,951	132,362

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
1	Sign	5/11/01	2,192	0	0
2	2 Okidata 320 Printers	12/07/00	846	0	0
3	Bead Warmer	12/01/00	367	0	0
6	Small Dental Equipment	12/01/01	3,656	0	0
7	Dental Vacuum Pump	12/01/01	2,898	0	0
8	Dental Compressor	12/01/01	3,139	0	0
9	Star X-Ray Chairside Darkroom	12/01/01	512	0	0
10	Ultrasonics Cleaner	12/01/01	841	0	0
11	Tuttnaver	12/01/01	3,118	0	0
12	Dental Chairs & Ensembles (3 Rooms)	12/01/01	40,933	0	0
13	6 Fiberoptic Handpieces	2/01/02	3,190	0	0
14	Chair & Accessories (Eye)	4/03/02	21,051	0	0
15	Reichert Chart Projector (Eye)	4/03/02	719	0	0
16	Photo Developer (Dental)	7/09/02	1,500	0	0
17	Dermatology Chair	9/24/02	6,071	0	0
18	Electro Surgery Unit	11/22/02	1,182	0	0
19	Cryo Unit 16oz	11/22/02	724	0	0
20	Vitals Monitor	12/03/02	2,097	0	0
21	Surgical Light	12/01/02	1,730	0	0
22	Vital Signs Monitors (2)	1/10/03	4,148	0	0
23	Ziess Acuitis R/U 5000	1/27/03	7,665	0	0
24	Zeiss Table V-Base	2/24/03	537	0	0
25	Parkell Inc. Cavitron	12/30/04	824	0	0
26	Impact -Air + Traditional High Speed	10/10/05	1,053	0	0
27	Vital Signs Monitors (3)#2	4/17/06	2,525	0	0
28	Dental Compressor(2)	5/03/06	4,009	0	0
29	Colposcopy Instruments	2/05/07	2,850	0	0
30	QMI RAD DS-4 X-Ray System	5/17/07	49,959	0	0
31	Agfa CR 35/SP Digitalizer	5/17/07	46,009	0	0
32	Heart Start Defibrillator	9/08/08	1,346	0	0
33	Spirometer	4/28/10	1,106	0	0
34	Computers	12/01/01	3,454	0	0
35	Visual Pro 5	12/07/00	742	0	0
36	Installation Costs	12/07/00	1,500	0	0
37	Camera, Printer	3/22/01	903	0	0
38	En Pointe Tech	3/05/01	1,431	0	0
39	MICA-MED Dental Software	1/18/02	500	0	0
40	Copier	1/21/02	635	0	0
41	Emachine Computer	4/10/02	769	0	0
42	Laserjet 1200 (2)	4/10/02	760	0	0
43	Emachine T115 System (Kaya)	5/01/02	615	0	0
44	Telephone System (from DC)	5/17/02	5,374	0	0
45	Gateway Computer	5/23/03	1,952	0	0
46	Campagne Software	7/31/03	4,580	0	0
47	Visionary Medical Systems	11/02/05	5,338	0	0
48	Atcom Phone System	2/02/04	7,417	0	0
49	Dell Server for Visionary MS	12/27/05	3,041	0	0
50	Emachines Computers #3	12/31/05	2,114	0	0
51	QS/1 Pharmacy Software	10/27/06	3,000	0	0
52	Pharmacy Computers	10/27/06	1,996	0	0
53	Quickbooks	11/02/06	640	0	0
54	QS/1 Labeling Software	1/02/07	521	0	0
55	Med Records Computer Dell	9/21/07	668	0	0
56	Phone System Addition (3 - IX12KTD)	9/14/07	1,502	0	0
57	Projector	1/25/08	801	0	0
58	Diabetes Color Copier	7/10/08	746	0	0
59	Blackbaud Software	7/11/08	3,988	0	0
60	Dell PC & Laptop	7/29/08	1,055	0	0
61	DVD Projector	2/25/11	900	0	0
62	Medical Records Fax Machine	5/04/11	519	0	0
63	Diabetes Multi-Media Solution for Lobby	5/25/11	1,686	0	0
64	Dell MAP Computer System	12/31/04	1,436	0	0
65	Visionary Software	7/03/06	695	0	0
66	2 New Computers	1/14/09	1,238	0	0
67	4 PC's	12/16/08	2,960	0	0
68	Laptops & Server Equipment	5/30/08	8,935	0	0
69	Blackbox VOIP Phone System	9/02/09	3,069	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
70	Donated Equipment	11/01/00	75,829	0	0
71	Dental Chair	1/05/01	1,000	0	0
72	Lead Window Frame	1/05/01	300	0	0
73	Construction X-Ray	1/05/01	1,000	0	0
74	X-Ray Machine/Developer	1/05/01	9,500	0	0
75	X-Ray Installation	1/05/01	2,500	0	0
76	X-Ray Film	1/05/01	500	0	0
77	Boby Unit (Used)	1/05/01	500	0	0
78	Computers & Scanner	9/01/03	715	0	0
79	Donated Furniture	10/01/03	2,356	0	0
80	Exam Tables (2)	10/01/03	1,300	0	0
81	Radiographic Unit + Film Processor	11/01/05	5,000	0	0
82	Oral Surgical Handpiece	11/01/05	1,400	0	0
83	3 GYN Tables + 3 Lamps	9/01/05	3,000	0	0
84	Colposcope	9/01/05	3,000	0	0
85	Dr. Beason's Shelves	12/01/05	600	0	0
86	Logiq 9 GE Ultrasound	10/23/07	160,000	0	0
87	Rotating File Cabinets	6/30/09	11,004	0	0
88	Vitals Monitor - Donated	7/13/11	2,327	0	0
89	Shelco-Leasehold Improvement	9/28/01	16,696	428	0
90	Electric Wiring X-Ray Machine	1/07/02	1,870	48	0
91	Chart Shelves	11/10/04	675	0	0
92	Salem Electrical X-Ray Wiring	5/17/07	1,500	46	0
93	Pharmacy Cabinet Renovations	4/21/08	8,230	211	0
94	Pharmacy Wall, Window, Door, Etc.	5/15/08	2,500	64	0
95	Cubicles	1/03/09	2,097	54	0
96	Modifications to space/windows	3/25/09	7,208	185	0
97	Conference Room Tables	7/02/07	2,000	0	0
98	Refrigerator for Insulin	9/02/10	630	0	0
99	Med-Aid Refrigerator & Drafting Chair	6/02/09	775	0	0
100	Med-Aid Refrigerator	10/16/09	698	0	0
101	Pharmacy Printer	3/27/13	694	0	0
102	Accounting Computer	1/09/13	580	0	0
103	Computers (2)	3/11/14	1,281	0	0
104	Time Clock	8/27/14	683	0	0
105	Carpet Tiles	8/01/16	21,478	846	0
106	Digital Xray (Dental)	8/21/17	9,741	0	0
107	BIRS Roof	7/01/21	100,617	2,580	0
108	Three computers	11/07/22	3,142	628	0
109	PT Treatment Table	5/12/22	2,001	400	0
			<u>763,204</u>	<u>5,490</u>	<u>0</u>
Grand Totals			<u>763,204</u>	<u>5,490</u>	<u>0</u>

Asset	Description	Date In Service	Cost	NC
Prior MACRS:				
1	Sign	5/11/01	2,192	0
2	2 Okidata 320 Printers	12/07/00	846	0
3	Bead Warmer	12/01/00	367	0
6	Small Dental Equipment	12/01/01	3,656	0
7	Dental Vacuum Pump	12/01/01	2,898	0
8	Dental Compressor	12/01/01	3,139	0
9	Star X-Ray Chairside Darkroom	12/01/01	512	0
10	Ultrasonics Cleaner	12/01/01	841	0
11	Tuttnaver	12/01/01	3,118	0
12	Dental Chairs & Ensembles (3 Rooms)	12/01/01	40,933	0
13	6 Fiberoptic Handpieces	2/01/02	3,190	0
14	Chair & Accessories (Eye)	4/03/02	21,051	0
15	Reichert Chart Projector (Eye)	4/03/02	719	0
16	Photo Developer (Dental)	7/09/02	1,500	0
17	Dermatology Chair	9/24/02	6,071	0
18	Electro Surgery Unit	11/22/02	1,182	0
19	Cryo Unit 16oz	11/22/02	724	0
20	Vitals Monitor	12/03/02	2,097	0
21	Surgical Light	12/01/02	1,730	0
22	Vital Signs Monitors (2)	1/10/03	4,148	0
23	Ziess Acutis R/U 5000	1/27/03	7,665	0
24	Zeiss Table V-Base	2/24/03	537	0
25	Parkell Inc. Cavitron	12/30/04	824	0
26	Impact -Air + Traditional High Speed	10/10/05	1,053	0
27	Vital Signs Monitors (3)#2	4/17/06	2,525	0
28	Dental Compressor(2)	5/03/06	4,009	0
29	Colposcopy Instruments	2/05/07	2,850	0
30	QMI RAD DS-4 X-Ray System	5/17/07	49,959	0
31	Agfa CR 35/SP Digitalizer	5/17/07	46,009	0
32	Heart Start Defibrillator	9/08/08	1,346	0
33	Spirometer	4/28/10	1,106	0
34	Computers	12/01/01	3,454	0
35	Visual Pro 5	12/07/00	742	0
36	Installation Costs	12/07/00	1,500	0
37	Camera, Printer	3/22/01	903	0
38	En Pointe Tech	3/05/01	1,431	0
39	MICA-MED Dental Software	1/18/02	500	0
40	Copier	1/21/02	635	0
41	Emachine Computer	4/10/02	769	0
42	Laserjet 1200 (2)	4/10/02	760	0
43	Emachine T115 System (Kaya)	5/01/02	615	0
44	Telephone System (from DC)	5/17/02	5,374	0
45	Gateway Computer	5/23/03	1,952	0
46	Campagne Software	7/31/03	4,580	0
47	Visionary Medical Systems	11/02/05	5,338	0
48	Atcom Phone System	2/02/04	7,417	0
49	Dell Server for Visionary MS	12/27/05	3,041	0
50	Emachines Computers #3	12/31/05	2,114	0
51	QS/1 Pharmacy Software	10/27/06	3,000	0
52	Pharmacy Computers	10/27/06	1,996	0
53	Quickbooks	11/02/06	640	0
54	QS/1 Labeling Software	1/02/07	521	0
55	Med Records Computer Dell	9/21/07	668	0
56	Phone System Addition (3 - IX12KTD)	9/14/07	1,502	0
57	Projector	1/25/08	801	0
58	Diabetes Color Copier	7/10/08	746	0
59	Blackbaud Software	7/11/08	3,988	0
60	Dell PC & Laptop	7/29/08	1,055	0
61	DVD Projector	2/25/11	900	0
62	Medical Records Fax Machine	5/04/11	519	0
63	Diabetes Multi-Media Solution for Lobby	5/25/11	1,686	0
64	Dell MAP Computer System	12/31/04	1,436	0
65	Visionary Software	7/03/06	695	0
66	2 New Computers	1/14/09	1,238	0
67	4 PC's	12/16/08	2,960	0
68	Laptops & Server Equipment	5/30/08	8,935	0
69	Blackbox VOIP Phone System	9/02/09	3,069	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>NC</u>
70	Donated Equipment	11/01/00	75,829	0
71	Dental Chair	1/05/01	1,000	0
72	Lead Window Frame	1/05/01	300	0
73	Construction X-Ray	1/05/01	1,000	0
74	X-Ray Machine/Developer	1/05/01	9,500	0
75	X-Ray Installation	1/05/01	2,500	0
76	X-Ray Film	1/05/01	500	0
77	Boby Unit (Used)	1/05/01	500	0
78	Computers & Scanner	9/01/03	715	0
79	Donated Furniture	10/01/03	2,356	0
80	Exam Tables (2)	10/01/03	1,300	0
81	Radiographic Unit + Film Processor	11/01/05	5,000	0
82	Oral Surgical Handpiece	11/01/05	1,400	0
83	3 GYN Tables + 3 Lamps	9/01/05	3,000	0
84	Colposcope	9/01/05	3,000	0
85	Dr. Beason's Shelves	12/01/05	600	0
86	Logiq 9 GE Ultrasound	10/23/07	160,000	0
87	Rotating File Cabinets	6/30/09	11,004	0
88	Vitals Monitor - Donated	7/13/11	2,327	0
89	Shelco-Leasehold Improvement	9/28/01	16,696	428
90	Electric Wiring X-Ray Machine	1/07/02	1,870	48
91	Chart Shelves	11/10/04	675	0
92	Salem Electrical X-Ray Wiring	5/17/07	1,500	46
93	Pharmacy Cabinet Renovations	4/21/08	8,230	211
94	Pharmacy Wall, Window, Door, Etc.	5/15/08	2,500	65
95	Cubicles	1/03/09	2,097	53
96	Modifications to space/windows	3/25/09	7,208	185
97	Conference Room Tables	7/02/07	2,000	0
98	Refrigerator for Insulin	9/02/10	630	0
99	Med-Aid Refrigerator & Drafting Chair	6/02/09	775	0
100	Med-Aid Refrigerator	10/16/09	698	0
101	Pharmacy Printer	3/27/13	694	0
102	Accounting Computer	1/09/13	580	0
103	Computers (2)	3/11/14	1,281	0
104	Time Clock	8/27/14	683	0
105	Carpet Tiles	8/01/16	21,478	715
106	Digital Xray (Dental)	8/21/17	9,741	0
107	BIRS Roof	7/01/21	100,617	2,580
108	Three computers	11/07/22	3,142	628
109	PT Treatment Table	5/12/22	2,001	400
			<u>763,204</u>	<u>5,359</u>
	Grand Totals		<u>763,204</u>	<u>5,359</u>

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 4,044		14			
TOTAL	<u>\$ 4,044</u>					

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Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
	\$ 29,255	\$	\$ 29,255	\$
TOTAL	\$ 29,255	\$ 0	\$ 29,255	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
OUTSIDE SERVICES	\$ 7,381	\$ 7,381	\$	\$
SPECIAL EVENT COST	4,409			4,409
TOTAL	\$ 11,790	\$ 7,381	\$ 0	\$ 4,409

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Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
FEDERATED CAMPAIGNS	\$ 69,521
GOVERNMENT GRANTS	163,246
CASH	338,263
FOUNDATION GRANTS	589,536
LESS GOVERNMENT GRANTS NONCASH	7,811,387
SPECIAL EVENT CASH CONTRIBUTION	<u>57,395</u>
TOTAL	<u>\$ 9,029,348</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
MISC. REVENUE - RELATED	\$ 1,725
SPECIAL EVENT	
TOTAL	<u>\$ 1,725</u>

