## \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form **990** 

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.

Inspection

A I	or the	2022 calendar year, or tax year beginning and	ending						
	Check if applicabl	C Name of organization		D Employer identific	cation number				
_	Addre chang	GRACEMED HEALTH CLINIC, INC.							
	Name chang			48-11596	33				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)   Room/suite   E   Telephone number							
	Final return			316-866-2000					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	47,097,697.					
	Amen	WICHIIA, KS 07214		H(a) Is this a group return					
	Application pendir	F Name and address of principal officer: VENUS LIEE		for subordinates	? Yes X No				
		1150 N BROADWAY AVENUE, WICHITA, KS 6/	<u> 214                                    </u>	H(b) Are all subordinates in	cluded? Yes No				
		empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions				
	Websi			H(c) Group exemption					
		organization: X Corporation Trust Association Other	L Year	of formation: 1979 N	N State of legal domicile: KS				
Pa	art I	Summary							
به	1	Briefly describe the organization's mission or most significant activities: TO SI							
Governance		JESUS CHRIST BY PROVIDING COMPASSIONATE,			· · · · · · · · · · · · · · · · · · ·				
EL G	2	Check this box if the organization discontinued its operations or dispos	sed of more	1 1					
ŏ	3			3	9				
<u>ن</u> دی	4	Number of independent voting members of the governing body (Part VI, line 1b)			9				
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			443				
iviti	6	Total number of volunteers (estimate if necessary)		6	80				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.				
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Prior Year	Current Year				
ne	8	Contributions and grants (Part VIII, line 1h)		16,874,362.	17,299,650.				
Revenue	9	Program service revenue (Part VIII, line 2g)		18,888,548.	18,839,572.				
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		296,967. 126,979.	549,869.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		36,186,856.	53,179. 36,742,270.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.					
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	45	Benefits paid to or for members (Part IX, column (A), line 4)		20,124,378.	19,814,107.				
Expenses	160	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
ě	loa h	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25) 147, 62	21	U •	0.				
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,544,298.	8,658,348.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	······	29,668,676.	28,472,455.				
		Revenue less expenses. Subtract line 18 from line 12		6,518,180.	8,269,815.				
or or		rievende 1633 expenses. Oubtract line 10 from line 12		ginning of Current Year	End of Year				
ets (	20	Total assets (Part X, line 16)		41,448,273.	48,191,566.				
ASS	21	Total liabilities (Part X, line 26)		2,298,308.	3,142,866.				
Net Assets	22	Net assets or fund balances. Subtract line 21 from line 20		39,149,965.	45,048,700.				
Pa	art II	Signature Block							
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is				
		t, and complete_Declaration of preparer (other than officer) is based on all information of wh		•	3				
		6100		11/10/	2.3				
Sig	n	Signature of officer		Date / /					
Her		VENUS LEE, CEO							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid	i	REBECCA SHAW	<i>P</i> 4 1	1/08/23 self-employ					
Pre	parer	Firm's name BT&CO., P.A.		Firm's EIN 4	8-1066439				
Use	Only	Firm's address 4301 SW HUNTOON ST.							
		TOPEKA, KS 66604		Phone no. 78	5-234-3427				
Ma	y the If	RS discuss this return with the preparer shown above? See instructions			X Yes No				

	990 (2022) GRACEMED HEALTH CLINIC, INC. 48-1159633 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  TO SHOW AND SHARE THE LOVE OF JESUS CHRIST BY PROVIDING COMPASSIONATE,
	ACCESSIBLE, HIGH-QUALITY HEALTH CARE FOR RESIDENTS IN THE COMMUNITIES
	WE SERVE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$22,368,452. including grants of \$) (Revenue \$18,901,992.
	PROVIDING PRIMARY HEALTH AND DENTAL CARE TO KANSANS WITHOUT HEALTH
	INSURANCE OR ADEQUATE FINANCIAL RESOURCES TO SECURE TRADITIONAL HEALTH
	CARE SERVICES.
4b	(Code:) (Expenses \$
TD	(Code) (expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 22,368,452.

Form 990 (2022) GRACEMED HEALTH CLINIC, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
8	, ,			X
•	Schedule D, Part III	8_		
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?			<b>₩</b>
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			٠,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
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	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
~	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	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			† <u></u>
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10		16		X
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<del>  ^</del>
17		47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.	v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	,_		177
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Part IV Checklist of Required Schedules (continued) Yes No 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? If "Yes," complete Schedule I, Parts I and III Х 22 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? If "Yes." complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х 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? If "Yes," complete Х 25b 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? If "Yes," complete Schedule L, Part II Х 26 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? If "Yes," complete Schedule L, Part III ....... Х 27 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV ..... 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV ..... Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 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 52 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Form 990 (2022) GRACEMED HEALTH CLINIC, INC.

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

			_		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		442					
	filed for the calendar year ending with or within the year covered by this return		443		v			
	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X	Х		
				3a				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•	4a		х		
h	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country	ccoui	ıy <i>:</i>	44		21		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	coun	te (FRAR)					
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		is (i DAily.	5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	any contributions that were not tax deductible as charitable contributions?			6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution							
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	uired					
	to file Form 8282?		······	7с		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g				
h								
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by th	е					
_				8				
9	Sponsoring organizations maintaining donor advised funds.							
a				9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(a)(7) organizations. Enter:			9b				
01	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	1					
a b	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a						
11	Section 501(c)(12) organizations. Enter:	100						
·· 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						
I2a	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.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	1					
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c						
l4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		_X_		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?			15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.					77		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		X		
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac			4-7				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.							

Form 990 (2022) GRACEMED HEALTH CLINIC, INC. 48-1159633 Page
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			X							
Sec	tion 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	9									
	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.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b	9									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		Х							
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?	3		x							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6									
	more members of the governing body?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
_	persons other than the governing body?	7b		х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.0									
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 3	ļ								
	This Section B requests miornation about policies not required by the internal nevenue Code.)		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	IIa									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>	120	21								
·		12c		x							
12	on Schedule O how this was done	13	Х	125							
13 14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	X								
		14	21								
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?	450		Х							
	The organization's CEO, Executive Director, or top management official	15a		X							
D	Other officers or key employees of the organization	15b									
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х							
	taxable entity during the year?	16a		<u> </u>							
D	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	401									
800	exempt status with respect to such arrangements? tion C. Disclosure	16b									
17	List the states with which a copy of this Form 990 is required to be filed NONE			L. I							
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)	avaılal	ble							
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website W 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, are	d finan	cial								
	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 DAVID WUTHNOW - (316) 866-2049										
	1150 N BROADWAY AVENUE, WICHITA, KS 67214										

### Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

Nours per   Newek (list arry   New Per   New	(A)  Name and title	(B) Average	1		Pos				(D)  Reportable	(E) Reportable	(F) Estimated
Compensation   Comp			box	, unles	ss per	rson i	s both	an	•	· ·	
CHIEF MEDICAL OFFICER		(list any hours for related organizations below							the organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/	compensation from the organization and related
CALIFIE EXECUTIVE OFFICER	, - ,	40.00	1								
CHIEF EXECUTIVE OFFICER						X			272,135.	0.	29,675.
A		40.00	1								
HIGHEST COMPENSATED EMPLOY					X				242,560.	0.	9,520.
A		40.00	-								
HIGHEST COMPENSATED EMPLOY							X		209,936.	0.	25,653.
S		40.00	1								
CHIEF DENTAL OFFICER							X		197,908.	0.	36,405.
Column   C		40.00	-			l					
HIGHEST COMPENSATED EMPLOY						X			191,347.	0.	34,755.
Column   C		40.00	-								
HIGHEST COMPENSATED EMPLOY							X		188,193.	0.	35,734.
RECOMPENSATED EMPLOY		40.00	-								
HIGHEST COMPENSATED EMPLOY							X		193,457.	0.	28,921.
(9) DAVID WUTHNOW       40.00       X       127,872.       0.34,086.         (10) RON STEPHEN       4.00       X       X       0.0.       0.0.         CHAIRPERSON       X       X       0.0.       0.0.       0.0.         (11) LAZARO VASQUEZ       4.00       X       X       0.0.       0.0.       0.0.         VICE-CHAIRPERSON       X       X       0.0.       0.0.       0.0.       0.0.         (12) MARLON KING       4.00       X       X       0.0.       0.0.       0.0.         (13) JULIE HEDRICK       4.00       X       X       0.0.       0.0.       0.0.         SECRETARY       X       X       0.0.       0.0.       0.0.       0.0.         (14) CLAUDIO F. CHORIEGO       4.00       X       0.0.       0.0.       0.0.         BOARD MEMBER       X       0.0.       0.0.       0.0.       0.0.         BOARD MEMBER       X       0.0.       0.0.       0.0.         (17) CAROLYN WARD       4.00       0.0.       0.0.       0.0.         BOARD MEMBER       X       0.0.       0.0.       0.0.	, , , , , , , , , , , , , , , , , , , ,	40.00	1								
CHIEF FINANCIAL OFFICER  (10) RON STEPHEN  CHAIRPERSON  (11) LAZARO VASQUEZ  VICE-CHAIRPERSON  (12) MARLON KING  TREASURER  (13) JULIE HEDRICK  SECRETARY  (14) CLAUDIO F. CHORIEGO  BOARD MEMBER  (15) MORLEY HEALY  BOARD MEMBER  (17) CAROLYN WARD  BOARD MEMBER  X X X 0. 0. 0. 0. 0.  127,872. 0. 34,086.  0. 0. 0. 0.  0. 0. 0.  0. 0. 0.  0. 0. 0.  0. 0. 0.  0. 0. 0.  0. 0. 0.  0. 0. 0.  0. 0.							X		180,423.	0.	29,282.
CHAIRPERSON		40.00	-								
X					X				127,872.	0.	34,086.
Name		4.00	1						_		_
X   X   X   X   X   X   X   X   X   X	CHAIRPERSON		Х		X				0.	0.	0.
TREASURER	(11) LAZARO VASQUEZ	4.00							_	_	_
X	VICE-CHAIRPERSON		Х		X				0.	0.	0.
SECRETARY   X   X   X   X   X   X   X   X   X		4.00							_	_	_
X   X   0. 0. 0.	TREASURER		Х		X				0.	0.	0.
Claudio F. Choriego	(13) JULIE HEDRICK	4.00									
BOARD MEMBER         X         0.         0.         0.           (15) MORLEY HEALY         4.00         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.           (16) TIM NORTON         4.00         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.           (17) CAROLYN WARD         4.00         X         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.	SECRETARY		Х		X				0.	0.	0.
15   MORLEY HEALY   4.00	(14) CLAUDIO F. CHORIEGO	4.00									
BOARD MEMBER         X         0.         0.         0.           (16) TIM NORTON         4.00         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.           (17) CAROLYN WARD         4.00         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.	BOARD MEMBER		Х						0.	0.	0.
(16) TIM NORTON       4.00         BOARD MEMBER       X       0.       0.       0.         (17) CAROLYN WARD       4.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.	(15) MORLEY HEALY	4.00									
BOARD MEMBER         X         0.         0.         0.           (17) CAROLYN WARD         4.00         X         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.	BOARD MEMBER		Х						0.	0.	0.
(17) CAROLYN WARD BOARD MEMBER  4.00 X 0. 0.	(16) TIM NORTON	4.00									
BOARD MEMBER X 0. 0. 0.	BOARD MEMBER		Х						0.	0.	0.
	(17) CAROLYN WARD	4.00	1								_
	BOARD MEMBER		Х						<u> </u>	0.	

Form 990 (2022) 232007 12-13-22

Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)	(C)				(D)	(E)			(F)			
Name and title	Average	Position (do not check more than one		Reportable	Reportable		Es	timate	ed				
	hours per week					s both		compensation	compensatio	- 1	ar	nount	of
	(list any						, , , , , , , , , , , , , , , , , , ,	from the	from related organization		com	other pensa	tion
	hours for	direct				,		organization	(W-2/1099-MIS			om th	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)			anizat	
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	ĺ		an	d relat	ed
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
	line)	Indi	Inst	0#!	Key	Hig	Pu						
(18) RICK WOODS	4.00												•
BOARD MEMBER		Х						0.		0.			0.
		-											
dh Cubtatal						<u> </u>		1,803,831.		0.	26	<u>/</u> 0	31.
1b Subtotal								0.		0.	20	±, U	0.
c Total from continuation sheets to Part VI								1,803,831.		0.	26	4,0	
d Total (add lines 1b and 1c)									000 of reportable			<del>-</del> , 0	<u> </u>
	ot ilmited to th	ose	iiste	u al	oove	e) WII	o re	eceived more than \$100,	ooo or reportable	,			30
compensation from the organization												Yes	No
3 Did the organization list any <b>former</b> officer,	director truct	00 l	.01.0	mnl	0.40	۰ ۵۲	hia	shoot componented ampl	0,400 00	1		100	110
line 1a? If "Yes," complete Schedule J for si	,	,	,		,	,	_		•		3		х
4 For any individual listed on line 1a, is the su											3		
and related organizations greater than \$150	•							•	•		4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	•				,			•	1441 101 001 11000		5		х
Section B. Independent Contractors	Diete Genedar	<i>. U I</i> (	01 30	<i>i</i> CII ,	<i>JC13</i>	<u> </u>							
Complete this table for your five highest cor	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100.000 of comp	ensa <sup>t</sup>	tion fro	om	
the organization. Report compensation for t													
(A)				<u> </u>				(B)			((	<u> </u>	
Name and business	address							Description of s	ervices	С	ompe		n
HGA INC, 7511 W. 37TH ST.	N., SU	ΙT	E :	В,									
WICHITA, KS 67205							į	ADVERTISING			60	1,9	52.
P & E BUILDING SERVICES L	LC, 224	E	•					JANITORIAL S	ERVICE				
DOUGLAS AVE., STE. 331, WICHITA, KS 67202 AND SUPPLIES 190								0,2	10.				
MY HOME CARE LLC			_			_							
1037 S. BROADWAY, WICHITA	, KS 67	21	1				_	HOME HEALTH	VISITS		14	3,4	74.
PEARCE TURK DENTAL LABORATORY, 5775													
							DENTAL LAB			12	9,0	78.	

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

		Check if Schedule O conta	aine a resnonse (	or note to any line	a in this Part VIII			
		Check ii Genedale G conta	ams a response t	or riote to arry link	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenuè excluded
						function revenue	business revenue	from tax under sections 512 - 514
			T. T					Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
ira Ou		Membership dues						
s, ( Am		Fundraising events		42,800.				
ar E	d	Related organizations	1d					
s, ( mil	е	Government grants (contribution	ons) 1e	15,202,175.				
<u>s</u> ig	f	All other contributions, gifts, grant	ts, and					
out the		similar amounts not included above	/e <b>1f</b>	2,054,675.				
Ē	q	Noncash contributions included in lines 1		1,762,596.				
Sign		Total. Add lines 1a-1f	<u> </u>		17,299,650.			
<u> </u>				Business Code				
	2 a	MEDICAL & DENTAL SERVIC	CES	621110	18,839,572.	18839572.		
Š	2 a							
er, ne								
m S	C							
ar Be	d							
Program Service Revenue	е	• • • • • • • • • • • • • • • • • • • •						
Д.		All other program service rever			10 000 ==:			
-	g	Total. Add lines 2a-2f			18,839,572.			
	3	Investment income (including						
		other similar amounts)			566,974.			566,974.
	4	Income from investment of tax	k-exempt bond p	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
		Rental income or (loss) 6c						
	d	Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
			10,284,071.	11,242.				
	h	Less: cost or other basis	, ,	,				
a			10,304,542.	7,876.				
Ĭ.	_			3,366.				
Revenue		Gain or (loss) 7c			-17,105.			-17,105.
		Net gain or (loss)			17,103.			17,103.
ther	8 a	Gross income from fundraising ev						
ŏ			,800. of					
		contributions reported on line	, I	22.760				
	_	Part IV, line 18		33,768.				
			8b	43,009.	0.041			0.041
		Net income or (loss) from fund	-		-9,241.			-9,241.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
			9b					
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less i						
		and allowances	10a					
	b	Less: cost of goods sold	10b					
$\Box$	С	Net income or (loss) from sales	s of inventory					
ω,				Business Code				
ño e	11 a	OTHER MISC REVENUE		900099	62,420.	62,420.		
Miscellaneous Revenue	b							
e e	С							
lisc B	d	All other revenue						
2		Total. Add lines 11a-11d			62,420.			
	12	Total revenue See instructions			36 742 270.	18901992.	0.	540 628.

### 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).

Secil	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor			ipiete coluitiii (A).	
	not include amounts reported on lines 6b,		(B)	(C)	( <b>D</b> ) Fundraising
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		схрензез	general expenses	схрензез
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2					
3	individuals. See Part IV, line 22  Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4					
5	Compensation of current officers, directors,	941,949.	752,729.	189,220.	
6	trustees, and key employees	741,747.	132,1234	105,2201	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	15 /02 018	12,244,063.	3,121,584.	127,271.
7	Other salaries and wages	13,434,310.	14,411,000.	3,141,304.	141,411•
8	Pension plan accruals and contributions (include	201 455	181 372	20,083.	
•	section 401(k) and 403(b) employer contributions)	201,455. 1,988,973.	181,372. 1,548,760.	429,866.	10 3/17
9	Other employee benefits	1,188,812.	932,676.	246,133.	10,347.
10	Payroll taxes	1,100,012.	222,010.	240,133.	10,005
11	Fees for services (nonemployees):  Management				
_		2,980.		2,980.	
b	Legal	122,584.		122,584.	
	Accounting	122,504.		122,304.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	93,591.		93,591.	
	Other. (If line 11g amount exceeds 10% of line 25,	3373311		3373311	
9	column (A), amount, list line 11g expenses on Sch O.)	842,402.	735,622.	106,780.	
12	Advertising and promotion	623,456.		623,456.	
13	Office expenses	368,375.	221,215.	147,160.	
14	Information technology	356,297.	302,175.	54,122.	
15	Royalties	7777		, , , , , , , , , , , , , , , , , , ,	
16	Occupancy	668,952.	500,003.	168,949.	
17	Travel	127,301.	65,727.	61,574.	
18	Payments of travel or entertainment expenses	,	,	, ,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,067,148.	924,943.	142,205.	
23	Insurance	107,161.	3,786.	103,375.	
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 0.)				
а	MEDICAL SUPPLIES	3,566,533.	3,566,533.		
b	REPAIRS	297,517.	217,736.	79,781.	
С	SUPPLIES	95,150.		95,150.	
d	CONTINUING EDUCATION	88,809.	78,174.	10,635.	
е	All other expenses	230,092.	92,938.	137,154.	
25	Total functional expenses. Add lines 1 through 24e	28,472,455.	22,368,452.	5,956,382.	147,621.
26	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				5 QQQ (0000)

Form 990 (2022)
Part X Balance Sheet

Pai	rt X	Balance Sheet	
		Check if Schedule O contains a response or note to any line in this Part X	
			(A) (B) Beginning of year End of year
	1	Cash - non-interest-bearing	147,936. 1 77,430.
	2	Savings and temporary cash investments	9,461,833. 2   16,678,980.
	3	Pledges and grants receivable, net	87,227. 3 58,233.
	4	Accounts receivable, net	
	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
Ø	7	Notes and loans receivable, net	7
Assets	8	Inventories for sale or use	22,417. 8 35,329.
ğ	9	Prepaid expenses and deferred charges	165 726   6   126 001
	10a	Land, buildings, and equipment: cost or other	
		basis. Complete Part VI of Schedule D 10a 21,982,7	
	b	Less: accumulated depreciation 10b 7,686,3	371. 16,132,523. 10c 14,296,343.
	11	Investments - publicly traded securities	12,861,540. 11 11,080,059.
	12	Investments - other securities. See Part IV, line 11	
	13	Investments - program-related. See Part IV, line 11	
	14	Intangible assets	
	15	Other assets. See Part IV, line 11	0. 15 3,225,637.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	
	17	Accounts payable and accrued expenses	
	18	Grants payable	
	19	Deferred revenue	
	20	Tax-exempt bond liabilities	
	21	• • •	21
es	22	Loans and other payables to any current or former officer, director,	
ij.		trustee, key employee, creator or founder, substantial contributor, or 35%	
Liabilities		controlled entity or family member of any of these persons	
	23 24	Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties	
	25	Other liabilities (including federal income tax, payables to related third	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X	
		of Schedule D	0. 25 744,344.
	26	Total liabilities. Add lines 17 through 25	2 200 200 - 2 142 066
		Organizations that follow FASB ASC 958, check here	
es		and complete lines 27, 28, 32, and 33.	
anc	27	Net assets without donor restrictions	39,034,364. 27 44,928,377.
Bala	28	Net assets with donor restrictions	
Pu		Organizations that do not follow FASB ASC 958, check here	
Ψ		and complete lines 29 through 33.	
ě	29	Capital stock or trust principal, or current funds	29
sets	30	Paid-in or capital surplus, or land, building, or equipment fund	
As	31	Retained earnings, endowment, accumulated income, or other funds	31
Net Assets or Fund Balances	32	Total net assets or fund balances	39,149,965. 32 45,048,700.
	33	Total liabilities and net assets/fund balances	44 440 080   40 404 866

Form **990** (2022)

Pa	rt 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			2,2				
2	Total expenses (must equal Part IX, column (A), line 25)	2			2,4 9,8				
3	3 Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5									
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				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	45	,04	8,7	00.			
Pa	rt 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: Cash X Accrual 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?			2a		X			
	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:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	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:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	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?			2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.							
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?		[	За	Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х				
				Form	990	(2022)			

232012 12-13-22

### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GRACEMED HEALTH CLINIC,

**Employer identification number** 

48-1159633 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	10130406.	9490711.	13492489.	16884262.	17299650 <b>.</b>	67297518.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	10130406.	9490711.	13492489.	16884262.	<u> 17299650.</u>	67297518.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						55005540
6	Public support. Subtract line 5 from line 4.						67297518.
	• • • • • • • • • • • • • • • • • • • •	T 1					T
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	10130406.	9490/11.	13492489.	16884262.	1/299650•	0/29/518.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	146 121	242 162	200 107	212 161	F66 074	1470605
_	and income from similar sources	146,131.	243,162.	209,197.	313,161.	300,974.	1478625.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						<del>                                     </del>
10	Other income. Do not include gain						
	or loss from the sale of capital					62 420	62,420.
11	assets (Explain in Part VI.)					02,420.	68838563.
	Gross receipts from related activities.	oto (soo instructio	ne)			12 89	,842,594.
	First 5 years. If the Form 990 is for the	,	,	fourth or fifth tax v	vear as a section 5		701273311
.0	organization, check this box and <b>sto</b>						
Sec	etion C. Computation of Publ						
	Public support percentage for 2022 (			column (f))		14	97.76 %
	Public support percentage from 2021					15	98.45 %
	33 1/3% support test - 2022. If the					ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	ts-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances to	est. The organization	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	t - <b>2021.</b> If the orga	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets t	he facts-and-circum	stances test, ched	ck this box and st	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s

### 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.)

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		T				,
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	-			•		
0-	check this box and stop here						
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2022 (I			.,,		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
				10 l (f)		47	0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	7 is not
198	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						L
k	33 1/3% support tests - 2021. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in ala not check a	DOX on line 14, 198	a, or 190, check th	iis box and see ins	structions	

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
		.03	.13
	1		
	2		
	3a		
	<u> </u>		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	5a		
	Jd		
	5b		
	5c		
	6		
	-		
	7		
	8		
	3		
	9a		
	9b		
	9с		
	10a		
	401		
- این	10b	n 000)	2020

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or	fficers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporting organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
Seci				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а				
b				
C	= 5 Times you supported a governmental on	tity (see instructior	l ' l	NI.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities.  Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	24		
IJ	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	32		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	inization (see

Schedule A (Form 990) 2022

instructions).

	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	upd)	- 1200000 Tage 7
	ion D - Distributions	()() -	Contine	<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	Carrone roa
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets	•		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9_	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2022				
a	From 2017				
<u>b</u>	From 2018				
<u> </u>	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u> </u>	Carryover from 2017 not applied (see instructions)				
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount  Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
3	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
Ū	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

232028 12-09-22 Schedule A (Form 990) 2022

### 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

GRACEMED HEALTH CLINIC, INC.

Employer identification number

48-1159633

Organization type (cneck one):					
Filers of:		Section:			
Form 990 or 990-EZ		X 501(c)( 3 ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> 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			
		covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special I	Rules				
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year				
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 requirements of Schedule B (Form 990).			

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990) (2022)

Name of organization Employer identification number

### GRACEMED HEALTH CLINIC, INC.

48-1159633

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		\$1,664,319.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$1,372,233.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No. 4	Name, address, and ZIP + 4	\$ 13,274,563.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

### GRACEMED HEALTH CLINIC, INC.

48-1159633

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	16,266 VACCINE UNITS		
		\$1,372,233.	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	13,960 VACCINE UNITS		
		\$349,000.	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		I *	Cab adula B (Farma 000) (0000)

Name of organization **Employer identification number** GRACEMED HEALTH CLINIC, INC. 48-1159633

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

GRACEMED HEALTH CLINIC, INC. **Employer identification number** 48-1159633

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(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 w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors 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?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		1 1
b			
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the peri		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
·	balance sheet, and include, if applicable, the text of the footnote	•	
	organization's accounting for conservation easements.		ionic that goodhood the
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther 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	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in for	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, 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 furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(m) 4		•
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tr	easures, oi	Other S	imilar Ass	ets (continu	ed)
3	Using the organization's acquisition, accession						•	
	collection items (check all that apply):	·	•	· ·	· ·			
а	Public exhibition	d	Loan or exc	change progra	ım			
b	Scholarly research	е						
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further t	he organizatio	n's exemp	purpose in F	Part XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or othe	r similar as	sets		
	to be sold to raise funds rather than to be ma						Yes	☐ No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the organization				IV, line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	iary for contributior	ns or other ass	ets not inc	luded		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII							
	· · ·	·	-				Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo					?	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on F	Part XIII .			
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on F	orm 990, Part	IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two year		Three years b	ack (e) Four y	ears back
1a	Beginning of year balance							
	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as:	•		•	
а	Board designated or quasi-endowment	,	%	,,				
b	Permanent endowment	%	_					
С	Term endowment	<del></del> %						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	•	tion that are held a	nd administer	ed for the			
	organization by:	· ·					7	'es No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the							•
Par	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990	, Part X, lin	e 10.		
	Description of property	(a) Cost or o		t or other (other)		umulated ciation	(d) Book	value
1a	Land		1,01	L5,230.			1,015	,230.
	Buildings			58,223.	3,25	3,368.	10,414	
С	Leasehold improvements			35,865.		3,350.		,515.
	Equipment			23,961.		9,653.	1,634	
	Other			39,435.			1,039	
	. Add lines 1a through 1e. (Column (d) must e		X. column (B). line	10c.)			14,296	

Schedule D (Form 990) 2022

Part VII	Investments -	<ul><li>Other</li></ul>	Securities.

Part VII	Investments - Other Securities.	- Farma 000 Dart IV line	adda Caa Farma 000 Bart V line 10	
(a) Descrip	Complete if the organization answered "Yes" on otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
	11.	(b) Doon value	(0)	Ta or your marrier raise
. ,	al derivatives held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" o			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
<u>(1)</u>				
(2)				
(3)			+	
(4)			+	
<u>(5)</u>				
(6)			+	
<u>(7)</u> (8)			+	
<u>(8)</u> (9)			+	
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
		escription		(b) Book value
(1) OF	PERATING LEASE, RIGHT-OF-	USE ASSETS,	NET	744,344.
(2) FI	NANCING LEASE, RIGHT-OF-	USE ASSETS,	NET	2,481,293.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				2 225 525
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) line	15.)		3,225,637.
Part X	Other Liabilities.	- Faura 000 Dart IV line	- 44: 444 Can Faura 000 Bart V line 6	NF.
	Complete if the organization answered "Yes" o  (a) Description of liability	n Form 990, Part IV, line	e TTe or TTf. See Form 990, Part X, line 2	(b) Book value
1.	.,			(b) Book value
	deral income taxes IORT TERM LEASE LIABILITY			239,949.
	ONG TERM LEASE LIABILITY			504,395.
	NG TERM DEAGE DIABIDITI			304,393.
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line			744,344.
	r for uncertain tax positions. In Part XIII. provide t	•		

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

Schedule D (Form 990) 2022

744,660.

43,009.

787,669.

BAD DEBTS

FUNDRAISING EXPENSES

TOTAL TO SCHEDULE D, PART XII, LINE 2D

Schedule D (Form 990) 2022 Part XIII Supplemental Information	GRACEMED	HEALTH	CLINIC,	INC.	48-1159633	Page 5
Part XIII Supplemental Infor	rmation <sub>(continue</sub>	ed)				

## SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

### **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.

OMB No. 1545-0047

2022

Open to Public Inspection

GRACEME	D HEALTH CLINIC, II	NC.			48-1159	633
	· Complete if the organization answe		es" or	n Form 990, Part IV, I		
Indicate whether the organization rais     a	sed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual eart VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						
<b>3</b> List all states in which the organization or licensing.	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration
						-

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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines i and 6b. List e	<u> </u>	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				HOTCAKES	NONE	1 ' '
			5K RACE	FUNDRAISER		(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ē			(event type)	(event type)	(total fluffiber)	
Revenue			F0 260	04 000		F.C. F.C.O.
ě	1	Gross receipts	52,360.	24,208.		76,568.
ш						
	2	Less: Contributions	22,000.	20,800.		42,800.
	3	Gross income (line 1 minus line 2)	30,360.	3,408.		33,768.
		,	,	,		,
	4	Cash prizes	1,000.			1,000.
	•	Oasii piizes	1,000.			1,000.
	_		24 557			24 557
	5	Noncash prizes	24,557.			24,557.
Direct Expenses						
en	6	Rent/facility costs				
ă						
둫	7	Food and beverages				
Ë						
	8	Entertainment				
	9	Other direct expenses	16,107.	1,345.		17,452.
						43,009.
	10		. ,			-9,241.
D	11     11					-5,241.
Г	II L I		answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	T		
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			( , , ,	bingo/progressive bingo		col. (a) through col. (c))
ě						
Œ	1	Gross revenue				
	2	Cash prizes				
ses						
ĕ	3	Noncash prizes				
Direct Expenses	"	Noncasii prizes				
ž	١.	Don't for all the analysis				
Ë	4	Rent/facility costs				
_						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	L No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
		The garming moon of the contract mass				· ·
9	En	ter the state(s) in which the organization condi	icte gaming activities:			
-						Yes No
		the organization licensed to conduct gaming a				Yes No
k	) If "	No," explain:				
	_					
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	ear?	Yes No
k	lf "	Yes," explain:				

Sch	ledule G (Form 990) 2022 GRACEMED HEALTH CLINIC, INC. 48-1	<u>. тээ</u>	<u>033</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:	1	ı	
а	a The organization's facility	13a		%
b	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	☐ No
b	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
40				
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a	retain the state gaming license?		Yes	☐ No
h	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		103	140
	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II.	t III. lin	AS Q (	2h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		C3 0, \	, 10b,

232083 10-27-22 Schedule G (Form 990) 2022

Schedule Gromm 990. GRACEMED HEALTH CLINIC, INC. 48-1159633 Page Part IV Supplemental Information (continued)	Schedule G	(Form 990)	GRACEMED	HEALTH	CLINIC,	INC.	48-1159633	Page 4
	Part IV	Supplemental Infor	mation <sub>(continue</sub>	d)				

### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

GRACEMED HEALTH CLINIC, INC.

 $\begin{array}{c} \textbf{Employer identification number} \\ 48-1159633 \end{array}$ 

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
				l
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
				l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			l
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			l
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
	contingent on the net earnings of:	0-		v
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JULIE ELDER	(i)	260,492.	11,643.	0.	8,435.	21,240.	301,810.	0.
CHIEF MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) VENUS LEE	(i)	228,076.	14,484.	0.	7,330.	2,190.	252,080.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOYCE ALLEN	(i)	207,718.	2,218.	0.	6,559.	19,094.	235,589.	0.
HIGHEST COMPENSATED EMPLOY	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BILLY RICHARDSON	(i)	195,386.	2,522.	0.	6,339.	30,066.	234,313.	0.
HIGHEST COMPENSATED EMPLOY	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ERIC DESHAZER	(i)	190,129.	1,218.	0.	6,100.	28,655.	226,102.	0.
CHIEF DENTAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) REGAN DEHART	(i)	185,975.	2,218.	0.	6,036.	29,698.	223,927.	0.
HIGHEST COMPENSATED EMPLOY	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LANCE JEPSON	(i)	192,239.	1,218.	0.	1,023.	27,898.	222,378.	0.
HIGHEST COMPENSATED EMPLOY	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) TRACY ALEXANDER	(i)	179,611.	812.	0.	5,752.	23,530.	209,705.	0.
HIGHEST COMPENSATED EMPLOY	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DAVID WUTHNOW	(i)	126,248.	1,624.	0.	4,232.	29,854.	161,958.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

**Employer identification number** GRACEMED HEALTH CLINIC, INC. 48-1159633

**Types of Property** Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles ..... 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded ..... Securities - Closely held stock ..... 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory 1,762,596.AVG. PER UNIT Х 30,226 Drugs and medical supplies ..... 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other 26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement \_\_\_\_\_29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

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

Schedule M (Form 990) 2022

Schedule M	(Form 990) 2022 GRACEMED	HEALTH CLINIC, INC.	48-1159633 Page <b>2</b>
Part II	<b>Supplemental Information.</b> is reporting in Part I, column (b), the this part for any additional information	Provide the information required by Part number of contributions, the number of on.	I, lines 30b, 32b, and 33, and whether the organization items received, or a combination of both. Also complete

### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

GRACEMED HEALTH CLINIC, INC. **Employer identification number** 48-1159633

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HEALTH CARE FOR RESIDENTS IN THE COMMUNITIES WE SERVE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION HIRES AN OUTSIDE CPA TO PREPARE THE FINANCIAL STATEMENT
AUDIT AND THE FORM 990 EACH YEAR. AFTER THE CPA HAS COMPLETED BOTH THE
AUDIT AND FORM 990, THE CFO FOR THE ORGANIZATION AND THE CPA REVIEW THE
INITIAL DRAFT OF THE RETURN TO ENSURE ITS COMPLETENESS AND ACCURACY.
FOLLOWING THE REVIEW, THE FORM 990 IS COMPLETED AND THE ORGANIZATION FILES
THE RETURN.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICTS OF INTEREST
POLICIES, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON
REQUEST.

5/4/23, 10:57 AM

https://efile.prosystemfx.com/

Product: Exempt Extension

Name: GraceMed Health Clinic, Inc.

FEIN: \*\*\*\*9633

Bank Info:

Fiscal Year Begin Date: 1/1/2022

IRS Message:

Category:

Plan Number:

os.//eme.prosystemix.com/

IRS Center: Ogden

e-Postmark: 5/4/2023 10:13 AM

Notification:

Fiscal Year End Date: 12/31/2022

eSigned:

### **Return Information**

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
05/04/2023	22X:210042.990:V1	Upload Started			Shaw,Becky	
05/04/2023	22X:210042.990:V1	Ready to Release by Customer				
05/04/2023	22X:210042.990:V1	Released for Transmission - Validation in Progress			LeBlanc, Amber	
05/04/2023	22X:210042.990:V1	Ready to transmit - Validation Complete				
05/04/2023	22X:210042.990:V1	Transmitted to FD	4814732023124034ce52			
05/04/2023	22X:210042.990:V1	Accepted by FD on 5/4/2023				

ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
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### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Type or Taxpayer identification number (TIN) print GRACEMED HEALTH CLINIC, INC. 48-1159633 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1150 N BROADWAY AVENUE City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. WICHITA, KS 67214 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Application Return Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 1041-A Form 4720 (individual) Form 4720 (other than individual) 03 Form 990-PF Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 DAVID WUTHNOW • The books are in the care of  $\blacktriangleright$  1150 N BROADWAY AVENUE - WICHITA, KS 67214 Telephone No. ► (316) 866-2049 Fax No. If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_\_. If this is for the whole group, check this box 🕨 ... If it is for part of the group, check this box 🕨 ... and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until \_\_\_\_NOVEMBER\_15, 2023\_ , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or \_\_\_\_\_, and ending \_ tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

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

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

Form 8868 (Rev. 1-2022)

instructions.

EXTENDED TO NOVEMBER 15, 2023 Form **990-T Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2022 or other tax year beginning Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Check box if Name of organization ( Check box if name changed and see instructions.) address changed. **B** Exempt under section Print GRACEMED HEALTH CLINIC, INC. 48-1159633 EGroup exemption numbe (see instructions) X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(e) 220(e) 1150 N BROADWAY AVENUE 408A ]530(a) City or town, state or province, country, and ZIP or foreign postal code ]529(a) [ WICHITA, KS 67214 529A Check box if 48,191,566. C Book value of all assets at end of year . an amended return. X 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university Check organization type Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if filing only to Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. DAVID WUTHNOW (316) 866-2049 The books are in care of Telephone number **Total Unrelated Business Taxable Income** Part I Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 1 2 Reserved 2 3 3 Add lines 1 and 2 0. Charitable contributions (see instructions for limitation rules) 4 4 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 7 Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 **Trusts.** Section 199A deduction. See instructions 9 10 1,000 Total deductions. Add lines 8 and 9 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 enter zero 11 **Tax Computation** Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or Schedule D (Form 1041) Part I, line 11 from: 2 Proxy tax. See instructions 3 3 4 Other tax amounts. See instructions 4 Alternative minimum tax (trusts only) 5 5

Tax on noncompliant facility income. See instructions

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

For Paperwork Reduction Act Notice, see instructions.

6

6

LHA

Part	Ш	Tax and Payments						
1a	Foreig	gn tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a					
b	Other	credits (see instructions)	. 1b					
С	Gener	ral business credit. Attach Form 3800 (see instructions)						
d		t for prior year minimum tax (attach Form 8801 or 8827)						
е	Total	credits. Add lines 1a through 1d			1e			
2		act line 1e from Part II, line 7			2			0.
3	Other	amounts due. Check if from: Form 4255 Form 8611 Form	n 8697	Form 8866				
		Other (attach statement)			3			
4	Total	tax. Add lines 2 and 3 (see instructions). Check if includes tax pre						
	sectio	on 1294. Enter tax amount here			4			0.
5	Curre	nt net 965 tax liability paid from Form 965-A, Part II, column (k)			5			0.
6a	Paym	ents: A 2021 overpayment credited to 2022	6a					
b	2022	estimated tax payments. Check if section 643(g) election applies	6b					
С		eposited with Form 8868						
d	Foreig	gn organizations: Tax paid or withheld at source (see instructions)	6d					
е	Backı	up withholding (see instructions)	. 6e					
f		t for small employer health insurance premiums (attach Form 8941)						
g	Other	credits, adjustments, and payments: Form 2439	_					
		Form 4136 Other Tota	al <b>6g</b>					
7	Total	payments. Add lines 6a through 6g			7			
8	Estim	ated tax penalty (see instructions). Check if Form 2220 is attached			8			
9	Tax d	lue. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9			
10	Overp	payment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	paid		10			
11		the amount of line 10 you want: Credited to 2023 estimated tax		Refunded	11			
Part	IV S	Statements Regarding Certain Activities and Other Informat	tion (see	instructions)				
1	At any	y time during the 2022 calendar year, did the organization have an interest in o	r a signatu	re or other authority		Y	es	<u>No</u>
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the						
	FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	ne name of	the foreign country				
	here						_	<u>X</u>
2	During	g the tax year, did the organization receive a distribution from, or was it the gra	intor of, or	transferor to, a				
	foreig	n trust?					_	<u>X</u>
		s," see instructions for other forms the organization may have to file.						
3		the amount of tax-exempt interest received or accrued during the tax year		\$				
4				ny post-2017 NOL ca	•			
		n on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by				ò.		
5		2017 NOL carryovers. Enter the Business Activity Code and available post-201		•				
	the ar	mounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo						
		Business Activity Code		ble post-2017 NOL	carryove	r		
			\$					
			\$					37
6a								<u>X</u>
b		s "Yes," has the organization described the change on Form 990, 990-EZ, 990-	PF, or Fori	m 1128? If "No,"				
Part		in in Part V Supplemental Information						
				to also altana				
roviae	e tne ex	xplanation required by Part IV, line 6b. Also, provide any other additional inform	nation. See	instructions.				
	Ur	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and	l statements, a	nd to the best of my knowle	edge and be	elief, it is true,		
Sign	со	rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep	arer has any k					
Here		CEO			-	discuss this retu shown below (se		h
	Si	ignature of officer Date Title		_		? X Yes		No
		Print/Type preparer's name Preparer's signature	Date		if PTIN			
ם בי		Tropard o dignature	- 410	self- employed		•		
Paid	ro-	REBECCA SHAW	11/08/			127542	25	
Prepa		Firm's name BT&CO., P.A.	=, -, -,	Firm's EIN		3-10664		
Use C	rilly	4301 SW HUNTOON ST.						
		Firm's address TOPEKA KS 66604		Phone no	785-2	234-345	7	

5/4/23, 10:58 AM

https://efile.prosystemfx.com/

Product: Exempt Extension

Name: GraceMed Health Clinic, Inc.

FEIN: \*\*\*\*9633 Bank Info:

Fiscal Year Begin Date: 1/1/2022

IRS Message:

Category: 990-T Extension

Fiscal Year End Date: 12/31/2022

Plan Number:

IRS Center: Ogden

e-Postmark: 5/4/2023 10:13 AM

Notification:

eSigned:

### **Return Information**

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
05/04/2023	22X:210042.990:V1	Upload Started			Shaw,Becky	
05/04/2023	22X:210042.990:V1	Ready to Release by Customer				
05/04/2023	22X:210042.990:V1	Released for Transmission - Validation in Progress			LeBlanc, Amber	
05/04/2023	22X:210042.990:V1	Ready to transmit - Validation Complete				
05/04/2023	22X:210042.990:V1	Transmitted to FD - 990-T Extension	4814732023124034ce53			
05/04/2023	22X:210042.990:V1	Accepted by FD - 990-T Extension on 5/4/2023				

ID State/Other **Status Date** Status **State Category FBAR** FBAR BSA ID

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print GRACEMED HEALTH CLINIC, INC. 48-1159633 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1150 N BROADWAY AVENUE instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. WICHITA, KS 67214 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) DAVID WUTHNOW The books are in the care of > 1150 N BROADWAY AVENUE - WICHITA, KS 67214 Telephone No. ► (316) 866-2049 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
. If this is for the whole group, check this box 🕨 ... If it is for part of the group, check this box 🕨 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2023 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

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

Form 8868 (Rev. 1-2022)

instructions.