

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **07/01/22**, and ending **06/30/23**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JUDEO CHRISTIAN HEALTH CLINIC, INC.		D Employer identification number 59-1605647
	Doing business as		E Telephone number 813-870-3231
	Number and street (or P.O. box if mail is not delivered to street address) 4118 N. MACDILL AVENUE		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code TAMPA FL 33607		G Gross receipts \$ 1,914,845
F Name and address of principal officer: JESSICA L. KENDALL HORNOF 10824 N DALE MABRY HWY TAMPA FL 33618		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	
J Website: WWW.JUDEOCHRISTIANHEALTHCLINIC.ORG		L Year of formation: 1972	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile: FL	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	302
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,369,462	837,720
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,183	4,622
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,376	44,794
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,410	11,872
		1,431,431	899,008
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	574,156	586,769
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	50,244	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	293,227	252,244
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	867,383	839,013	
19 Revenue less expenses. Subtract line 18 from line 12	564,048	59,995	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,100,515	3,286,830
	22 Net assets or fund balances. Subtract line 21 from line 20	0	0
	3,100,515	3,286,830	

Part II Signature Block

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

Sign Here	Signature of officer JESSICA L. KENDALL HORNOF	Date			
	Type or print name and title TREASURER				
Paid Preparer Use Only	Print/Type preparer's name DAVID D. GIGLIA	Preparer's signature <i>David D. Giglia, CPA.</i>	Date 04/22/24	Check <input type="checkbox"/> if self-employed	PTIN P00154846
	Firm's name PRIDA, GUIDA & PEREZ, P.A.	Firm's EIN 59-1978917	Firm's address 2504 WEST KATHLEEN ST TAMPA, FL 33607	Phone no. 813-226-6091	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part 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:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **536,623** including grants of \$) (Revenue \$ **4,522**)

THE CLINIC WAS FORMED TO PROVIDE HEALTH CARE TO ALL WHO ARE UNABLE TO PAY FOR SUCH CARE. THE CLINIC OPERATES A FREE MEDICAL CLINIC, LAB FOR THE MEDICALLY INDIGENT, PATIENT ASSISTANCE, AND A PHARMACY IN PROVIDING SUCH HEALTH CARE. THE CLINIC RECORDED 33,040 PATIENT ENCOUNTERS DURING THE YEAR. 7,844 OF THESE ENCOUNTERS WERE MEDICAL PATIENT VISITS AND 24,798 OF THESE ENCOUNTERS WERE FILLED PRESCRIPTIONS.

4b (Code:) (Expenses \$ **118,136** including grants of \$) (Revenue \$)

THE ORGANIZATION OPERATES A FREE DENTAL CLINIC. THE CLINIC RECORDED 33,040 PATIENT ENCOUNTERS DURING THE YEAR. 307 OF THESE ENCOUNTERS WERE DENTAL VISITS.

4c (Code:) (Expenses \$ **79,303** including grants of \$) (Revenue \$ **100**)

THE ORGANIZATION OPERATES AN EYE CLINIC TO PROVIDE EYE EXAMS AND EYE GLASSES TO CLINIC PATIENTS. THE CLINIC RECORDED 33,040 PATIENT ENCOUNTERS DURING THE YEAR. 91 OF THESE ENCOUNTERS WERE EYE PATIENT VISITS.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **734,062**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1a			0
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	14		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<input checked="" type="checkbox"/>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			<input checked="" type="checkbox"/>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<input checked="" type="checkbox"/>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<input checked="" type="checkbox"/>	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			<input checked="" type="checkbox"/>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			<input checked="" type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			<input checked="" type="checkbox"/>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			<input checked="" type="checkbox"/>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			<input checked="" type="checkbox"/>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			<input checked="" type="checkbox"/>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			<input checked="" type="checkbox"/>
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed FL
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records JESSICA L. KENDALL HORNOF 10824 N DALE MABRY HWY TAMPA FL 33618 813-870-3231

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SYLVIA D. CAMPBELL, M.D. PRESIDENT	2.00 0.00			X				0	0	0
(2) DR. JOHN DEBEVOISE VICE PRESIDENT	2.00 0.00			X				0	0	0
(3) JESSICA L. KENDALL HORNOF TREASURER	2.00 0.00			X				0	0	0
(4) FRANK GARCIA SECRETARY	2.00 0.00			X				0	0	0
(5) JEAN AERTKER, DNP, ARNP DIRECTOR	1.00 0.00	X						0	0	0
(6) LEO ALVAREZ DIRECTOR	1.00 0.00	X						0	0	0
(7) PHIL BAUMANN DIRECTOR	1.00 0.00	X						0	0	0
(8) RABBI RICHARD BIRNHOLZ DIRECTOR	1.00 0.00	X						0	0	0
(9) JANET CRUZ DIRECTOR	1.00 0.00	X						0	0	0
(10) KIM CURRY DIRECTOR	1.00 0.00	X						0	0	0
(11) STEVE HORNE DIRECTOR	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) GAYLE SIERENS MARTIN	1.00									
DIRECTOR	0.00	X						0	0	0
(13) RON O'NEAL, D.M.D.	1.00									
DIRECTOR	0.00	X						0	0	0
(14) REV. DR. BERNICE POWELL JACKSON	1.00									
DIRECTOR	0.00	X						0	0	0
(15) RABBI JOEL SIMON	1.00									
DIRECTOR	0.00	X						0	0	0
(16) ANGELA RABIN	1.00									
DIRECTOR	0.00	X						0	0	0
(17) AMY SOLOMON, M.D.	1.00									
DIRECTOR	0.00	X						0	0	0
(18) VICKI WALKER	1.00									
DIRECTOR	0.00	X						0	0	0
(19) TIFFANY WARD, M.D.	10.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	119,950				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	717,770				
	g Noncash contributions included in lines 1a-1f	1g	\$ 23,546				
	h Total. Add lines 1a-1f		837,720				
	Program Service Revenue	2a MEDICAL & DENTAL CLINIC REVEN	Business Code	624100	4,522	4,522	
b EYE CLINIC REVENUE			624100	100	100		
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				4,622			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		74,520	74,520			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real				
			(ii) Personal				
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory		(i) Securities				
			(ii) Other				
		7a		942,902			
		b Less: cost or other basis and sales exps.	7b	968,456	4,172		
	c Gain or (loss)	7c	-25,554	-4,172			
	d Net gain or (loss)			-29,726	-29,726		
8a Gross income from fundraising events (not including \$ 119,950 of contributions reported on line 1c). See Part IV, line 18							
	8a		55,081				
	b Less: direct expenses	8b	43,209				
c Net income or (loss) from fundraising events			11,872				
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			899,008	49,416	0	0	

Part IX Statement of Functional Expenses

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	537,154	467,844	34,658	34,652
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	8,018	7,073	472	473
10 Payroll taxes	41,597	36,230	2,684	2,683
11 Fees for services (nonemployees):				
a Management				
b Legal	6,796	5,436	1,360	
c Accounting	15,500	12,400	3,100	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	280	140	70	70
13 Office expenses	21,712	10,858	5,426	5,428
14 Information technology	10,691	5,345	2,673	2,673
15 Royalties				
16 Occupancy	45,797	41,216	2,291	2,290
17 Travel				
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	18,184	16,366	909	909
23 Insurance	11,124	10,013	555	556
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PHARMACY EXPENSES	76,432	76,432		
b HOSPITAL CHARGES	19,916	19,916		
c MEDICAL CLINIC EXPENSES	10,294	10,294		
d REPAIRS & MAINTENANCE	9,179	9,179		
e All other expenses	6,339	5,320	509	510
25 Total functional expenses. Add lines 1 through 24e	839,013	734,062	54,707	50,244
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	1,063,422	1	708,463
	2	Savings and temporary cash investments	271,711	2	634,998
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	867,719		
	b	Less: accumulated depreciation	590,179	10c	277,540
	11	Investments—publicly traded securities	1,296,089	11	1,439,354
	12	Investments—other securities. See Part IV, line 11	219,343	12	226,475
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	3,100,515	16	3,286,830	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	2,356,628	27	2,463,492
	28	Net assets with donor restrictions	743,887	28	823,338
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	3,100,515	32	3,286,830	
33	Total liabilities and net assets/fund balances	3,100,515	33	3,286,830	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	899,008
2	Total expenses (must equal Part IX, column (A), line 25)	2	839,013
3	Revenue less expenses. Subtract line 2 from line 1	3	59,995
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,100,515
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	61,000
9	Other changes in net assets or fund balances (explain on Schedule O)	9	65,320
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,286,830

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990)

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

2022

Open to Public Inspection

Name of the organization

JUDEO CHRISTIAN HEALTH CLINIC, INC.

Employer identification number

59-1605647

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Percentage, and %. Rows include: 14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 %; 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 %; 16a 33 1/3% support test—2022; b 33 1/3% support test—2021; 17a 10%-facts-and-circumstances test—2022; b 10%-facts-and-circumstances test—2021; 18 Private foundation.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	672,899	698,443	819,805	1,181,945	837,720	4,210,812
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	183,370	115,356	103,113	212,110	134,223	748,172
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	856,269	813,799	922,918	1,394,055	971,943	4,958,984
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						4,958,984

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	856,269	813,799	922,918	1,394,055	971,943	4,958,984
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	53,793	74,797	47,166	37,376	74,520	287,652
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	53,793	74,797	47,166	37,376	74,520	287,652
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	910,062	888,596	970,084	1,431,431	1,046,463	5,246,636
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	94.52 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	93.60 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	5 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	6 %

- 19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on line 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2	Activities Test. <i>Answer lines 2a and 2b below.</i>		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

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

**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

Employer identification number

JUDEO CHRISTIAN HEALTH CLINIC, INC.**59-1605647**

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

Name of organization

JUDEO CHRISTIAN HEALTH CLINIC, INC.

Employer identification number

59-1605647

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	MR. W. T. MORGAN, III FAMILY FOUNDATION 918 SOUTH GOLF VIEW STREET TAMPA FL 33629	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NATIONAL CHRISTIAN FOUNDATION 1901 ULMERTON ROAD SUITE 400 CLEARWATER FL 33762	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ESTHER HAPPLE 500 NORTH WEST SHORE BLVD SUITE 605 TAMPA FL 33609	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JOANNE LYON 12809 MAGNOLIA POINTE BLVD CLERMONT FL 33471	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	HYUNDAI OF NEW PORT RICHEY 3936 US HIGHWAY 19 NEW PORT RICHEY FL 34652	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

JUDEO CHRISTIAN HEALTH CLINIC, INC.

Employer identification number

59-1605647

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	COMMUNITY FOUNDATION OF TAMPA BAY 4300 WEST CYPRESS STREET SUITE 700 TAMPAQ FL 33607	\$ 21,401	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	PALMA CEIA PRESBYTERIAN CHURCH 3501 W SAN JOSE STREET TAMPA FL 33629	\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	TRUST OF ROBERT MCWATT TRUSSELL 1009 W CLEVELAND STREET TAMPA FL 33606	\$ 5,850	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	JEFF MOUNT 1024 S STERLING AVENUE TAMPA FL 33629	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	CORNELIA G. CORBETT 1043 GUIDANDO DE AVILA TAMPA FL 33613	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	MANNY & MARY ALVAREZ 8616 VILLA SQUARE COURT TAMPA FL 33614	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

JUDEO CHRISTIAN HEALTH CLINIC, INC.

Employer identification number

59-1605647

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	THE WILLIAM STAMPS FARISH FUND 1100 LOUISIANA SUITE 2200 HOUSTON TX 77002	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	BAYCARE HEALTH SYSTEM 2985 DREW STREET CLEARWATER FL 33759	\$ 115,013	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	THE BURTON FAMILY FOUNDATION 614 W. BAY STREET TAMPA FL 33606	\$ 13,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	DR. & MRS. JOEL STROM 4901 ANDROS DRIVE TAMPA FL 33629	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	NEW YORK YANKEES 1 STEINBRENNER DRIVE TAMPA FL 33614	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

JUDEO CHRISTIAN HEALTH CLINIC, INC.

Employer identification number

59-1605647

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	DR. & MRS. HARRY J. FREE FAMILY FOUNDATION 610 W. DE LEON STREET TAMPA FL 33606	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	DAVID & LEIGHAN RINKER FOUNDATION, INC. 310 OKEECHOBEE BLVD STE 100 WEST PALM BEACH FL 33401	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Employer identification number

JUDEO CHRISTIAN HEALTH CLINIC, INC.

59-1605647

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b regarding art collections.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		712,120	483,124	228,996
c Leasehold improvements				
d Equipment		155,599	107,055	48,544
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **277,540**

Part VII Investments – Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other BENEFICIAL INT IN ASSETS HELD	226,475	MARKET
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	226,475	

Part VIII Investments – Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	964,328
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	65,320	
e	Add lines 2a through 2d		2e	65,320
3	Subtract line 2e from line 1		3	899,008
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	899,008

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

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

1	Total expenses and losses per audited financial statements		1	839,013
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	839,013
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	839,013

Part XIII Supplemental Information.

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

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

UNREALIZED GAIN ON INVESTMENTS \$ **65,320**

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

SPECIAL EVENT EXPENSES \$ **0**

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

JUDEO CHRISTIAN HEALTH CLINIC, INC.

Employer identification number

59-1605647

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

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

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

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

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

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

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

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.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>TESTIMONAL DINN</u>	_____	<u>NONE</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	(col. (c))
Revenue	1 Gross receipts	175,031			175,031
	2 Less: Contributions	119,950			119,950
	3 Gross income (line 1 minus line 2)	55,081			55,081
Direct Expenses	4 Cash prizes	1,800			1,800
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	35,336			35,336
	8 Entertainment	4,950			4,950
	9 Other direct expenses	1,123			1,123
	10 Direct expense summary. Add lines 4 through 9 in column (d)				43,209
11 Net income summary. Subtract line 10 from line 3, column (d)				11,872	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022**Open to Public
Inspection**

Name of the organization

JUDEO CHRISTIAN HEALTH CLINIC, INC.

Employer identification number

59-1605647**FORM 990 - ORGANIZATION'S MISSION**

THE CLINICS PRIMARY EXEMPT PURPOSE IS TO PROVIDE FREE HEALTH, DENTAL AND EYE CARE TO MEDICALLY INDIGENT PERSONS WHO DO NOT QUALIFY FOR PUBLIC ASSISTANCE AND HAVE NO OTHER RESOURCES FOR THEIR HEALTH CARE. THE CLINIC'S MISSION STATEMENT IS: IN THE BELIEF THAT WE SHOULD DO JUSTLY, LOVE MERCY, AND WALK HUMBLY WITH OUR GOD, THE JUDEO CHRISTIAN HEALTH CLINIC PROVIDES FREE, QUALITY, TIMELY, AND COMPASSIONATE HEALTH CARE TO THE MEDICALLY INDIGENT RESIDENTS OF THE TAMPA BAY AREA WHO HAVE NO OTHER RESOURCES FOR THEIR HEALTH CARE.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

THE ORGANIZATION HAS 20 ELECTED MEMBERS HAVING THE RIGHT TO VOTE ON ISSUES BROUGHT BEFORE THE BOARD.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

THE MEMBERS OF THE ORGANIZATION ELECT THE OFFICERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE ORGANIZATION PROVIDED A COPY OF THE FORM 990 TO THE BOARD OF DIRECTORS AND OFFICERS IN DECEMBER OF 2022. BOARD MEMBERS WERE GIVEN AN OPPORTUNITY PROVIDE COMMENTS, ASK QUESTIONS, AND GIVE RECOMMENDATIONS. ALL SUCH QUESTIONS, REVISIONS, AND RECOMMENDATIONS WERE ADDRESSED BEFORE THE RETURN WAS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

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

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

JUDEO CHRISTIAN HEALTH CLINIC, INC.

59-1605647

COMPLIANCE WITH POLICIES WAS ADDRESSED AT MEETING OF THE BOARD IN DECEMBER 2021.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE PROCESS FOR DETERMINING COMPENSATION FOR KEY EMPLOYEES OF THE
ORGANIZATION INVOLVES A REVIEW BY THE BOARD OF DIRECTORS OF EMPLOYMENT
HISTORY OF EMPLOYEES, COMPARISONS WITH OTHER ORGANIZATIONS AND
DELIBERATIONS TO ARRIVE AT APPROPRIATE COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
KELLY BELL IS LISTED IN PART VII AS A KEY EMPLOYEE WITH WAGES OF
\$110,748. WHILE KELLY DOES NOT MEET THE FORM 990 DEFINITION OF A KEY
EMPLOYEE, THE CLINIC CONSIDERS HER TO BE A KEY EMPLOYEE UNDER THEIR
DEFINITION. THE PROCESS FOR DETERMING COMPENSATION OF KEY EMPLOYEES OF THE
ORGANIZATION INVOLVES A REVIEW BY THE BOARD OF DIRECTORS OF THE EMPLOYMENT
HISTORY OF EMPLOYEES, COMPARISONS WITH OTHER ORGANIZATIONS AND
DELIBERATIONS TO ARRIVE AT APPROPRIATE COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND ON
THE ORGANIZATION'S WEB SITE.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

UNREALIZED GAIN ON INVESTMENTS	\$	65,320
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SPECIAL EVENT EXPENSES	\$	0
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TOTAL	\$	65,320
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Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2022

Attachment Sequence No. **179**

JUDEO CHRISTIAN HEALTH CLINIC, INC.

Identifying number
59-1605647

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	45,720
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	13,957
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

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

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	59,677
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
20-year GDS Property:									
95	Roof replaced July 2022	7/15/22	45,720		X	0	20 HY 150DB	0	45,720
			<u>45,720</u>			<u>0</u>		<u>0</u>	<u>45,720</u>
Prior MACRS:									
1	AFCL Floor Care	12/20/01	1,400			1,400	39 MM S/L	738	36
4	Building & Improvements	1/01/72	122,588			122,588	19 HY 150DB	30,969	0
5	Charles Tile Marble	1/30/02	17,645			17,645	39 MM S/L	9,252	452
9	Gulf Tile	2/25/02	15,709			15,709	39 MM S/L	8,210	402
10	Hurricane Film	7/08/99	1,444			1,444	39 MM S/L	846	37
11	Impact Fee	6/30/99	4,812			4,812	39 MM S/L	2,826	123
12	New Building & Renovations	6/30/99	412,399			412,399	39 MM S/L	242,579	10,574
13	New Floors	6/30/99	10,848			10,848	39 MM S/L	6,379	278
14	Paving Parking Lot	5/31/95	650			650	39 MM S/L	403	17
15	Reseal Pavement	11/01/99	1,600			1,600	39 MM S/L	924	41
16	Roof	6/30/99	10,208			10,208	39 MM S/L	6,036	0
	Sold/Scrapped: 7/15/22								
19	Pharmacy Fixtures	6/30/99	29,418			29,418	7 HY 200DB	27,841	0
23	2 Sofa's Burdines	8/30/02	2,473		X	1,731	7 HY 200DB	2,473	0
37	Canon Copier	1/02/97	740			740	5 HY 200DB	740	0
39	Electrical - Pharmacy	6/30/99	1,088			1,088	39 MM S/L	641	28
40	Renovations Eye Clinic	6/30/99	72,717			72,717	39 MM S/L	42,768	1,865
41	12 Burgundy Stools	5/19/99	720			720	7 HY 200DB	681	0
42	12 Ophthalmoscopes	4/08/99	1,455			1,455	7 HY 200DB	1,377	0
43	12 Oscope Reg Diag	4/08/99	996			996	7 HY 200DB	942	0
44	12 Wall Transformers	4/08/99	3,064			3,064	7 HY 200DB	2,900	0
45	2 Blood Pressure	3/02/02	2,000		X	1,400	7 HY 200DB	2,000	0
46	3 Exam Tables	4/07/99	2,217			2,217	7 HY 200DB	2,098	0
47	3 Halogen Lights	4/12/99	717			717	7 HY 200DB	678	0
48	9 Exam Tables	4/07/99	6,391			6,391	7 HY 200DB	6,048	0
49	Air Tec Peri Pro III	6/15/00	1,688			1,688	7 HY 200DB	1,597	0
50	Autoclave M9 Ritter	4/12/99	2,493			2,493	7 HY 200DB	2,493	0
51	Belmon Asst Stool	6/15/00	500			500	7 HY 200DB	472	0
52	Belmon Chair	6/15/00	4,063			4,063	7 HY 200DB	3,846	0
53	Belmon Cesta Light	6/15/00	1,462			1,462	7 HY 200DB	1,384	0
54	Belmon Drs Stool	6/15/00	360			360	7 HY 200DB	340	0
56	Busto Plumbing	6/12/00	1,020			1,020	7 HY 200DB	966	0
57	Caligon Coagucheck	6/06/00	1,280			1,280	7 HY 200DB	1,211	0
58	Caligor	11/24/99	3,528			3,528	7 HY 200DB	3,528	0
61	Engle Chair	12/04/02	8,983		X	6,288	7 HY 200DB	8,982	0
62	Gaylord Miller Electrical	6/15/00	1,060			1,060	7 HY 200DB	1,002	0
63	Instrument Cart	7/06/01	354			354	7 HY 200DB	354	0
64	Matrix Minimizer	6/15/00	1,324			1,324	7 HY 200DB	1,253	0
65	Matrix OL Compressor	6/15/00	2,409			2,409	7 HY 200DB	2,279	0
66	Mobile Stands f Blnd	4/08/02	704		X	493	7 HY 200DB	704	0
75	MW Shorty Motor	6/15/00	1,752			1,752	7 HY 200DB	1,657	0
76	Sirona Heliodent Xry	6/15/00	3,434			3,434	7 HY 200DB	3,250	0
77	Sirona Remote Exp St	6/15/00	175			175	7 HY 200DB	165	0
78	Spiromter	4/13/99	1,838			1,838	7 HY 200DB	1,739	0
88	New Computer Hardware	5/13/15	6,200		X	3,100	7 HY 200DB	6,200	0
89	107 Chairs	6/30/15	28,000		X	14,000	7 HY 200DB	28,000	0
90	Dell Laptops	7/15/15	5,780		X	2,890	5 HY 200DB	5,780	0
91	Visual Bark & Vanicia Bombay	7/30/15	4,642		X	2,321	7 HY 200DB	4,538	104
92	Flat roof replacement (not main roof)	11/19/21	3,500		X	0	20 HY 150DB	3,500	0
93	Dental compressor and installation	1/19/22	11,713		X	0	10 HY 200DB	11,713	0
94	Pharmacy refrigerators	6/22/22	6,422		X	0	10 HY 200DB	6,422	0
			<u>827,983</u>			<u>779,789</u>		<u>503,724</u>	<u>13,957</u>
Grand Totals			873,703			779,789		503,724	59,677
Less: Dispositions and Transfers			10,208			10,208		6,036	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>863,495</u>			<u>769,581</u>		<u>497,688</u>	<u>59,677</u>

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

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
Prior MACRS:								
92	Flat roof replacement (not main roof)	11/19/21	3,500	0	3,500	0	0	0
93	Dental compressor and installation	1/19/22	11,713	0	11,713	0	0	0
94	Pharmacy refrigerators	6/22/22	6,422	0	6,422	0	0	0
			<u>21,635</u>	<u>0</u>	<u>21,635</u>	<u>0</u>	<u>0</u>	<u>0</u>
Other Depreciation:								
1	AFCL Floor Care	12/20/01	0	0	0	0	36	36
4	Building & Improvements	1/01/72	0	0	0	0	0	0
5	Charles Tile Marble	1/30/02	0	0	0	0	452	452
9	Gulf Tile	2/25/02	0	0	0	0	402	402
10	Hurricane Film	7/08/99	0	0	0	0	37	37
11	Impact Fee	6/30/99	0	0	0	0	123	123
12	New Building & Renovations	6/30/99	0	0	0	0	10,574	10,574
13	New Floors	6/30/99	0	0	0	0	278	278
14	Paving Parking Lot	5/31/95	0	0	0	0	17	17
15	Reseal Pavement	11/01/99	0	0	0	0	41	41
16	Roof	6/30/99	0	0	0	0	0	0
	Sold/Scrapped: 7/15/22							
19	Pharmacy Fixtures	6/30/99	0	0	0	0	0	0
23	2 Sofa's Burdines	8/30/02	0	0	0	0	0	0
37	Canon Copier	1/02/97	0	0	0	0	0	0
39	Electrical - Pharmacy	6/30/99	0	0	0	0	28	28
40	Renovations Eye Clinic	6/30/99	0	0	0	0	1,865	1,865
41	12 Burgundy Stools	5/19/99	0	0	0	0	0	0
42	12 Ophthalmoscopes	4/08/99	0	0	0	0	0	0
43	12 Oscope Reg Diag	4/08/99	0	0	0	0	0	0
44	12 Wall Transformers	4/08/99	0	0	0	0	0	0
45	2 Blood Pressure	3/02/02	0	0	0	0	0	0
46	3 Exam Tables	4/07/99	0	0	0	0	0	0
47	3 Halogen Lights	4/12/99	0	0	0	0	0	0
48	9 Exam Tables	4/07/99	0	0	0	0	0	0
49	Air Tec Peri Pro III	6/15/00	0	0	0	0	0	0
50	Autoclave M9 Ritter	4/12/99	0	0	0	0	0	0
51	Belmon Asst Stool	6/15/00	0	0	0	0	0	0
52	Belmon Chair	6/15/00	0	0	0	0	0	0
53	Belmon Clesta Light	6/15/00	0	0	0	0	0	0
54	Belmon Drs Stool	6/15/00	0	0	0	0	0	0
56	Busto Plumbing	6/12/00	0	0	0	0	0	0
57	Caligon Coaguchek	6/06/00	0	0	0	0	0	0
58	Caligor	11/24/99	0	0	0	0	0	0
61	Engle Chair	12/04/02	0	0	0	0	0	0
62	Gaylord Miller Electrical	6/15/00	0	0	0	0	0	0
63	Instrument Cart	7/06/01	0	0	0	0	0	0
64	Matrix Minimizer	6/15/00	0	0	0	0	0	0
65	Matrix OL Compressor	6/15/00	0	0	0	0	0	0
66	Mobile Stands f Blnd	4/08/02	0	0	0	0	0	0
75	MW Shorty Motor	6/15/00	0	0	0	0	0	0
76	Sirona Heliodent Xry	6/15/00	0	0	0	0	0	0
77	Sirona Remote Exp St	6/15/00	0	0	0	0	0	0
78	Spiromter	4/13/99	0	0	0	0	0	0
88	New Computer Hardware	5/13/15	0	0	0	0	0	0
89	107 Chairs	6/30/15	0	0	0	0	0	0
90	Dell Laptops	7/15/15	0	0	0	0	0	0
91	Visual Bark & Vanicia Bombay	7/30/15	0	0	0	0	104	104
95	Roof replaced July 2022	7/15/22	45,720	45,720	0	3,429	45,720	42,291
	Total Other Depreciation		<u>45,720</u>	<u>45,720</u>	<u>0</u>	<u>3,429</u>	<u>59,677</u>	<u>56,248</u>
	Total ACRS and Other Depreciation		<u>45,720</u>	<u>45,720</u>	<u>0</u>	<u>3,429</u>	<u>59,677</u>	<u>56,248</u>

04013 Judeo Christian Health Clinic, Inc.

59-1605647

FYE: 6/30/2023

FL Asset Report

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Basis for Depr</u>	<u>FL Prior</u>	<u>FL Current</u>	<u>Federal Current</u>	<u>Difference Fed - FL</u>
	Grand Totals		67,355	45,720	21,635	3,429	59,677	56,248
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>67,355</u>	<u>45,720</u>	<u>21,635</u>	<u>3,429</u>	<u>59,677</u>	<u>56,248</u>

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

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
92	Flat roof replacement (not main roof)	11/19/21	3,500		X	0	20 HY 150DB	3,500	0
93	Dental compressor and installation	1/19/22	11,713		X	0	10 HY 200DB	11,713	0
94	Pharmacy refrigerators	6/22/22	6,422		X	0	10 HY 200DB	6,422	0
			<u>21,635</u>			<u>0</u>		<u>21,635</u>	<u>0</u>
Other Depreciation:									
1	AFCL Floor Care	12/20/01	0			0	0 HY	0	0
4	Building & Improvements	1/01/72	0			0	0 HY	0	0
5	Charles Tile Marble	1/30/02	0			0	0 HY	0	0
9	Gulf Tile	2/25/02	0			0	0 HY	0	0
10	Hurricane Film	7/08/99	0			0	0 HY	0	0
11	Impact Fee	6/30/99	0			0	0 HY	0	0
12	New Building & Renovations	6/30/99	0			0	0 HY	0	0
13	New Floors	6/30/99	0			0	0 HY	0	0
14	Paving Parking Lot	5/31/95	0			0	0 HY	0	0
15	Reseal Pavement	11/01/99	0			0	0 HY	0	0
16	Roof	6/30/99	0			0	0 HY	0	0
	Sold/Scrapped: 7/15/22								
19	Pharmacy Fixtures	6/30/99	0			0	0 HY	0	0
23	2 Sofa's Burdines	8/30/02	0			0	0 HY	0	0
37	Canon Copier	1/02/97	0			0	0 HY	0	0
39	Electrical - Pharmacy	6/30/99	0			0	0 HY	0	0
40	Renovations Eye Clinic	6/30/99	0			0	0 HY	0	0
41	12 Burgundy Stools	5/19/99	0			0	0 HY	0	0
42	12 Ophthalmoscopes	4/08/99	0			0	0 HY	0	0
43	12 Oscope Reg Diag	4/08/99	0			0	0 HY	0	0
44	12 Wall Transformers	4/08/99	0			0	0 HY	0	0
45	2 Blood Pressure	3/02/02	0			0	0 HY	0	0
46	3 Exam Tables	4/07/99	0			0	0 HY	0	0
47	3 Halogen Lights	4/12/99	0			0	0 HY	0	0
48	9 Exam Tables	4/07/99	0			0	0 HY	0	0
49	Air Tec Peri Pro III	6/15/00	0			0	0 HY	0	0
50	Autoclave M9 Ritter	4/12/99	0			0	0 HY	0	0
51	Belmon Asst Stool	6/15/00	0			0	0 HY	0	0
52	Belmon Chair	6/15/00	0			0	0 HY	0	0
53	Belmon Clesta Light	6/15/00	0			0	0 HY	0	0
54	Belmon Drs Stool	6/15/00	0			0	0 HY	0	0
56	Busto Plumbing	6/12/00	0			0	0 HY	0	0
57	Caligon Coagucheck	6/06/00	0			0	0 HY	0	0
58	Caligor	11/24/99	0			0	0 HY	0	0
61	Engle Chair	12/04/02	0			0	0 HY	0	0
62	Gaylord Miller Electrical	6/15/00	0			0	0 HY	0	0
63	Instrument Cart	7/06/01	0			0	0 HY	0	0
64	Matrix Minimizer	6/15/00	0			0	0 HY	0	0
65	Matrix OL Compressor	6/15/00	0			0	0 HY	0	0
66	Mobile Stands f Blnd	4/08/02	0			0	0 HY	0	0
75	MW Shorty Motor	6/15/00	0			0	0 HY	0	0
76	Sirona Heliodent Xry	6/15/00	0			0	0 HY	0	0
77	Sirona Remote Exp St	6/15/00	0			0	0 HY	0	0
78	Spiromter	4/13/99	0			0	0 HY	0	0
88	New Computer Hardware	5/13/15	0			0	0 HY	0	0
89	107 Chairs	6/30/15	0			0	0 HY	0	0
90	Dell Laptops	7/15/15	0			0	0 HY	0	0
91	Visual Bark & Vanicia Bombay	7/30/15	0			0	0 HY	0	0
95	Roof replaced July 2022	7/15/22	0			0	20 MO S/L	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

04013 Judeo Christian Health Clinic, Inc.

59-1605647

FYE: 6/30/2023

AMT Asset Report

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date</u> <u>In Service</u>	<u>Cost</u>	<u>Bus</u> <u>%</u>	<u>Sec</u> <u>179 Bonus</u>	<u>Basis</u> <u>for Depr</u>	<u>Per Conv Meth</u>	<u>Prior</u>	<u>Current</u>
	Grand Totals		21,635			0		21,635	0
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>21,635</u>			<u>0</u>		<u>21,635</u>	<u>0</u>

04013 Judeo Christian Health Clinic, Inc.

59-1605647

Bonus Depreciation Report

FYE: 6/30/2023

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
23	2 Sofa's Burdines	8/30/02	2,473	100	0	0	742	1,731
45	2 Blood Pressure	3/02/02	2,000	100	0	0	600	1,400
61	Engle Chair	12/04/02	8,983	100	0	0	2,695	6,288
66	Mobile Stands f Blnd	4/08/02	704	100	0	0	211	493
88	New Computer Hardware	5/13/15	6,200	100	0	0	3,100	3,100
89	107 Chairs	6/30/15	28,000	100	0	0	14,000	14,000
90	Dell Laptops	7/15/15	5,780	100	0	0	2,890	2,890
91	Visual Bark & Vanicia Bombay	7/30/15	4,642	100	0	0	2,321	2,321
92	Flat roof replacement (not main roof)	11/19/21	3,500		0	0	3,500	0
93	Dental compressor and installation	1/19/22	11,713		0	0	11,713	0
94	Pharmacy refrigerators	6/22/22	6,422		0	0	6,422	0
95	Roof replaced July 2022	7/15/22	45,720		0	45,720	0	0
Grand Total			<u>126,137</u>		<u>0</u>	<u>45,720</u>	<u>48,194</u>	<u>32,223</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	92	Flat roof replacement (not main roof)	0	0	0
Page 1	1	93	Dental compressor and installation	0	0	0
Page 1	1	94	Pharmacy refrigerators	0	0	0
				<u>0</u>	<u>0</u>	<u>0</u>
				<u>0</u>	<u>0</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	AFCL Floor Care	12/20/01	1,400	36	0
4	Building & Improvements	1/01/72	122,588	0	0
5	Charles Tile Marble	1/30/02	17,645	453	0
9	Gulf Tile	2/25/02	15,709	403	0
10	Hurricane Film	7/08/99	1,444	37	0
11	Impact Fee	6/30/99	4,812	124	0
12	New Building & Renovations	6/30/99	412,399	10,574	0
13	New Floors	6/30/99	10,848	279	0
14	Paving Parking Lot	5/31/95	650	17	0
15	Reseal Pavement	11/01/99	1,600	41	0
19	Pharmacy Fixtures	6/30/99	29,418	0	0
23	2 Sofa's Burdines	8/30/02	2,473	0	0
37	Canon Copier	1/02/97	740	0	0
39	Electrical - Pharmacy	6/30/99	1,088	28	0
40	Renovations Eye Clinic	6/30/99	72,717	1,864	0
41	12 Burgundy Stools	5/19/99	720	0	0
42	12 Ophthalmoscopes	4/08/99	1,455	0	0
43	12 Otoscope Reg Diag	4/08/99	996	0	0
44	12 Wall Transformers	4/08/99	3,064	0	0
45	2 Blood Pressure	3/02/02	2,000	0	0
46	3 Exam Tables	4/07/99	2,217	0	0
47	3 Halogen Lights	4/12/99	717	0	0
48	9 Exam Tables	4/07/99	6,391	0	0
49	Air Tec Peri Pro III	6/15/00	1,688	0	0
50	Autoclave M9 Ritter	4/12/99	2,493	0	0
51	Belmon Asst Stool	6/15/00	500	0	0
52	Belmon Chair	6/15/00	4,063	0	0
53	Belmon Clesta Light	6/15/00	1,462	0	0
54	Belmon Drs Stool	6/15/00	360	0	0
56	Busto Plumbing	6/12/00	1,020	0	0
57	Caligon Coagucheck	6/06/00	1,280	0	0
58	Caligor	11/24/99	3,528	0	0
61	Engle Chair	12/04/02	8,983	0	0
62	Gaylord Miller Electrical	6/15/00	1,060	0	0
63	Instrument Cart	7/06/01	354	0	0
64	Matrix Minimizer	6/15/00	1,324	0	0
65	Matrix OL Compressor	6/15/00	2,409	0	0
66	Mobile Stands f Blnd	4/08/02	704	0	0
75	MW Shorty Motor	6/15/00	1,752	0	0
76	Sirona Heliodont Xry	6/15/00	3,434	0	0
77	Sirona Remote Exp St	6/15/00	175	0	0
78	Spiromter	4/13/99	1,838	0	0
88	New Computer Hardware	5/13/15	6,200	0	0
89	107 Chairs	6/30/15	28,000	0	0
90	Dell Laptops	7/15/15	5,780	0	0
91	Visual Bark & Vanicia Bombay	7/30/15	4,642	0	0
92	Flat roof replacement (not main roof)	11/19/21	3,500	0	0
93	Dental compressor and installation	1/19/22	11,713	0	0
94	Pharmacy refrigerators	6/22/22	6,422	0	0
95	Roof replaced July 2022	7/15/22	45,720	0	0
			<u>863,495</u>	<u>13,856</u>	<u>0</u>
	Grand Totals		<u>863,495</u>	<u>13,856</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>FL</u>
Prior MACRS:				
1	AFCL Floor Care	12/20/01	0	0
4	Building & Improvements	1/01/72	0	0
5	Charles Tile Marble	1/30/02	0	0
9	Gulf Tile	2/25/02	0	0
10	Hurricane Film	7/08/99	0	0
11	Impact Fee	6/30/99	0	0
12	New Building & Renovations	6/30/99	0	0
13	New Floors	6/30/99	0	0
14	Paving Parking Lot	5/31/95	0	0
15	Reseal Pavement	11/01/99	0	0
19	Pharmacy Fixtures	6/30/99	0	0
23	2 Sofa's Burdines	8/30/02	0	0
37	Canon Copier	1/02/97	0	0
39	Electrical - Pharmacy	6/30/99	0	0
40	Renovations Eye Clinic	6/30/99	0	0
41	12 Burgundy Stools	5/19/99	0	0
42	12 Ophthalmoscopes	4/08/99	0	0
43	12 Oscope Reg Diag	4/08/99	0	0
44	12 Wall Transformers	4/08/99	0	0
45	2 Blood Pressure	3/02/02	0	0
46	3 Exam Tables	4/07/99	0	0
47	3 Halogen Lights	4/12/99	0	0
48	9 Exam Tables	4/07/99	0	0
49	Air Tec Peri Pro III	6/15/00	0	0
50	Autoclave M9 Ritter	4/12/99	0	0
51	Belmon Asst Stool	6/15/00	0	0
52	Belmon Chair	6/15/00	0	0
53	Belmon Clesta Light	6/15/00	0	0
54	Belmon Drs Stool	6/15/00	0	0
56	Busto Plumbing	6/12/00	0	0
57	Caligon Coagucheck	6/06/00	0	0
58	Caligor	11/24/99	0	0
61	Engle Chair	12/04/02	0	0
62	Gaylord Miller Electrical	6/15/00	0	0
63	Instrument Cart	7/06/01	0	0
64	Matrix Minimizer	6/15/00	0	0
65	Matrix OL Compressor	6/15/00	0	0
66	Mobile Stands f Blnd	4/08/02	0	0
75	MW Shorty Motor	6/15/00	0	0
76	Sirona Heliodont Xry	6/15/00	0	0
77	Sirona Remote Exp St	6/15/00	0	0
78	Spiromter	4/13/99	0	0
88	New Computer Hardware	5/13/15	0	0
89	107 Chairs	6/30/15	0	0
90	Dell Laptops	7/15/15	0	0
91	Visual Bark & Vanicia Bombay	7/30/15	0	0
92	Flat roof replacement (not main roof)	11/19/21	3,500	0
93	Dental compressor and installation	1/19/22	11,713	0
94	Pharmacy refrigerators	6/22/22	6,422	0
95	Roof replaced July 2022	7/15/22	45,720	3,172
			<u>67,355</u>	<u>3,172</u>
	Grand Totals		<u>67,355</u>	<u>3,172</u>

Form 990	Event Income and Deduction Worksheet	2022
Description TESTIMONAL DINNER		

Name JUDEO CHRISTIAN HEALTH CLINIC, INC.	Taxpayer Identification Number 59-1605647
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	55,081	
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.	119,950	
7. Total revenue. Add lines 1 through 6	7.	175,031	
8. Cost of Goods Sold	8.		
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.	43,209	
15. Total expenses. Add lines 8 through 14	15.	43,209	
16. Net Income/Loss. Line 7 minus Line 15	16.	131,822	

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	1,800
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	35,336
Entertainment (Part II only)	4,950
Other direct expenses	1,123
Total Fundraising Expense	43,209

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code		Seq #	
<input type="checkbox"/>	Part V, Debt Financing		
<input type="checkbox"/>	Part VI, Controlled Org Income		
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)		
<input type="checkbox"/>	Part VIII, Exploited Activities		
<input type="checkbox"/>	Part IX, Advertising Income		

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Two Year Comparison Report	2021 & 2022
For calendar year 2022, or tax year beginning 07/01/22 , ending 06/30/23		

Name

Taxpayer Identification Number

JUDEO CHRISTIAN HEALTH CLINIC, INC.**59-1605647**

		2021	2022	Differences
R e v e n u e	1. Contributions, gifts, grants	1,369,462	837,720	-531,742
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	10,183	4,622	-5,561
	5. Investment income	37,376	74,520	37,144
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory		-29,726	-29,726
	8. Net income or (loss) from fundraising events	14,410	11,872	-2,538
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	1,431,431	899,008	-532,423
E x p e n s e s	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	574,156	586,769	12,613
	17. Professional fundraising fees			
	18. Other professional fees	22,365	22,296	-69
	19. Occupancy, rent, utilities, and maintenance	35,849	45,797	9,948
	20. Depreciation and Depletion	20,107	18,184	-1,923
	21. Other expenses	214,906	165,967	-48,939
	22. Total expenses. Add lines 13 through 21	867,383	839,013	-28,370
	23. Excess or (Deficit). Subtract line 22 from line 12	564,048	59,995	-504,053
O t h e r I n f o r m a t i o n	24. Total exempt revenue	1,431,431	899,008	-532,423
	25. Total unrelated revenue			
	26. Total excludable revenue	47,559	49,416	1,857
	27. Total assets	3,100,515	3,286,830	186,315
	28. Total liabilities			
	29. Retained earnings	3,100,515	3,286,830	186,315
	30. Number of voting members of governing body	20	19	
	31. Number of independent voting members of governing body	20	19	
	32. Number of employees	16	14	
33. Number of volunteers	298	302		

Form 990	Tax Return History	2022
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Name JUDEO CHRISTIAN HEALTH CLINIC, INC.	Employer Identification Number 59-1605647
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	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants			819,805	1,369,462	837,720	
Membership dues						
Program service revenue			9,712	10,183	4,622	
Capital gain or loss			156,664		-29,726	
Investment income			47,166	37,376	74,520	
Fundraising revenue (income/loss)			42,661	14,410	11,872	
Gaming revenue (income/loss)						
Other revenue						
Total revenue			1,076,008	1,431,431	899,008	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation			519,674	574,156	586,769	
Professional fees			12,981	22,365	22,296	
Occupancy costs			35,285	35,849	45,797	
Depreciation and depletion			18,237	20,107	18,184	
Other expenses			191,008	214,906	165,967	
Total expenses			777,185	867,383	839,013	
Excess or (Deficit)			298,823	564,048	59,995	
Total exempt revenue			1,076,008	1,431,431	899,008	
Total unrelated revenue						
Total excludable revenue			213,542	47,559	49,416	
Total Assets			2,741,362	3,100,515	3,286,830	
Total Liabilities						
Net Fund Balances			2,741,362	3,100,515	3,286,830	

04013 Judeo Christian Health Clinic, Inc.

59-1605647

FYE: 6/30/2023

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 74,520					
TOTAL	<u>\$ 74,520</u>					

04013 Judeo Christian Health Clinic, Inc.
 59-1605647
 FYE: 6/30/2023

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
DENTAL CLINIC EXPENSES	\$ 4,317	\$ 4,317	\$	\$
	1,019		509	510
EYE CLINIC EXPENSES	1,003	1,003		
TOTAL	\$ 6,339	\$ 5,320	\$ 509	\$ 510

Schedule A, Part III, Line 1(e)

Description	Amount
CONTRIBUTIONS	\$ 694,224
STOCK CONTRIBUTION	23,546
TESTIMONAL DINNER	
CASH CONTRIBUTION	119,950
TOTAL	\$ 837,720

Schedule A, Part III, Line 2(e)

Description	Amount
EYE CLINIC REVENUE	\$ 100
MEDICAL & DENTAL CLINIC REVEN	4,522
INTEREST INCOME	74,520
TESTIMONAL DINNER	55,081
COCKTAILS WITH A CAUSE	
TOTAL	\$ 134,223

04013 Judeo Christian Health Clinic, Inc.

59-1605647

FYE: 6/30/2023

Federal Statements

Testimonial Dinner

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
VIDEO PRODUCTION	\$
MISCELLANEOUS EXPENSES	<u>1,123</u>
TOTAL	<u>\$ 1,123</u>