

# Return of Organization Exempt From Income Tax

**2007**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service(77)

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

**A For the 2007 calendar year, or tax year beginning** \_\_\_\_\_, **2007**, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C Name of organization**  
 People's Community Clinic, Inc.  
 Number and street (or P.O. box if mail is not delivered to street addr) Room/suite  
 2909 North IH-35  
 City, town or country State ZIP code + 4  
 Austin TX 78722-2304

**D Employer identification number**  
 23-7087608

**E Telephone number**  
 (512) 719-3777

**F Accounting method:**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G Web site:** www.pccclinic.org

**J Organization type** (check only one)  501(c) 3 (insert no.)  4947(a)(1) or  527

**K Check here**  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 **13,542,052.**

**H and I are not applicable to section 527 organizations.**  
**H (a)** Is this a group return for affiliates? ...  Yes  No  
**H (b)** If 'Yes,' enter number of affiliates \_\_\_\_\_  
**H (c)** Are all affiliates included? ...  Yes  No (if 'No,' attach a list. See instructions.)  
**H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ... \_\_\_\_\_  
**M** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

REVENUE	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Contributions to donor advised funds	1a		
	<b>b</b> Direct public support (not included on line 1a)	1b	3,691,136.	
	<b>c</b> Indirect public support (not included on line 1a)	1c	182,429.	
	<b>d</b> Government contributions (grants) (not included on line 1a)	1d	0.	
	<b>e</b> Total (add lines 1a through 1d) (cash \$ 3,835,632. noncash \$ 37,933.)	1e	3,873,565.	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2	2,397,976.	
	<b>3</b> Membership dues and assessments	3		
	<b>4</b> Interest on savings and temporary cash investments	4	21,918.	
	<b>5</b> Dividends and interest from securities	5		
	<b>6a</b> Gross rents	6a		
	<b>b</b> Less: rental expenses	6b		
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	6c			
<b>7</b> Other investment income (describe _____)	7			
	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
		7,241,609.	8a	
	<b>b</b> Less: cost or other basis and sales expenses	7,148,687.	8b	
	<b>c</b> Gain or (loss) (attach schedule) See L-8 Stmt.	92,922.	8c	
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	92,922.		
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
	<b>b</b> Less: direct expenses other than fundraising expenses	9b		
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
<b>10a</b> Gross sales of inventory, less returns and allowances	10a			
	<b>b</b> Less: cost of goods sold	10b		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
<b>11</b> Other revenue (from Part VII, line 103)	11	6,984.		
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	6,393,365.		
EXPENSES	<b>13</b> Program services (from line 44, column (B))	13	4,512,359.	
	<b>14</b> Management and general (from line 44, column (C))	14	759,688.	
	<b>15</b> Fundraising (from line 44, column (D))	15	560,005.	
	<b>16</b> Payments to affiliates (attach schedule)	16		
	<b>17 Total expenses.</b> Add lines 16 and 44, column (A)	17	5,832,052.	
NET ASSETS	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	18	561,313.	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,870,654.	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	20		
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	4,431,967.	

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See *instructions*.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	3,136,482.	2,253,860.	506,602.	376,020.
27 Pension plan contributions not included on lines 25a, b, and c	27	36,850.	27,638.	5,306.	3,906.
28 Employee benefits not included on lines 25a - 27	28	437,331.	327,998.	62,976.	46,357.
29 Payroll taxes	29	245,314.	183,986.	35,325.	26,003.
30 Professional fundraising fees	30				
31 Accounting fees	31	21,600.	0.	21,600.	0.
32 Legal fees	32				
33 Supplies	33	178,184.	137,201.	23,877.	17,106.
34 Telephone	34	45,205.	34,808.	6,057.	4,340.
35 Postage and shipping	35	17,021.	13,106.	2,281.	1,634.
36 Occupancy	36	53,017.	40,823.	7,104.	5,090.
37 Equipment rental and maintenance	37	49,106.	37,812.	6,580.	4,714.
38 Printing and publications	38	24,105.	18,561.	3,230.	2,314.
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	83,836.	64,554.	11,234.	8,048.
43 Other expenses not covered above (itemize):					
a <u>Physicians</u>	43a	665,275.	665,275.	0.	0.
b <u>Outside lab services</u>	43b	195,315.	195,315.	0.	0.
c <u>Pharmaceuticals</u>	43c	155,379.	155,379.	0.	0.
d <u>Tandem Services</u>	43d	97,465.	97,465.	0.	0.
e <u>Office Expenses</u>	43e	69,323.	53,379.	9,289.	6,655.
f <u>Contract Services</u>	43f	70,147.	54,013.	9,400.	6,734.
g <u>See Other Expenses Stmt</u>	43g	251,097.	151,186.	48,827.	51,084.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	5,832,052.	4,512,359.	759,688.	560,005.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ See Statement A All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>Family Planning - Provides birth control, pregnancy test, counseling, yearly examinations and method counseling to local patients.</u> ----- ----- (Grants and allocations \$ 0. ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	528,143.
b <u>General Medicine - Provides complete first time ambulatory medical services to local patients. General Medicine also provides support for evening clinics, women's health management programs, and immunizations.</u> ----- ----- (Grants and allocations \$ 0. ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	3,065,873.
c <u>Prenatal Care - Provides medical care, nutrituional care and counseling to pregnant women; this does not include the delivery.</u> ----- ----- (Grants and allocations \$ 0. ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	611,118.
d <u>Other Programs</u> ----- ----- (Grants and allocations \$ 0. ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	307,225.
e Other program services ..... (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ..... ▶	4,512,359.

BAA

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing .....	721,715.	45	382,722.
	46 Savings and temporary cash investments .....	234,152.	46	2,789,644.
	47a Accounts receivable .....	47a 496,851.		
	b Less: allowance for doubtful accounts .....	47b 370,729.	374,910.	47c 126,122.
	48a Pledges receivable .....	48a 4,583.		
	b Less: allowance for doubtful accounts .....	48b 0.	46,767.	48c 4,583.
	49 Grants receivable .....		49	205,582.
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) .....		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) .....		50b	
	51 a Other notes and loans receivable (attach schedule) .....	51a		
	b Less: allowance for doubtful accounts .....	51b		51c
	52 Inventories for sale or use .....		52	61,094.
	53 Prepaid expenses and deferred charges .....		53	47,173.
	54a Investments — publicly-traded securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments — other securities (attach sch) L-54b Stmt <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,438,863.	54b 0.
55a Investments — land, buildings, & equipment: basis .....	55a			
b Less: accumulated depreciation (attach schedule) .....	55b		55c	
56 Investments — other (attach schedule) .....		56		
57a Land, buildings, and equipment: basis .....	57a 2,259,908.			
b Less: accumulated depreciation (attach schedule) L-57 Stmt .....	57b 898,577.	1,428,891.	57c 1,361,331.	
58 Other assets, including program-related investments (describe ▶ .....			58	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....		4,297,482.	59	4,978,251.
LIABILITIES	60 Accounts payable and accrued expenses .....	148,142.	60	172,554.
	61 Grants payable .....		61	
	62 Deferred revenue .....		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) .....		63	
	64a Tax-exempt bond liabilities (attach schedule) .....		64a	
	b Mortgages and other notes payable (attach schedule) .....		64b	
	65 Other liabilities (describe ▶ See Line 65 Stmt .....		278,686.	65
66 <b>Total liabilities.</b> Add lines 60 through 65 .....		426,828.	66	546,284.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....	3,099,400.	67	3,848,884.
	68 Temporarily restricted .....	771,254.	68	583,083.
	69 Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....		3,870,654.	73	4,431,967.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....		4,297,482.	74	4,978,251.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements .....	<b>a</b>	6,582,554.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
	1 Net unrealized gains on investments .....	<b>b1</b>	
	2 Donated services and use of facilities .....	<b>b2</b>	189,189.
	3 Recoveries of prior year grants .....	<b>b3</b>	
	4 Other (specify): -----	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	189,189.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	6,393,365.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
	2 Other (specify): -----	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	6,393,365.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements .....	<b>a</b>	6,021,241.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
	1 Donated services and use of facilities .....	<b>b1</b>	189,189.
	2 Prior year adjustments reported on Part I, line 20 .....	<b>b2</b>	
	3 Losses reported on Part I, line 20 .....	<b>b3</b>	
	4 Other (specify): -----	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	189,189.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	5,832,052.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
	2 Other (specify): -----	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	5,832,052.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See attached list				
Note: The Directors volunteer their time and receive no compensation or benefits for their services.		0.	0.	0.
		0.	0.	0.
		0.	0.	0.



**Part VI Other Information (continued)**

		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....	X	
	<b>b</b> If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) .....		
	82b		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	X	
	<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? .....	N/A	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? .....		X
	<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>85 a</b>	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? .....	N/A	
	<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	N/A	
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	<b>c</b> Dues, assessments, and similar amounts from members .....	N/A	
	<b>d</b> Section 162(e) lobbying and political expenditures .....	N/A	
	<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....	N/A	
	<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) .....	N/A	
	<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....	N/A	
	<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? .....	N/A	
<b>86</b>	501(c)(7) organizations. Enter: <b>a</b> Initiation fees and capital contributions included on line 12 .....	N/A	
	<b>b</b> Gross receipts, included on line 12, for public use of club facilities .....	N/A	
<b>87</b>	501(c)(12) organizations. Enter: <b>a</b> Gross income from members or shareholders .....	N/A	
	<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	N/A	
<b>88 a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX .....		X
	<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI .....		X
<b>89 a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 .....		
	<b>b</b> 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction .....		X
	<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....	0	
	<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization .....		
	<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .....		X
	<b>f</b> All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....		X
	<b>g</b> For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....		X
<b>90 a</b>	List the states with which a copy of this return is filed ▶ .....		
	<b>b</b> Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) .....	95	
<b>91 a</b>	The books are in care of ▶ M. William Saad Telephone number ▶ (512) 322-5135 Located at ▶ 2909 North IH-35, Austin, TX ZIP + 4 ▶ 78722-2304		
	<b>b</b> 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)? .....		X
	If 'Yes,' enter the name of the foreign country ▶ .....		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?  91 c  X  
 If 'Yes,' enter the name of the foreign country \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year  92

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Patient Fees					528,578.
b Fed/State/Local Fees					1,869,398.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	21,918.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			14	92,922.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b Other			1	6,984.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				121,824.	2,397,976.
105 Total (add line 104, columns (B), (D), and (E))					2,519,800.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	Patient fees are received for medical services rendered by the clinic.
93b	Fees received from Federal/State/Local governmental units (such as Medicare/Medicaid) are for medical services rendered by the clinic.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	0			
	0			
	0			
	0			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No  
 b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A  
Yes No

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

Yes No

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

Yes No

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
Type or print name and title. \_\_\_\_\_

Paid Preparer's Use Only

Preparer's signature: Pamela Hill, CPA Date: 08/11/08 Check if self-employed:   
Firm's name (or yours if self-employed), address, and ZIP + 4: Montemayor Hill & Company, P.C.  
3001 South Lamar Boulevard, Suite 320  
Austin TX 78704 Preparer's SSN or PTIN (See General Instruction X): \_\_\_\_\_  
EIN: \_\_\_\_\_ Phone no.: \_\_\_\_\_

BAA

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under**  
**Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**2007**

Department of the Treasury  
Internal Revenue Service

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization <b>People's Community Clinic, Inc.</b>	Employer identification number <b>23-7087608</b>
--	---

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
R. _____ Rogoff _____ Austin TX 78722	Executive Director 40.00	111,066.	14,772.	0.
S. _____ Lynch _____ Austin TX 78722	Clinical Operations Mgr 40.00	70,034.	12,200.	0.
K. _____ Hobizal-Achter _____ Austin TX 78722	Pharmacist 40.00	78,211.	6,257.	0.
D. _____ Rainosek _____ Austin TX 78722	Nurse Pract. 40.00	74,010.	15,500.	0.
M. _____ Henkels _____ Austin TX 78722	Development Director 40.00	72,174.	0.	0.
Total number of other employees paid over \$50,000 ▶	10			

**Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Dr. Louis Appel _____ 721 Patterson Avenue, Austin, TX 78703	Medical/Dr. Services	191,246.
Dr. Steve Crow _____ 3018 West Avenue, Austin, TX 78705	Medical/Dr. Services	83,554.
Dr. Richard Peavey _____ 304 Lisa Drive, Austin, TX 78733	Medical/Dr. Services	138,520.
Dr. Naomi Hanser _____ 1018 Bonham Terrace, Austin, TX 78704	Medical/Dr. Services	56,371.
Total number of others receiving over \$50,000 for professional services ▶	None	

**Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Clinical Pathology Labs, Inc. _____ PO Box 141669 Austin TX 78714	Offsite Lab Services	119,282.
R&S Northeast LLC _____ PO Box 535083 Atlanta GA 30353	Pharmaceutical Supplies	92,764.
Any Baby Can _____ 1121 E. 7th Street Austin TX 78702	Case Management Services	88,867.
Total number of other contractors receiving over \$50,000 for other services ▶	None	

**Part III** Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities . . . . ▶ \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property? . . . . .		X
b Lending of money or other extension of credit? . . . . .		X
c Furnishing of goods, services, or facilities? . . . . .		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	X	
e Transfer of any part of its income or assets? . . . . .		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . .		X
b Did the organization have a section 403(b) annuity plan for its employees? . . . . .	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement . . . . .		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g . . . . .		X
b Did the organization make any taxable distributions under section 4966? . . . . .		
c Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
d Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ▶		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . ▶		0.

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ -----
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc. 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶  
 Type I     Type II     Type III-Functionally Integrated     Type III-Other

**Provide the following information about the supported organizations.** (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)



**Part V Private School Questionnaire** (See instructions.)  
 (To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
b	Has the organization's right to such aid ever been revoked or suspended? .....		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. ....		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked 'a' and 'limited control' provisions apply.

**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37	
38	Total lobbying expenditures (add lines 36 and 37) .....	38	
39	Other exempt purpose expenditures .....	39	
40	Total exempt purpose expenditures (add lines 38 and 39) .....	40	
41	Lobbying nontaxable amount. Enter the amount from the following table --		
	<b>If the amount on line 40 is --</b>		
	<b>The lobbying nontaxable amount is --</b>		
	Not over \$500,000 .....	20% of the amount on line 40 .....	
	Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....	
	Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	41
	Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....	
	Over \$17,000,000 .....	\$1,000,000 .....	
42	Grassroots nontaxable amount (enter 25% of line 41) .....	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount .....				
46	Lobbying ceiling amount (150% of line 45(e)) .....				
47	Total lobbying expenditures .....				
48	Grassroots non-taxable amount .....				
49	Grassroots ceiling amount (150% of line 48(e)) .....				
50	Grassroots lobbying expenditures .....				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers .....			
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
c Media advertisements .....			
d Mailings to members, legislators, or the public .....			
e Publications, or published or broadcast statements .....			
f Grants to other organizations for lobbying purposes .....			
g Direct contact with legislators, their staffs, government officials, or a legislative body .....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
i Total lobbying expenditures (add lines c through h.) .....			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

**2007**

Name of organization

People's Community Clinic, Inc.

Employer identification number

23-7087608

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

Form 990-PF

- 501(c)(3) exempt private foundation  
 4947(a)(1) nonexempt charitable trust treated as a private foundation  
 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)

**General Rule –**

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules –**

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.) ..... ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.**

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

People's Community Clinic, Inc.

23-7087608

**Part I** Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	See attached list	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

PEOPLE'S COMMUNITY CLINIC

EIN 23-7087608

Form 990

Schedule B - List of contributors

December 31, 2007

Number	Contributor Name	Address	Amount	Person	Payroll	Noncash	Date	Description of Noncash contribution
1	St. David's Community Health Foundation	811 Barton Springs Rd. Austin, TX 78704	1,569,560	X				
2	Estate of Emmett M. Heiligman	1500 Cliffside Drive Austin, TX 78704	514,358	X				
3	The Michael & Susan Dell Foundation	PO Box 163867 Austin, TX 78716	225,000	X				
4	Austin American Statesman	PO Box 670 Austin, TX 78767	115,750	X				
5	Topfer Family Foundation	5000 Plaza on the Lake Austin, TX 78746	100,000	X				
6	Hogg Foundation for Mental Health	PO Box 7998 Austin, TX 78713	91,580	X				
7	Berber, Philip	3600 N. Capital of Texas Highway, Austin TX	50,474	X				
8	RGK Foundation	1301 W. 25th Street Austin, TX 78705	45,000	X				
9	Tolbert Family, Season for Caring Fund	PO Box 5159 Austin, TX 78769	41,420	X				
10	Chronic Disease Management Program	PO Box 5159 Austin, TX 78769	30,000	X				
11	Auxiliary to St. David's Medical Center Cupboard & Gift Shop	919 East 32nd Street Austin, TX 78705	25,000	X				
12	Dell Foundation	One Dell Way Round Rock, TX 78767	25,000	X				
13	Meyer Levy Charitable Foundation	PO Box 146 Austin, TX 78767	25,000	X				
14	Neavel, Richard C. & Nancy	2905 Scenic Drive Austin, TX 78703	24,542	X				
15	Lola Wright Foundation	612 Toledo Trail Georgetown, TX 78628	20,000			X		Bar code scanners for medical records
16	The South Coast Foundation	1801 Lavaca Street, Austin, TX 78701	20,000	X				
17	Lowe Foundation	5151 San Felipe Houston, TX 77056	20,000	X				
18	Alice Kleberg Reynolds Foundation	515 Congress Ave Austin, TX 78701	20,000	X				
19	Sanford C. Bernstein & Co., LLC		20,000	X				
20	Stuart, Carl	2502 Velasquez Drive, Austin, TX 78703	20,000	X				
21	KLE Foundation	PO Box 163991 Austin, TX 78716	15,000	X				
22	The Garber Family Foundation	PO Box 997 Nyack, NU 10960	15,000	X				
23	Hospira Foundation	275 North Field Drive Lake Forest, IL 60045	15,000	X				
24	Pentagram	1508 West Fifth St., Austin, TX 78701	15,000			X	2/21/2007	Goals program brochure
25	Moore, Michele	3301 Stratford Hills Ln, Austin, TX 78746	15,000	X				
26	Silverton Foundation	1000 Rio Grande Austin, TX 78701	15,000	X				
27	March of Dimes	12660 Coit Road Dallas, TX 75251	11,832	X				

PEOPLE'S COMMUNITY CLINIC

EIN 23-7087608

Form 990

Schedule B - List of contributors

December 31, 2007

Number	Contributor Name	Address	Amount	Person	Payroll	Noncash	Date	Description of Noncash contribution
28	Door Number 3	1050 E. 11th Street, Austin, TX 78702	11,340	X				
29	Gray, Mr. & Mrs. Kelly	4409 Gaines Ranch Loop Austin, TX 78735	10,000	X				
30	Spanson	5204 East Ben White Blvd. Austin, TX 78741	10,000	X				
31	St. Luke's Episcopal Health System	6720 Bertner Street Houston, TX 77255	10,000	X				
32	Wells Fargo Bank	PO Box 2019 Austin, TX 78768	10,000	X				
33	William and Salome Scanlan Foundation	112 E. Pecan, 30th Floor San Antonio, TX 78205	10,000	X				
34	Yancy, Dr. Mary & Mr. Howard	100 Skyline Drive Austin, TX 78746	10,000	X				
35	Niland Family Foundation	PO Box 5159 Austin, TX 78769	10,000	X				
36	Estate of Major General Robert Bernstein, MD	3805 Greystone Drive Austin, TX 78731	10,000	X				
37	Stratus Properties, Inc.	98 San Jacinto Blvd., Austin, TX 78701	10,000	X				
38	Turner, Michael	3820 Avenue F, Austin, TX 78751	10,000	X				
39	Wetzels, Pamela	4807 Placid Place Austin, TX 78731	10,000	X				
40	Newberg, David	2905 San Gabriel, Ste. 218 Austin, TX 78705	7,500	X				
41	Griffith, Stephanie & Stephen	1206 West 6th Street Austin, TX 78703	7,000	X				
42	Theodore P. Davis Charitable Trust	PO Box 550 Austin, TX 78767	7,000	X				
43	Westlake Fundraisers	6215 Northern Dancer Dr. Austin, TX 78746	6,579					
44	United Way Capital Area	2000 East MLK Blvd. Austin, TX 78702	5,721	X				
45	Trager, Mr. & Mrs. Thomas	3561 4th Street Boulder, CO 80304	5,105	X				
46	Blue Cross & Blue Shield of Texas	901 S. Central Expressway Richardson, TX 75080	5,000	X				
47	Carl C. Anderson, Sr. & Marie Joe Anderson Charitable Foundation	1016 La Posada, Ste. 142 Austin, TX 78752	5,000	X				
48	Griffith, Mr. & Mrs. Balie	3711 Taylors Drive Austin, TX 78703	5,000	X				
49	Jastrow, Mr. & Mrs. Kenny	1242 PT Ranch Road Round Mountain, TX 78663	5,000	X				
50	Kessler, Dr. David & Alexander, Dr. Anne	2105 Schulle Avenue Austin, TX 78703	5,000	X				
51	Mills Dennis Family Foundation	PO Box 27967 Austin, TX 78755	5,000	X				
52	Nowlin, Bettye & William	3327 Far View Drive Austin, TX 78730	5,000	X				
53	Seton Healthcare Network	1201 West 38th Street Austin, TX 78705	5,000	X				
54	Advanced Micro Devices	5204 E. Ben White Blvd. Austin, TX 78741	5,000	X				

## PEOPLE'S COMMUNITY CLINIC

EIN 23-7087608

Form 990

## Schedule B - List of contributors

December 31, 2007

Number	Contributor Name	Address	Amount	Person	Payroll	Noncash	Date	Description of Noncash contribution
55	Carolyn Rice Bartlett Foundation	6 Scott Crescent, Austin, TX 78703	5,000	X				
56	Nathan and Violet David Foundation	705 Chiquita Rd, Healdsburg, CA 95448	5,000	X				
57	Anderson, Monnie and Sarah	PO Box 5159 Austin, TX 78769	5,000	X				
58	ECG Foundation	PO Box 908	5,000	X				
59	Fidelity Charitable Gift Fund	PO Box 55158 Boston, MA 02205	5,000	X				
60	Gagarin, Michael	1506 West 9th Street Austin, TX 78703	5,000	X				
61	Gracy Title Company	PO Box 27023 Austin, TX 78755	5,000	X				
62	Heritage Title Company of Austin, Inc.	400 Congress Ave Austin, TX 78701	5,000	X				
63	Hogg, John	1404 Wildcat Hollow Austin, TX 78746	5,000	X				
64	Noelke English Maples St. Leger LLP	901 S. MoPac Expwy. Austin, TX	5,000	X				
65	Osborn, Judy	105 Bluff Park Circle Austin, TX 78746	5,000	X				
66	Perficient	1120 S. Capital of Tx Hwy., Austin, TX	5,000	X				
67	The Seawell Elam Foundation	PO Box 5335 Austin, TX 78763	5,000	X				
68	Taylor, Steven	8320 Pommel Drive, Austin, TX 78759	5,000	X				
69	Williams, James	102 Crestwood Court, Austin, TX 78746	5,000	X				
70	Wright Family Foundation	14626 Thornton Mill Rd., Sparks, MD 21152	5,000	X				

▶ Attach to return

Name People's Community Clinic, Inc.	Employer Identification Number 23-7087608
---	--

**Part I, Line 8, Column (A) Securities**

**Public Securities**

Description	Gross Sales Price	Basis	
		Cost	
Publicly Traded Securities	383,609.	383,589.	
		Selling Expenses	0.
		Basis	383,589.

**Nonpublic Securities**

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
Government Securities See attached list	various FMV	various various	6,858,000.	FMV 6,765,098.
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
<b>Total Securities</b> .....			7,241,609.	7,148,687.
<b>Gain or (Loss) from Sale of Securities</b> .....				92,922.

**Part I, Line 8, Column (B) Other Assets**

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
				Cost	
-----	-----	-----	-----	Cost	-----
-----	-----	-----	-----	Depreciation	-----
-----	-----	-----	-----	Basis	-----
-----	-----	-----	-----	Donation FMV	-----
-----	-----	-----	-----	Cost	-----
-----	-----	-----	-----	Depreciation	-----
-----	-----	-----	-----	Basis	-----
-----	-----	-----	-----	Donation FMV	-----
-----	-----	-----	-----	Cost	-----
-----	-----	-----	-----	Depreciation	-----
-----	-----	-----	-----	Basis	-----
-----	-----	-----	-----	Donation FMV	-----
<b>Total Other Assets</b> .....					
<b>Gain or (Loss) from Sale of Other Assets</b> .....					

---

**Additional Information**

---

Statement A

---

Form 990 Part III Statement of Organization's primary exempt purpose

---

The clinic provides high quality medical and health education services to individuals in the Austin, Texas area.

---

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Insurance	51,827.	31,096.	20,731.	0.
Repairs & Maintenance	24,344.	14,606.	9,738.	0.
In-Kind donations	37,933.	0.	0.	37,933.
Other Miscellaneous Exp.	136,993.	105,484.	18,358.	13,151.
<b>Total</b>	<u>251,097.</u>	<u>151,186.</u>	<u>48,827.</u>	<u>51,084.</u>

Form 990, Page 4, Part IV, Line 54b

**Investments - Other Securities Statement**

Description	Cost or FMV	Beginning of Year	End of Year
Government Securities	FMV	1,438,863.	0.
<b>Total</b>		<u>1,438,863.</u>	<u>0.</u>

Form 990, Page 4, Part IV, Lines 57a &amp; 57b

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Land	152,250.	0.	152,250.
Buildings	1,330,295.	438,734.	891,561.
Building improvements	324,498.	51,249.	273,249.
Office Furniture, Equipment & Computers	452,865.	408,594.	44,271.
<b>Total</b>	<u>2,259,908.</u>	<u>898,577.</u>	<u>1,361,331.</u>

Form 990, Page 4, Part IV, Line 65

**Other Liabilities Statement**

Line 65 - Other Liabilities:	Beginning of Year	End of Year
Accrued Expenses	278,686.	373,730.
<b>Total</b>	<u>278,686.</u>	<u>373,730.</u>

Magdy ,

Please provide me with  
list of officers / Directors  
for 2007. to be  
attached to 990 return.