Department of the Treasury

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

A F	or th	e 2021 calen	ndar year, or ta		nnina			and							1.444	
		C Name	e of organization	<u>, , , , , , , , , , , , , , , , , , , </u>	<u></u>					Ť	D Em	ployer id	lentific	ation num	ber	
B c	heck if ap	oplicable: PEO	PLE'S COMM	UNITY CL	INIC											
		Address change Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite										3-708	7608			
	7 '	Niconale	per and street (or P	.O. box if mail is	not delivered to s	treet addres	s)	Room/s	suite			ephone r				
	Initial	return 110)1 CAMINO L	A COSTA							(!	512)4	78-4	4939		
	Termi	City	or town, state or pro		and ZIP or foreign	postal code	ı					,				
	Amen		STIN, TX 78	752							G Gr	oss receip	ots \$	38,	744	204.
	Applic	F Name	e and address of pri	incipal officer:	REGINA	L. RO	GOFF					this a gro			Yes	X No
	_ pona.	-	CAMINO LA	COSTA,	AUSTIN, T	x 7875	2					ubordinate: re all subor		cluded?	Yes	☐ No
ī	Tax-ex	<u> </u>	X 501(c)(3)	501(c) () ◀ (insert		4947(a)(1)	or	52	7	l	f "No," atta	ch a list.	(see instruc	tions)	_
J	Websi	te: ► WWW.	AUSTINPCC.	ORG							H(c) G	roup exen	nption nu	ımber 🕨		
K	Form (of organization:	X Corporation	Trust	Association	Other >		L,	Year o	f formati	on: 1	970 M	State	of legal do	micile:	TX
Р	art I	Summary			•	•		•				•				
	1	Briefly describ	be the organization	on's mission o	or most significa	nt activities	: PCC'S	s Mos	T S	IGNIE	FICA	NT AC	TIVI	TY IN	202	1
e			ELOPING PLA													
Jan		OPERATO:	RIES. COMP	LETION EX	XPECTED II	N EARLY	2023.									
Governance	2	Check this box	x 🕨 🔃 if the o	organization o	discontinued its	operation	s or dispos	ed of mo								
Ĝ	3	Number of vo	ting members of	the governing	body (Part VI, I	line 1a)							3			16
න් ග			dependent voting										4			16
Activities &	5	Total number	of individuals em	ployed in cal	endar year 2021	1 (Part V, li	ne 2a)						5			359
Ę			of volunteers (est		,,								6			145
Ř	7a	Total unrelate	ed business reven	ue from Part V	/III, column (C),	line 12 .							7a			
	b	Net unrelated	business taxable	e income from	Form 990-T, lin	ne 34	<u>.</u>			<u></u>			7b			NONE
											Prior			Curr	ent Ye	ar
ē	8	Contributions	and grants (Part \	VIII, line 1h) .			COP	Y FOR				736,9				691.
Revenue	9	Program servi	ice revenue (Part)	VIII, line 2g) .			PUBLIC	NSPECT	LION		16,3	374,9		17,		184.
Re	10	mvesiment m	come (Part VIII, C	column (A), im	es 3, 4, and 70)							23,5				,266.
	11		e (Part VIII, colun									-20,0	_			, 388.
	12		e - add lines 8 thre								27,1	15,3		38,	664 ,	221.
			milar amounts pai										ONE			NONE
	4 =		to or for members								01 /		ONE			NONE
Expenses	15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								21,402,147.				<u> </u>	703.
ben	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶708,704.									NONE					NONE
X	47										10,112,974. 31,515,121.			0	E 0 E	115
	17 18	Total expense	es (Part IX, colum es. Add lines 13-1	17 (must squa	I Dort IV colum	7) n (A) lino (25)							9,585, 32,176,		
	19	Povenue less	expenses. Subtra	oct line 18 from	n line 12	II (A), IIIIe 2	23)					399 , 7				403.
es	13	Keveriue iess	expenses. Subili	act line to noi	11 1111 12	<u> </u>	<u></u>		• • •			Current			of Yea	
ets	20	Total assets (F	Part X, line 16)							<u> </u>		982,9				328.
Net Assets or Fund Balances	21		s (Part X, line 26)									921,8				766.
E.E	22		fund balances. S									61,1				562.
	rt II	Signature										, , , , ,	33.		0 10 /	
Un	der per	nalties of perjury,	, I declare that I ha	ave examined th	nis return, includi	ng accompa	anying sched	ules and	stater	nents, ai	nd to t	ne best c	f my k	nowledge	and be	lief, it is
true	e, corre	ect, and complete	e. Declaration of pre	parer (other tha	n officer) is based	l on all infor	mation of wh	ich prepa	arer ha	s any kn	owledg	e.				
Sig		Signatur	e of officer									Date				
He	re															
		Type or p	print name and title													
De:		Print/Type pre	parer's name		Preparer's signa	ature		Date	е		С	heck	if P	TIN		
Paid		KRYSTAL	K CREACH								se	elf-employ	/ed]	P01248	198	
	parer Only	Firm's name	► FORVIS,	LLP							Firm's	EIN 🕨	4 4	1-0160	260	
	· · · · · ·	Firm's address > 910 E ST LOUIS #200/PO BOX 1190 SPRINGFIELD, MO 65806-2523									Phone	no.	41	L7-865	-87 <u>C</u>	1
May	the I	RS discuss thi	is return with the	preparer show	n above? (see i	nstructions	s)		<u></u>	<u></u>			<u> </u>	. X Y		No
For	Pape	rwork Reducti	ion Act Notice, s	ee the separa	te instructions.									Forr	ո 990	(2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the

	www.irs.gov/e-file-providers/e-file-f			structions). For more de	etans	s on the	electronic		
Automatic 6-Montl	Extension of Time. Only subm	it original	(no copies needed).						
	red to file an income tax return oth to request an extension of time to fi		•	20-C filers), partnershi	ps, F	REMICs	, and trusts		
Type or print Name of	exempt organization or other filer, see in	structions.		Taxpayer identification no	umbe	er (TIN)			
File by the due date for	E'S COMMUNITY CLINIC, IN street, and room or suite no. If a P.O. bo CAMINO LA COSTA		ctions.	23-708760	8				
return. See City, tow instructions.	n or post office, state, and ZIP code. For N, TX 78752	a foreign ad	dress, see instructions.						
Enter the Return Cod	e for the return that this application	is for (file	a separate application f	or each return)	٠.		0 1		
Application		Return	Application				Return		
Is For Form 990 or Form 99	0 EZ	Code 01	Is For Form 1041-A				Code 08		
Form 4720 (individua		03	Form 4720 (other that	n individual)			09		
Form 990-PF	.,	04	Form 5227	in individual)			10		
Form 990-T (sec. 401	(a) or 408(a) trust)	05	Form 6069				11		
Form 990-T (trust oth	er than above)	06	Form 8870				12		
Form 990-T (corporat	ion)	07							
 If this is for a Group for the whole group, or 	1101 CAMINO LA C 512 478-4939 does not have an office or place of lo Return, enter the organization's for check this box	f business ir ur digit Gro f it is for pa	Fax No. ►	(GEN)		 If th and att	nis is		
	omatic 6-month extension of time up		11/15 , 202	to file the exemp	t org	ganizati	on return		
for the organization	tion named above. The extension is $\frac{1}{2}$ year $\frac{1}{2}$ or beginning	for the org	ganization's return for:		20				
2 If the tax year e	ntered in line 1 is for less than 12 m accounting period	onths, ched	ck reason: Initial r	eturn Final retur	_	·			
nonrefundable o	on is for Forms 990-PF, 990-T, redits. See instructions.				3a	\$	NONE		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by									
Caution: If you are going	ectronic Federal Tax Payment Systen g to make an electronic funds withdraw			see Form 8453-TE and Fo	3c orm 8		NONE for payment		
For Privacy Act and Pa	nerwork Reduction Act Notice see instr	uctions			For	n 8869	(Pay 1-2022)		

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

Form **8868** (Rev. 1-2022)

23-7087608 PEOPLE'S COMMUNITY CLINIC

_	n 990 (2021)	Page Z
Pa	Statement of Program Service Accomplishments	
4	Check if Schedule O contains a response or note to any line in this Part III	Х
•		
	THE MISSION OF PEOPLE'S COMMUNITY CLINIC IS TO IMPROVE THE HEALTH OF MEDICALLY UNDERSERVED AND UNINSURED CENTRAL TEXANS BY PROVIDING HIGH	
	QUALITY, AFFORDABLE HEALTH CARE WITH DIGNITY AND RESPECT.	
	QUALITI, ALTONDADED HEADIN CAND WITH DIGNITI AND ADDITION.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	s X 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	s X No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as meaning the services are required to report the amount of greats and allocations	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	s to others
	the total expenses, and revenue, if any, for each program service reported.	
12	(Code:) (Expenses \$ 17,444,443. including grants of \$) (Revenue \$ 12,280,128	· \
₹a	IN 2021, PEOPLE'S PROVIDED OVER 81,000 MEDICAL VISITS TO MORE THAN	<u>).</u>)
	20,000 UNIQUE PATIENTS, A 15.4% INCREASE IN VISITS ACROSS ALL	
	LINES OF SERVICE INCLUDING ADULT, PEDIATRIC, ADOLESCENT, AND	
	REPRODUCTIVE HEALTHCARE, WHILE CONTINUING TO NAVIGATE COVID-19 AND	
	WHILE MAINTAINING IT'S COMMITMENT TO PROVIDING HIGH QUALITY,	
	AFFORDABLE CARE WITH DIGNITY AND RESPECT.	
4b	(Code:) (Expenses \$5,150,781. including grants of \$) (Revenue \$3,520,184	1)
	PEOPLE'S PRENATAL PROGRAM INCLUDES HEALTH EDUCATION VISITS,	
	ON-SITE LAB TESTS, CLASS D PHARMACY, INTEGRATED BEHAVIORAL HEALTH	
	SERVICES AS WELL AS THE REGULAR COURSE OF PRENATAL AND POST-PARTUM	
	CARE. TO ASSURE CONTINUITY OF CARE AND ENHANCE PATIENT	
	SATISFACTION PCC OBSTETRICIANS ALSO DELIVERED MANY OF THE 1,305 BABIES BORN TO CLINIC PARENTS IN 2021.	
	DADIES BORN TO CHINIC FARENTS IN 2021.	
4c	(Code:) (Expenses \$ 1,980,878. including grants of \$) (Revenue \$ 910,658	3.)
	PEOPLE'S FAMILY PLANNING PROGAM PROVIDES COMPREHENSIVE REPRODUCTVE	
	HEALTHCARE TO BOTH MEN AND WOMEN. A PATIENT TYPICALLY IS SEEN TWO	
	TO FOUR TIMES PER YEAR FOR RECOMENDED CANCER SCREENINGS,	
	CONTRACEPTIVE COUNSELING AND SUPPLIES, GENITOURINARY TRACT	
	PROBLEMS, AS WELL AS SCREENING AND TREATMENT FOR SEXUALLY	
	TRANSMITTED DISEASES. LAB AND CLASS D PHARMACY SERVICES ARE	
	AVAILABLE ON-SITE. IN 2021, PEOPLE'S WORKED TO DEVELOP A PROGRAM	
	THAT OFFERS ITS PATIENTS THE OPTION OF HAVING A TUBAL LIGATION.	
	THIS NEW SERVICE WILL BECOME AVAILABLE IN 2022.	
ام 4	Other program corvices (Describe on Schedule O.)	
4 0	Other program services (Describe on Schedule O.) (Expenses \$ 2,887,093. including grants of \$) (Revenue \$ 765,214.)	
40	(Expenses \$ 2,887,093. Including grants of \$) (Revenue \$ 765,214.)	

4e Total program service expenses ► 27,463,195.

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1E1020 1.000 Form **990** (2021) Form 990 (2021) Page **3**

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			3.7
_	election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		X
5	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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	9		Χ
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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
D	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	446		3.7
•	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		X
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		3.7
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		Λ
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	· · ·		- 4 3
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1.0		
-	If "Yes," complete Schedule G, Part III	19		Χ
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete</i> Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ

Form 990 (2021) Page **4**

Part	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? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		240		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	, , , , , , , , , , , , , , , , , , , ,	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			21
·	"Yes," complete Schedule L, Part IV	28c		Х
20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	37	Λ
29		29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		Х
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	38	Х	
Part				
	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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
J	reportable gaming (gambling) winnings to prize winners?	1c	Х	
10.1	- spansare gamming (gammaning) minimings to prize minimics.			

JSA 1E1030 1.000

	990 (2021)		F	Page 5						
Par	t 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 359									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
b	If "Yes," has it filed a Form 990-T for this year? 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		X						
b	If "Yes," enter the name of the foreign country ▶									
	$See \ instructions \ for \ filling \ requirements \ for \ FinCEN \ Form \ 114, \ Report \ of \ Foreign \ Bank \ and \ Financial \ Accounts \ (FBAR).$									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
6a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	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	X	<u> </u>						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	required to file Form 8282?	7с		X						
	If "Yes," indicate the number of Forms 8282 filed during the year									
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	, , ,	9a		-						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11										
	Gross income from members or shareholders									
D	Gross income from other sources. (Do not net amounts due or paid to other sources									
12-	against amounts due or received from them.)	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
а	Note: See the instructions for additional information the organization must report on Schedule O.									
h	Enter the amount of reserves the organization is required to maintain by the states in which									
b	the organization is licensed to issue qualified health plans									
_	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · · ·	14b		<u> </u>						
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?	15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
. •	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
-	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

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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		<u></u>	<u></u>		X				
Sect	ion A. Governing Body and Management				1					
		1 1			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16							
	If there are material differences in voting rights among members of the governing body, or									
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16							
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with							
	any other officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or un	nder t	he direct							
	supervision of officers, directors, trustees, or key employees to a management company or other p	persor	?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?.		4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's	assets	?	5		X				
6	Did the organization have members or stockholders?			6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect o	appoint							
	one or more members of the governing body?									
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members,									
	stockholders, or persons other than the governing body?									
8										
	the year by the following:									
а	The governing body?			8a	Χ					
b	Each committee with authority to act on behalf of the governing body?			8b	Χ					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot									
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Χ				
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code.						
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of	such	chapters,	10b						
	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 fi	ling th	e form? .	11a	Χ					
b	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			12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	that c	ould give							
	rise to conflicts?			12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the p									
	describe on Schedule O how this was done			12c	Х					
13	Did the organization have a written whistleblower policy?			13	Х					
14	Did the organization have a written document retention and destruction policy?			14	Χ					
15	Did the process for determining compensation of the following persons include a review ar		-							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and o	decision?							
а	The organization's CEO, Executive Director, or top management official			15a	Х					
b	Other officers or key employees of the organization			15b		X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ngement							
	with a taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization									
	participation in joint venture arrangements under applicable federal tax law, and take steps to									
	organization's exempt status with respect to such arrangements?	· · ·		16b						
Secti	ion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990,	and 990-1	(sect	ion 5	01(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap Own website Another's website Upon request Other (explain on Sc		e O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents of the control of		,	f inter	est n	olicv				
-	and financial statements available to the public during the tax year.	,			٦ - ٦	٠- ٫ ,				
20	State the name, address, and telephone number of the person who possesses the organization's I FRANCES HICKEY 1101 CAMINO LA COSTA AUSTIN. TX 78752	oooks	and record	s >						

FRANCES HICKEY 1101 CAMINO LA COSTA AUSTIN, TX 78752
512-478-4939

1E1042 1.000

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

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

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

Comparison of clasted organizations below dotted line) Total Process of the comparison of clasted organizations below dotted line) Total Process of the comparison of clasted organizations Total Process of clasted organizations Total Process of class of c	(A) Name and title	(B) Average hours per week (list any	box,	unle er an	Pos heck ss pe	osition ck more than one person is both an director/trustee)			(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
CHIEF MEDICAL OFFICER		hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/	1099-MISC/	
CHIEF MEDICAL OFFICER	(1) LOUIS P APPEL	40.00									
(2) MELINDA LOPEZ	_ , ,	NONE	1			X			254,818.	NONE	23,186.
DIRECTOR, REPRODUCTIVE HEALTH NONE	(2) MELINDA LOPEZ	40.00									
(3) FEBA THOMAS	DIRECTOR, REPRODUCTIVE HEALTH						Х		261,201.	NONE	12,478.
(4) ROBERT SORIN 40.00 PHYSICIAN, REPRODUCTIVE HEALTH NONE X 205,985. NONE 11,64 (5) CATHIA MENDEZ-VARGAS 40.00 X 205,258. NONE 9,54 (6) SYEMA MUZAFFAR 40.00 X 202,982. NONE 8,84 (7) REGINA ROGOFF 40.00 X 202,982. NONE 8,84 (7) REGINA ROGOFF 40.00 X 189,803. NONE 14,90 (8) FRANCES HICKEY 40.00 X 144,914. NONE 12,89 (9) FRED BLACKMAN, JR. 1.00 X NONE NONE NO (10) CHRIS MULCAHY 1.00 X NONE	(3) FEBA THOMAS	40.00									<u> </u>
PHYSICIAN, REPRODUCTIVE HEALTH NONE	DIRECTOR, ADULT MEDICINE	NONE					Х		225,896.	NONE	12,694.
(5) CATHIA MENDEZ-VARGAS 40.00 PHYSICIAN, ADULT MEDICINE NONE X 205,258. NONE 9,54 (6) SYEMA MUZAFFAR 40.00 X 202,982. NONE 8,84 (7) REGINA ROGOFF 40.00 X 189,803. NONE 14,90 (8) FRANCES HICKEY 40.00 X 144,914. NONE 12,89 (9) FRED BLACKMAN, JR. 1.00 X NONE	(4) ROBERT SORIN	40.00									
PHYSICIAN, ADULT MEDICINE NONE X 205,258. NONE 9,54 (6) SYEMA MUZAFFAR 40.00 X 202,982. NONE 8,84 (7) REGINA ROGOFF 40.00 X 189,803. NONE 14,90 CEO NONE X 189,803. NONE 14,90 (8) FRANCES HICKEY 40.00 X 144,914. NONE 12,89 (9) FRED BLACKMAN, JR. 1.00 X NONE NONE NONE NONE NONE NONE NO (10) CHRIS MULCAHY 1.00 NONE X NONE NONE NO DIRECTOR-VICE CHAIR NONE X X NONE NONE NO	PHYSICIAN, REPRODUCTIVE HEALTH	NONE					Х		205,985.	NONE	11,649.
(6) SYEMA MUZAFFAR 40.00 PEDIATRIC PHYSICIAN NONE X 202,982. NONE 8,84 (7) REGINA ROGOFF 40.00 X 189,803. NONE 14,90 CEO NONE X 144,914. NONE 12,89 CFO NONE X 144,914. NONE 12,89 (9) FRED BLACKMAN, JR. 1.00 NONE X NONE NONE NO DIRECTOR-CHAIR NONE X X NONE NO NO DIRECTOR-VICE CHAIR NONE X X NONE NONE NO	(5) CATHIA MENDEZ-VARGAS	40.00									_
PEDIATRIC PHYSICIAN NONE X 202,982. NONE 8,84 (7) REGINA ROGOFF 40.00 X 189,803. NONE 14,90 CEO NONE X 144,914. NONE 12,89 CFO NONE X 144,914. NONE 12,89 (9) FRED BLACKMAN, JR. 1.00 NONE X NONE NONE </td <td>PHYSICIAN, ADULT MEDICINE</td> <td>NONE</td> <td></td> <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td>205,258.</td> <td>NONE</td> <td>9,543.</td>	PHYSICIAN, ADULT MEDICINE	NONE					Х		205,258.	NONE	9,543.
(7) REGINA ROGOFF 40.00 CEO NONE X 189,803. NONE 14,90 (8) FRANCES HICKEY 40.00 X 144,914. NONE 12,89 CFO NONE X 144,914. NONE 12,89 (9) FRED BLACKMAN, JR. 1.00 NONE NONE <td>(6) SYEMA MUZAFFAR</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td>	(6) SYEMA MUZAFFAR	40.00									_
CEO NONE X 189,803. NONE 14,90 (8) FRANCES HICKEY 40.00 X 144,914. NONE 12,89 CFO NONE X 144,914. NONE 12,89 (9) FRED BLACKMAN, JR. 1.00 NONE	PEDIATRIC PHYSICIAN	NONE					Х		202,982.	NONE	8,847.
(8) FRANCES HICKEY 40.00 CFO NONE X 144,914. NONE 12,89 (9) FRED BLACKMAN, JR. 1.00 NONE X X NONE	(7) REGINA ROGOFF	40.00									
CFO NONE X 144,914. NONE 12,89 (9) FRED BLACKMAN, JR. 1.00 DIRECTOR-CHAIR NONE X X NONE NONE NO (10) CHRIS MULCAHY 1.00 DIRECTOR-VICE CHAIR NONE X X NONE NONE NO	CEO	NONE			Х				189,803.	NONE	14,907.
(9) FRED BLACKMAN, JR. 1.00 DIRECTOR-CHAIR NONE X X (10) CHRIS MULCAHY 1.00 DIRECTOR-VICE CHAIR NONE X X NONE NONE NONE	(8) FRANCES HICKEY	40.00									
DIRECTOR-CHAIR NONE X X NONE NONE NO (10) CHRIS MULCAHY 1.00 NONE X X NONE NONE NO	CFO	NONE			Х				144,914.	NONE	12,896.
(10) CHRIS MULCAHY 1.00 DIRECTOR-VICE CHAIR NONE X X NONE NONE NO	(9) FRED BLACKMAN, JR.	1.00									
DIRECTOR-VICE CHAIR NONE X X NONE NONE NO	DIRECTOR-CHAIR	NONE	Х		Х				NONE	NONE	NONE
	(10) CHRIS MULCAHY	1.00									
(11) CHARLES BELL, MD 1.00	DIRECTOR-VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE
· · · · · · · · · · · · · · · · · · ·	(11) CHARLES BELL, MD	1.00									
DIRECTOR NONE X NONE NONE NO	DIRECTOR	NONE	X						NONE	NONE	NONE
(12) PHILIP S. DIAL 1.00	(12) PHILIP S. DIAL	1.00									
DIRECTOR-TREASURER NONE X X NONE NONE NO	DIRECTOR-TREASURER	NONE	X		Х				NONE	NONE	NONE
(13) FRAUKE BAYLOR 1.00	(13) FRAUKE BAYLOR	1.00									
DIRECTOR-SECRETARY NONE X X NONE NONE NO	DIRECTOR-SECRETARY	NONE	X		X				NONE	NONE	NONE
(14) CRESCENCIA ALVARADO 1.00	(14) CRESCENCIA ALVARADO	1.00									
DIRECTOR NONE X NONE NONE NO	DIRECTOR	NONE	X						NONE	NONE	NONE

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employees (co	ontinue		Page 8
(A) Name and title	(B) Average hours per week (list any	(do box,	not ch	Pos neck ss pe	C) sition more	e than o	one an	(D) Reportable compensation from	(E) Reportable compensation from related	Est am	(F) imated ount of other	f
	hours for related organizations below dotted line)	Individ or dire	Institutional trustee	o Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	ensation the inization related nization	n d
15) SEVYLLA DEL MAZO	1.00											
DIRECTOR	NONE	X						NONE	NONE			NONE
16) MIKE MACKERT, PHD	1.00											
DIRECTOR	NONE	X						NONE	NONE			NONE
17) ALEX MCNAIR	1.00											
DIRECTOR	NONE	Х						NONE	NONE			NONE
18) EVA M. ROBERTS	1.00											
DIRECTOR	NONE	X						NONE	NONE			NONE
19) GEORGE RODGERS, MD	1.00							-				
DIRECTOR	NONE	X						NONE	NONE			NONE
20) CSILLA SOMOGYI	1.00	<u> </u>						1.01.2	1,01,2			
DIRECTOR	NONE	X						NONE	NONE			NONE
21) HARRY THOMAS, MD	1.00	- 21						NONE	INOINE		•	140141
DIRECTOR	NONE	X						NONE	NONE			NONE
	_	_ ^						NONE	NONE			MOINI
22) VICTORIA VARGAS	1.00	٠,,						NONE	NONE			
DIRECTOR	NONE	X						NONE	NONE			NONE
23) SAYURI YAMANAKA		-										
DIRECTOR	NONE	X						NONE	NONE			NONE
24) RICHARD YUEN, PHD	1.00	-										
DIRECTOR	NONE	X						NONE	NONE			NONE
		-										
1b Sub-total							▶	1,690,857.	NONE	1	06,	200.
c Total from continuation sheets to Part VII, S	Section A						•	NONE	NONE			NONE
d Total (add lines 1b and 1c)								1,690,857.	NONE	1	06,	200.
Total number of individuals (including but not reportable compensation from the organization)	limited to t				bov			•			,	
											Yes	No
3 Did the organization list any former office											100	110
employee on line 1a? If "Yes," complete Scheo	lule J for su	ch ind	lividu	ıal						3		Х
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	50,0	00?	? If	"Yes	s, "	complete Schedu	le J for such			
individual										4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y										5		Х
Section B. Independent Contractors									-			

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) SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation

0086184

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

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Par	τνιι	Check if Schedule O contains a res	sponse	e or note to an	v line in this Part V	/III		
		Oneskii eeneaale e eename a ree	<u>Бролюс</u>	or moto to di	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1	la					
ran Z	b	·	lb					
Contributions, Gifts, Grants and Other Similar Amounts	С		Ic	451,515.				
	d	•	ld					
	e		le	8,414,889.				
Sin	f	All other contributions, gifts, grants,						
e E			If	12,390,287.				
들는	g	Noncash contributions included in						
ξē		lines 1a-1f	lg \$	1,627,208.				
တွဲ ငွ	h	Total. Add lines 1a-1f		▶	21,256,691.			
				Business Code				
ဗ	2a	NET PATIENT SERVICE REVENUE		624100	17,305,448.	17,305,448.		
Program Service Revenue	b	OTHER REVENUE		624100	170,736.	170,736.		
מַ בַּ	C							
e e	d							
P _O	e							
7	f	All other program service revenue	[
	g	Total. Add lines 2a-2f		▶	17,476,184.			
	3	Investment income (including dividen-	ıds, in	terest, and				
		other similar amounts)		▶	3,069.			3,069.
	4	Income from investment of tax-exempt b	ond pi	roceeds . ►	NONE			
	5	Royalties	<u>.</u>	▶	NONE			
		(i) Real		(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c	NONE	NONE				
	d	Net rental income or (loss)	<u></u>	▶	NONE			
	7a	Gross amount from (i) Securitie	es	(ii) Other				
		sales of assets						
		other than inventory 7a		NONE				
ne	b	Less: cost or other basis						
evenue		and sales expenses 7b		50,335.				
	С	Gain or (loss) 7c		-50,335.				
er_	d	Net gain or (loss)	<u></u>	▶	-50,335.			-50,335.
Other R	8a	Gross income from fundraising						
U		events (not including \$451,515.						
		of contributions reported on line						
		10). 000 . 4	8a	8,260.				
	b	zooo: amoor expended	8b	29,648.				
	С	Net income or (loss) from fundraising eve	ents .	▶	-21,388.			-21,388.
	9a	Gross income from gaming						
		·	9a	NONE				
	b	Zooo: alloot experiede	9b	NONE				
	С	Net income or (loss) from gaming activit	ties	▶	NONE			
	10a	Gross sales of inventory, less	10-	21027				
			10a	NONE				
	b	Loss. cost of goods sold I I I I I I I	10b	NONE				
	С	Net income or (loss) from sales of inventor		Business Code	NONE			
Snc			-	Dualitess Code				
ne	11a		$- \vdash$					
scellaneous Revenue	b							
Re	C	All other revenue						
Ĭ	d	All other revenue	_		NONE			
	<u>е</u> 12	Total. Add lines 11a-11d Total revenue. See instructions			38,664,221.	17,476,184.		-68,654.
	14	i otal levellue. Occ Illottuctions	<u></u>		JU, UU4, ZZI.	11,410,104.		-00,004.

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Part IX Statement of Functional Expenses

•				
Cootion	601(0)(2) and 601(0)(4)	organizations must complete all columns	. All other erganizations must comple	to column (/\)
SECTION	30 HCH31 and 30 HCH41	Uluanizations inust comblete all columns	s. Ali ulliel ulualiizaliulis Illusi culliule	ie colullii (A).

Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (**D**) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations NONE and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic NONE individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, NONE foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE Compensation of current officers, directors, 640,524. 308,710. 321,579. 10,235. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 17,926,681. 16,356,926. 1,179,903. 389,852. 545,225. 512,511. 19,527. 13,187. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,143,569. 1,923,324. 167,240. 53,005. 1,335,704. 1,193,388. 112,084. 30,232. 11 Fees for services (nonemployees): NONE 3,577 3,577. 73,092 73,092. c Accounting NONE d Lobbying NONE e Professional fundraising services. See Part IV, line 17, NONE f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column 2,383,471. 1,372,579. 915,717. 95,175. (A), amount, list line 11g expenses on Schedule O.) 3,357 890. 2,467. 12 322,407. 183,335. 95,131. 43,941. 13 Office expenses 1,217,080. 14,890. 14 Information technology..... 463,380. 738,810. NONE 15 791,404. 650,185. 17,353. Occupancy 123,866. 16 8,200. 3,381. 4,677. 142. 17 Payments of travel or entertainment expenses NONE for any federal, state, or local public officials 83,999. 12,026. 1,283. Conferences, conventions, and meetings 97,308 19 <u>5,</u>353. 5,371 18. NONE 21 79,573 1,115,247. 1,007,893. 27,781. 22 Depreciation, depletion, and amortization 194,909. 90,485. 102,034. 2,390. 23 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 MEDICAL SUPPLIES & DRUGS 2,981,829. 2,981,829. LICENSES & MEMBERSHIPS 105,298 55,101. 49,840 357. 5,060. PATIENT CARE & RECORDS 5,060 d OTHER PROGRAM EXPENSES 277,505 271,091. 6,414. e All other expenses 25 Total functional expenses. Add lines 1 through 24e 32,176,818. 27,463,195. 4,004,919. 708,704. 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 following SOP 98-2 (ASC 958-720)

Form **990** (2021)

PEOPLE'S COMMUNITY CLINIC

23-7087608 Page **11** Form 990 (2021)

Part X Balance Sheet

	Beginning of year		End of year
Cash - non-interest-bearing	5,209.	1	5,209.
Savings and temporary cash investments	11,453,728.	2	10,127,924.
Pledges and grants receivable, net	503,962.	3	5,814,298.
Accounts receivable, net	1,847,559.	4	1,833,407.
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	NONE	5	NONE
Loans and other receivables from other disqualified persons (as defined			
under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$	NONE	6	NONE
Notes and loans receivable, net		7	NON
		8	349,698.
Prepaid expenses and deferred charges	263,251.	9	327,096.
Land, buildings, and equipment: cost or other			
•	1		
Less: accumulated depreciation	12,634,242.	10c	11,637,269.
Investments - publicly traded securities	NONE	11	NONE
		12	NONE
· · ·		13	NONE
Intangible assets		_	NONE
·			1,116,427.
		16	31,211,328.
		17	1,463,997.
			NONE
Deferred revenue			30,529.
Tax-exempt bond liabilities			NONE
	NONE	21	NONE
			NONE
			168,240.
· ·	2,891,700.	24	NONE
` ' '			
•			
or conteguit B 11111111111111111111111111111111111			NONE
	4,921,816.	26	1,662,766.
	21.723.015.	27	24,196,155.
			5,352,407.
Organizations that do not follow FASB ASC 958, check here ▶	, ,		., ,
		29	
			29,548,562.
	27.982.975		31,211,328.
	Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation. Investments - publicly traded securities. Investments - program-related. See Part IV, line 11 Intengible assets. Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses. Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 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. Secured mortgages and notes payable to unrelated third parties. Unsecured notes and loans payable to unrelated third parties. Unsecured notes and loans payable to unrelated third parties. 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 Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here Total liabilities. Add lines 17 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	Accounts receivable, net	Accounts receivable, net

Form **990** (2021)

16

PEOPLE'S COMMUNITY CLINIC

Form 990 (2021) Page **12** Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI 38,664,221. 1 2 <u>32,176,818</u>. 6,487,403. 3 3 23,061,159 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5 5 6 6 7 7 8 8 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 29,548,562 10 Part XII Financial Statements and Reporting Yes Nο Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Χ 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: Separate basis Consolidated basis Both consolidated and separate basis 2b Χ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 2c X 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. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a Χ b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 3b required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . .

Form **990** (2021)

SCHEDULE A (Form 990)

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
2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

PEC)PL	E'S COMMUNITY CLINI	C				23-7	087608
Pa	rt I	Reason for Public Cha	rity Status. (All	organizations must o	complet	te this p	art.) See instruction	S.
The	org	anization is not a private fou	ndation because it	is: (For lines 1 throu	gh 12, ch	eck 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 secti	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)					
3	X	A hospital or a cooperative	or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).					
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ental unit described ir
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization that norma	=	•	pport fr	om a go	vernmental unit or fr	om the general public
		described in section 170(b)		-				
8		A community trust describe						
9		An agricultural research org	=			-	-	
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investm acquired by the organization	ited to its exempt finent income and un on after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2) . (0	ceptions ome (less Complete	s; and (2) no more that s section 511 tax) from e Part III.)	n 331/3 % of its
11		An organization organized	•	•	•		. , . ,	em, and the murmoses of
12		An organization organized a one or more publicly suppo	•	•				
		the box on lines 12a through	_					` ' ' '
	Г	¬		• • • • • • • • • • • • • • • • • • • •			·	<u> </u>
а		Type I. A supporting orga	•	•	-		• , ,	
		the supported organization				ajority of	the directors or truste	ees of the
L	Г	supporting organization.	•			مئا طائس	our nartad areanizati	an(a) by baying
b		Type II. A supporting org	•					
		control or management of	• • • •	=	the Sam	e persor	is that control of that	lage the supported
	Г	organization(s). You must Type III functionally integ	-		tod in a	onnostio	n with and functions	lly intograted with
С	_	its supported organization						ily ilitegrated with,
d	Г	Type III non-functionally		•				ted organization(s)
u	_	that is not functionally into			-			=
		requirement (see instruct	-		-		•	a an attentiveness
е	Г	Check this box if the orga	•	•				II Tyne III
·		functionally integrated, or					,, , ,,	, туро
f	En	ter the number of supported						
q		ovide the following information						
Ŭ		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	• •			(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
/ A \								
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

Schedule A (Form 990) 2021

PEOPLE'S COMMUNITY CLINIC 23-7087608

Par	Complete only if you checket Part III. If the organization fai	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Sec	tion A. Public Support	1 3		,,	'	,	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	4 > 0047	# N 0040	1 2 2 2 4 2	(), 0,000	() 0004	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First 5 years. If the Form 990 is for						
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Sup					T. T	
14	Public support percentage for 2021 (li						<u>%</u>
15	Public support percentage from 2020						<u> </u>
16a	33 1/3 % support test - 2021. If the org						
	box and stop here. The organization q			-			
b	33 1/3 % support test - 2020. If the org						
47-	this box and stop here. The organization	•		•			
1/a	10%-facts-and-circumstances test - 2		_				
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported						•
	•			•	•		
h	organization						
D	10%-facts-and-circumstances test - 2		•				
	15 is 10% or more, and if the organizin Part VI how the organization meets					-	•
	_			_	· · · · · · · · · · · · · · · · · · ·	-	
18	organization						
10	instructions						

Schedule A (Form 990) 2021

Page 2

23-7087608 Schedule A (Form 990) 2021

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.)

Sec	tion A. Public Support			, ,	'	,	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees			. ,	. ,		
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
3	'						
	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						
7 a	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_						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business						
• •							
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						+
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	_					
	organization, check this box and stop here.						<u> ▶ </u>
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,	, ,	•	.,,		15	%
16	Public support percentage from 2020 Scheo					16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2021 (lin		•	. , ,		17	%
18	Investment income percentage from 2020 S	chedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2021. If the org	ganization did r	not check the bo	x on line 14, a	nd line 15 is m	ore than 331/3	%, and line
	17 is not more than 331/3 %, check this	box and stop	here. The organ	nization qualifies	as a publicly si	upported organi	zation ▶ 🔙
b	331/3% support tests - 2020. If the orga						
	line 18 is not more than 331/3 %, check						
20	Private foundation If the organization d						

JSA 1E1221 1.000

Page 3

Part IV Supporting Organizations

(Complete only if you checked a box in 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.	ΑII	Supporting	0	rganizations
------------	-----	------------	---	--------------

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

		Yes	No
g y			
	1		
ıs ed			
	2		
er	3a		
id ie			
	3b		
3)			
	3с		
lf	40		
n n	4a		
" "	4b		
n ed 3)			
,	4c		
;," N n;			
n			
	5a		
ly			
	5b		
	5c		
o d or			
	6		
or ty	7		
е	8		
e	9a		
L	Ja		
h	9b		
fit	9с		
n d			
to	10a		
	10b		

PEOPLE'S COMMUNITY CLINIC 23-7087608 Schedule A (Form 990) 2021 Page 5 Part IV **Supporting Organizations** (continued) Yes No 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? 11a 11b **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? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 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? 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. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 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? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). C Yes No Activities Test. Answer lines 2a and 2b below. 2 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? 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. 2a 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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. 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? If "Yes" or "No," provide details in Part VI. 3a

> 3b Schedule A (Form 990) 2021

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

PEOPLE'S COMMUNITY CLINIC

23-7087608 Schedule A (Form 990) 2021 Page 6

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explai	n in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	zations r	nust complete Sectio	ns A through E.
Se	ction 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		
Se	ction 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):			
	Average monthly value of securities	1a		
_	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lv integra	ated Type III supporting	organization

Schedule A (Form 990) 2021

23

(see instructions).

Line 8 amount divided by line 9 amount

23-7087608

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Schedule A (Form 990) 2021 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2021 from Section C, line 6 9

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number

Traine of the organization		Employer identification number				
PEOPLE'S COMMUNITY (23-7087608					
Organization type (check one	a):					
Filers of:	Section:					
Form 990 or 990-EZ	X 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 four	dation				
	501(c)(3) taxable private foundation					
	covered by the General Rule or a Special Rule.	0 1101 0				
Note: Only a section 501(c)(<i>i</i> instructions.	7), (8), or (10) organization can check boxes for both the General Rule and	a Special Rule. See				
General Rule						
_	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contror property) from any one contributor. Complete Parts I and II. See instructions.					
Special Rules						
regulations under s 16b, and that recei	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9 yed from any one contributor, during the year, total contributions of the gunt on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete	90), Part II, line 13, 16a, or reater of (1) \$5,000; or				
contributor, during literary, or educatio	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.					
contributor, during contributions totale during the year for General Rule applie	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	tien't covered by the General Pule and/or the Special Pules doesn't file S	Schedule B (Form 000) but it				

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.

Name of organization

PEOPLE'S COMMUNITY CLINIC

Employer identification number
23-7087608

Parti	Contributors (see instructions). Ose duplicate copi	es of Part I if additional space is ne	edea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

PEOPLE'S COMMUNITY CLINIC

Employer identification number
23-7087608

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	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Conductor B (1 only 600) (2021)		i age -
Name of organization		Employer identification number
	DEODIE'S COMMINITY CITNIC	23_7097609

Parti	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization		Employer identification number
	PEOPLE'S COMMINITY CLINIC	23-7087608

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

PEOPLE'S COMMUNITY CLINIC

Employer identification number
23-7087608

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Contodulo B (1 onii 000)	(2021)	i age -
Name of organization		Employer identification number
	DEODIE'S COMMINITY CITNIC	23_7097609

Parti	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

PEOPLE'S COMMUNITY CLINIC

Employer identification number
23-7087608

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42_	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization		Employer identification number	
	PEOPLE'S COMMUNITY CLIN	TC	23-7087608

Parti	Contributors (see instructions). Use duplicate copi	les di Part i il additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization		Employer identification number
	DEODIE'S COMMUNITY CITNIC	23-7097609

Parti	Contributors (see instructions). Use duplicate cop	ies of Part i il additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization		Employer identification number
PEOPLE'S COMMUNITY	CLINIC	23-7087608

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

PEOPLE'S COMMUNITY CLINIC

PEOPLE'S COMMUNITY CLINIC

23-7087608

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63	N/A	\$\$6,367.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64_	N/A	\$ 60,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization		Employer identification number
	PEOPLE'S COMMUNITY CLINIC	23-7087608

Parti	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	,	
Name of organization		Employer identification number
	PEOPLE'S COMMUNITY CLINIC	23-7087608

Parti	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization		Employer identification number
	PEOPLE'S COMMUNITY CLINIC	23-7087608

Parti	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84	N/A	\$\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Concedic B (1 only 300) (2021)		i agc =	
Name of organization		Employer identification number	
	PEOPLE'S COMMINITY CLINIC	23-7087608	

Parti	Contributors (see instructions). Ose duplicate copi	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86	N/A	\$\$50,268.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87_	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89	N/A	\$\$ 3,919,057.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90	N/A	\$\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

1E1253 2.000

Schedule B (Form 990) (2021) Page **3**

Name of organization		Employer identification number
	PEOPLE'S COMMUNITY CLINIC	23-7087608

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) MEDICAL SUPPLIES 6 9,715. 01/31/2021 (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) SECURITIES 63 6,367. 11/03/2021 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) VACCINES 87 1,604,132. 12/31/2021 (c) (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.)

SCHEDULE D (Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

IVAIII	e of the organization	Employer identification number
PE	OPLE'S COMMUNITY CLINIC	23-7087608
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
J	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fundamental controls.	
U	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
D	art II Conservation Easements.	
	Conservation Lasements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		a historically important land area
		a historically important land area a certified historic structure
		a certified flistoric structure
2	Preservation of open space	as form of a concentration
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	Held at the End of the Tax Year
	easement on the last day of the tax year.	
а		2a
b		2b
С	()	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
_	3	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located	- bandina of
5	Does the organization have a written policy regarding the periodic monitoring, inspection	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
_	Annual of annual incomed in manifesting in an adding to adding a fairled and and antique and	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
	Deep cash capes water accompany reported on line 2/d) shows satisfy the requirements of section	470/h)/4)/D)/i)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
•	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e balance sheet, and include, if applicable, the text of the footnote to the organization's financial	
	organization's accounting for conservation easements.	Statements that describes the
Đ:	art 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.	Jimiai Addeta.
4-	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	etetement and belence about works
1a	of art, historical treasures, or other similar assets held for public exhibition, education, o	r research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	se items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	
	art, historical treasures, or other similar assets held for public exhibition, education, or resear	rcn in furtherance of public service,
	provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	• •
	(i) Assets included in Form 000 Port V	· · · · · · · · · · · · · · · · · · ·
2	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	sets for financial gain, provide the
_	following amounts required to be reported under FASB ASC 958 relating to these items:	• ¢
a h	Revenue included on Form 990, Part VIII, line 1	· · · · · · · • • • ———————————————————

Sche	dule D (Form 990) 2021 PEOP	LE'S COMMUNI	TY CLIN	r C			23-7	08760	8 P	age 2
	rt III Organizations Maintaining				es, or (Other Similar A				-9-
3	Using the organization's acquisition,									f its
	collection items (check all that apply)					· ·	•			
а	Public exhibition		d	Loan or exc	hange r	orogram				
b	Scholarly research		e	Other	0 1	J				
С	Preservation for future general	tions								
4	Provide a description of the organiz		s and expl	ain how thev f	urther t	the organization'	s exempt	purpos	se in	Part
	XIII.			,		J				
5	During the year, did the organization	solicit or receive	donations o	of art, historical	treasur	es, or other simil	ar			
	assets to be sold to raise funds rather							Yes		No
Pa	rt IV Escrow and Custodial Arr									
	Complete if the organization 990, Part X, line 21.		es" on For	m 990, Part I\	/, line 9	9, or reported a	n amoun	t on Fo	orm	
1a	Is the organization an agent, truste	e, custodian or c	ther intern	nediary for co	ntributio	ns or other ass	ets not			
	included on Form 990, Part X?						[Yes		No
b	If "Yes," explain the arrangement in I									-
							Amount			
С	Beginning balance				. 1c					
d	Additions during the year				. 1d					
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amou					todial account lia	bility?	Yes		No
b	If "Yes," explain the arrangement in I	Part XIII. Check h	ere if the e	xplanation has b	een pro	vided on Part XIII	<u> </u>	_ 		1
	rt V Endowment Funds.			•						
	Complete if the organization	on answered "Ye	es" on For	m 990, Part I	V, line	10.				
		(a) Current year	(b) Prio	or year (c)	Two years	back (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance									
h	Contributions									
c	Net investment earnings, gains,									
·	and losses									
ч	Grants or scholarships									
	Other expenditures for facilities									
е	and programs									
£	' '									
	Administrative expenses End of year balance									
g	Provide the estimated percentage of		and halana	a /lina 1 a politica	an (a)\ h	ald as				
2 a	Board designated or quasi-endowmen		%	e (iirie 1g, coluii	ıııı (a)) i	ieiu as.				
b	Permanent endowment	%								
	Term endowment ▶ %									
•	The percentages on lines 2a, 2b, and	d 2c should equal	100%							
3a	Are there endowment funds not in th	•		ation that are h	eld and	administered for	the			
	organization by:							Γ	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related							3b		
4	Describe in Part XIII the intended use	•	•							
	rt VI Land, Buildings, and Equit	oment.								
	Complete if the organization	ion answered "Y								
	Description of property		r other basis stment)	(b) Cost or other (other)	basis	(c) Accumulated depreciation	(d)	Book va	lue	
1a	Land	,		2,545,6	599.	200.00.000		2,54	5.6	99
	Buildings			2,585,8		1,238,807.		1,34		
	Leasehold improvements			11,258,2		4,669,453.		6,58		
	Equipment			1,960,1		1,222,402.			7,7	
	Other			735,		317,649.			8,0	
_						/ / •				•

11,637,269. Schedule D (Form 990) 2021

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

Schedule D (Form 990) 2021 PEOPLE'S COMMU	NITY CLINIC	23	3-7087608 Page
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 valuat Cost or end-of-year mark	
(1) Financ	ial derivatives			
(2) Closely	held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	on (b) recent accept Faura 000 Part V and (D) line 40.)			
Part VIII	Investments - Program Related. Complete if the organization answered	l "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 valuat	
	(a) Besonption of investment	(b) Book value	Cost or end-of-year mark	cet value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990	, Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B) I	ine 15)		
Part X	Other Liabilities.	<i>ine 10.)</i> , , , , , , , , , , ,		
raitx	Complete if the organization answered line 25.	d "Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descrip	otion of liability		(b) Book value
(1) Fede	ral income taxes	<u> </u>		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

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 .

0086184

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

ightharpoons

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

AMOUNTS INCLUDED ON LINE 1, BUT NOT ON FORM 990, PART VIII, LINE 12:

\$ 1,185,877 NET ASSETS RELEASED FROM RESTRICTION

SCHEDULE D, PART XI, LINE 4B

AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1:

\$ 5,200,140 TEMPORARILY RESTRICTED CONTRIBUTIONS

(29,648) SPECIAL EVENTS EXPENSE

(50,335) GAIN ON SALE OF EQUIPMENT

\$ 5,120,157

SCHEDULE D, PART XII, LINE 2D

AMOUNTS INCLUDED ON LINE 1, BUT NOT ON FORM 990, PART IX, LINE 25:

\$ 29,648 SPECIAL EVENTS EXPENSE

50,335 GAIN ON SALE OF EQUIPMENT

\$ 79,983

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

	the organization					Employer identification	
	LE'S COMMUNITY CLINIC					23-708760	
Part I	Fundraising Activities. Comp Form 990-EZ filers are not re	-			Yes" on Form 99	90, Part IV, line 1	7.
1]	ndicate whether the organization rai	sed funds through	any of the	following	activities. Check	all that apply.	
а	Mail solicitations	е	Solid	itation of	non-government g	grants	
b	Internet and email solicitations	f	Solid	itation of	government grant	S	
С	Phone solicitations	g	Spec	cial fundra	ising events		
d [In-person solicitations	_	·		•		
b l	Did the organization have a written or or key employees listed in Form 990 if "Yes," list the 10 highest paid indi compensated at least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	draiser have or control of outions?	(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		331. (I)	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3 l	List all states in which the organizategistration or licensing.			I to solicit	contributions or	has been notified	it is exempt from

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.

		gross receipts greater than \$5,000	0.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			LUNCHEON	MAJOR DONOR EVE	1	(add col. (a) through col. (c))
Ф			(event type)	(event type)	(total number)	001. (0)
Revenue	1	Gross receipts	385,435.	53,295.	21,045.	459,775.
x	2	Less: Contributions	382,710.	47,760.	21,045.	451,515.
	Ŭ	line 2)	2.725	5,535.		8,260.
		Cash prizes		0,0001		3,200
sesu		Rent/facility costs				
Direct Expenses	7	Food and beverages	181.			181.
Direc	8	Entertainment				
	9	Other direct expenses	21,679.	7,398.	390.	29,467.
	10 11	Direct expense summary. Add line Net income summary. Subtract line	es 4 through 9 in colu	mn (d)		29,648. -21,388.
Pa	rt I	Gaming. Complete if the org	anization answered "	Ves" on Form 990 F	Part IV line 10 or	
		\$15,000 on Form 990-EZ, lin		103 011 1 01111 000, 1	art iv, line 15, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 a b))	Enter the state(s) in which the orgals the organization licensed to con If "No," explain: Were any of the organization's gaming	duct gaming activities	in each of these state		
k		16.057	y licerises revoked, sus			. Yes No

Schedule G (Form 990) 2021

Sched	ule G (Form 990 or 990-EZ) 2021 PEOPLE'S COMMUNITY CLINIC	23-708	37608	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	_		
	formed to administer charitable gaming?	,. L	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books records:	s and		
	Name ▶			
	Address ▶			
15 a	Does the organization have a contract with a third party from whom the organization receives of	aming		
	revenue?	· [Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ a	and the		
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ►\$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro	ceeds to		
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga			
	or spent in the organization's own exempt activities during the tax year > \$	/···\		
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition (see instructions).			

Schedule G (Form 990 or 990-EZ) 2021

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

PEOPLE'S COMMUNITY CLINIC

► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

23-7087608

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
•				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	X Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Χ
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Χ
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Χ
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
b	If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
Ū	compensation contingent on the net earnings of:			
9	The organization?	6a		Х
a h	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			71
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

PEOPLE'S COMMUNITY CLINIC

Schedule J (Form 990) 2021

Part ∥

23-7087608

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

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

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

		(Β) Breakdown of W-2 ε	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
REGINA ROGOFF	ε	189,053.	750.	NONE	7,818.	7,089.	204,710.	NONE
1 CEO	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
FRANCES HICKEY	ε	144,164.	750.	NONE	5,858.	7,038.	157,810.	NONE
2 CFO	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SYEMA MUZAFFAR	ε	202,382.	.009	NONE	7,514.	1,333.	211,829.	NONE
3 PEDIATRIC PHYSICIAN	ii	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CATHIA MENDEZ-VARGAS	ε	204,508.	750.	NONE	8,210.	1,333.	214,801.	NONE
4 PHYSICIAN, ADULT MEDI	ii	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROBERT SORIN	Ξ	205,235.	750.	NONE	NONE	11,649.	217,634.	NONE
5 PHYSICIAN, REPRODUCTI	ii	NONE	NONE	NONE	NONE	NONE	NONE	NONE
FEBA THOMAS	Ξ	225,146.	750.	NONE	5,280.	7,414.	238,590.	NONE
6 DIRECTOR, ADULT MEDIC	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MELINDA LOPEZ	ε	260,451.	750.	NONE	NONE	12,478.	273,679.	NONE
7 DIRECTOR, REPRODUCTIV	ii	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LOUIS P APPEL	Ξ	254,068.	750.	NONE	10,708.	12,478.	278,004.	NONE
8 CHIEF MEDICAL OFFICER	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	Ξ							
6	€							
	Ξ							
10	€							
	Ξ							
11	€							
	Ξ							
12	€							
	Ξ							
13	Ξ							
	Ξ							
14	€							
	Ξ							
15	€							
	Ξ							
16	€							
							Sch	Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

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Types of Property

SCHEDULE M (Form 990)

Part I

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number Name of the organization PEOPLE'S COMMUNITY CLINIC 23-7087608

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	X		250.	USED VALUE	C		
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1	6,367.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory		1.05	1 61 4 1 1 1 1				
20	Drugs and medical supplies		125	1,614,177.	COST			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		6	6 111	TEM 7			
25	Other > (MISC GOODS)	X	0	6,414.	FMV			
26	Other ►()							
27	Other ►()							
28 29	Other ►() Number of Forms 8283 received	by the ora	onization during the tay w	oor for contributions for				
29	which the organization completed f		•		29			
	which the organization completed i	-01111 0203,	rait v, Dollee Ackilowieuge	anieni	20		Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I line	s 1 through			
oou	28, that it must hold for at least the		• • • •		- 1			
	to be used for exempt purposes for	-				30a		Χ
b	If "Yes," describe the arrangement i		ording portion.					
31	Does the organization have a		tance policy that require	es the review of any	nonstandard			
٠.	contributions?	-				31	Х	
32a	Does the organization hire or use							
J_4	contributions?	•	•	•		32a		Χ
h	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in o	olumn (c) for a type of pro-	perty for which column (a)) is checked			
	describe in Part II.	aount iii t	5.5 (6) 151 a type of pro	rang for minor column (a)	, .5 511551164,			
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule	M (For	m 990	2021

Schedule M (Form 990) (2021)

PEOPLE'S COMMUNITY CLINIC

23-7087608 Page **2**

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

NON-CASH CONTRIBUTIONS:

AMOUNTS LISTED REPRESENT THE NUMBER OF DONORS FOR EACH TYPE OF PROPERTY.

Schedule M (Form 990) (2021)

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection is at www.irs.gov/form990.

PEOPLE'S COMMUNITY CLINIC 23-7087608

FORM 990, PART III, LINE 4D

DESCRIPTION OF OTHER PROGRAM SERVICES:

PEOPLE'S COMMUNITY CLINIC CONTINUES TO PROVIDE INTEGRATED BEHAVIORAL HEALTH SERVICES BOTH IN PERSON AND VIA TELEHEALTH. PCC DISTINGUISHES ITSELF FOR ITS COMMITMENT TO IDENTIFYING AND ADDRESSING PATIENTS' SOCIAL DETERMINANTS OF HEALTH, INCLUDING PROVIDING LEGAL SERVICES VIA ITS MEDICAL LEGAL PARTNERSHIP. PCC SERVICES FOCUS ON ENHANCING EARLY BRAIN DEVELOPMENT AND BONDING BETWEEN YOUNG CHILDREN AND THEIR CAREGIVERS.

PCC'S DENTAL PROGRAM HAS CONTINUED TO GROW AND IN 2021 PCC APPLIED FOR THE HRSA AMERICAN RESCUE PLAN CAPITAL GRANT TO EXPAND THE PRACTICE BY ADDING EIGHT MORE OPERATORIES INSIDE THE MAIN FACILITY. THE GRANT WAS AWARDED IN 2022 AND CONSTRUCTION WILL BE COMPLETE BY THE END OF 2022.

FORM 990, PART VI, SECTION B, LINE 11B

PROCESS TO REVIEW THE FORM 990:

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE ACCOUNTING DEPARTMENT OF THE ORGANIZATION. A COPY OF THE DRAFT FORM 990 IS FIRST PROVIDED TO THE FINANCE COMMITTEE FOR REVIEW AND DISCUSSION, THEN TO THE FULL BOARD OF DIRECTORS. THE FINANCE COMMITTEE THEN RECOMMENDS THAT THE FORM 990 BE APPROVED BY THE BOARD OF DIRECTORS AND FILED WITH THE IRS. A FINAL COPY OF THE FORM 990 IS THEN POSTED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C

PROCESS OF MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

ALL PRINCIPAL OFFICERS, MEMBERS OF PCC'S BOARD OF DIRECTORS, EXECUTIVE

COMMITTEE MEMBERS, OR OTHER COMMITTEE OF VOLUNTEERS MEMBERS ARE REQUIRED

SCHEDULE O (Form 990 or 990-EZ) 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 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection is at www.irs.gov/form990.

TO COMPLETE AND SIGN THE CONFLICT OF INTEREST CERTIFICATE ANNUALLY, AT THE START OF THE MEMBER'S TERM OR AT THE START OF PCC'S FISCAL YEAR, WHICHEVER COMES FIRST. IF A POTENTIAL CONFLICT OF INTEREST IS DISCLOSED BY SUCH AN INDIVIDUAL, THEN THE GOVERNING BOARD OR COMMITTEE SHALL DISCUSS AND VOTE TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. IF IT IS DETERMINED THAT A CONFLICT EXISTS, THE INVOLVED INDIVIDUAL MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR COMMITTEE MEETING, BUT MUST LEAVE THE MEETING DURING THE DISCUSSION OF AND VOTE ON THE TRANSACTION OR ARRANGEMENT. A DISINTERESTED PERSON(S) MAY BE APPOINTED TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT IN QUESTION, AND THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT COULD BE USED THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. THE MINUTES OF THE GOVERNING BOARD AND ALL COMMITTEES SHALL CONTAIN DOCUMENTATION OF THESE PROCEEDINGS. PERIODIC REVIEWS ARE TO BE CONDUCTED BY THE GOVERNING BOARD, AND THE ORGANIZATION MAY USE OUTSIDE ADVISORS WHEN CONDUCTING THESE REVIEWS.

FORM 990, PART VI, SECTION B, LINE 15A & 15B

REVIEW OF CEO OR TOP MANAGEMENT OFFICIAL COMPENSATION:

A COMMITTEE OF THE BOARD OF DIRECTORS EVALUATES THE CHIEF EXECUTIVE

OFFICER ON AN ANNUAL BASIS AND MAKES THEIR RECOMMENDATION TO THE BOARD OF

DIRECTORS. AN INDEPENDENT COMPENSATION COMPARABILITY STUDY IS COMPLETED

EVERY FIVE YEARS TO EVALUATE SALARIES FOR THE CHIEF EXECUTIVE OFFICER AND

KEY EMPLOYEES. THIS STUDY IS REVIEWED BY THE BOARD OR DESIGNATED

SUBCOMMITTEE. THE COMPENSATION OF THE ORGANIZATION'S KEY EMPLOYEES AND

OTHER OFFICERS IS EVALUATED BY THE CEO AND WAS COMPLETED IN AUGUST 2021.

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

THE CEO'S REVIEW WAS DONE ON 3/20/2021.

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC:

AN ANNUAL REPORT IS CREATED BASED ON AUDITED FINANCIALS AND PUBLISHED ON THE ORGANIZATION'S WEBSITE. THE FORM 990 AND FINANCIAL AUDIT REPORT IS ALSO POSTED TO THE ORGANIZATION'S WEBSITE. OTHER GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2021

Name of the organization

PEOPLE'S COMMUNITY CLINIC

Page 2

Employer identification number
23-7087608

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SYSINFORMATION HEALTHCARE SERVICES LLC		
PO BOX 679005 DALLAS, TX 75267	BILLING, COLLECTIONS	753 , 926.
DALLAS, IX /320/	BILLING, COLLECTIONS	755,920.
CLINICAL PATHOLOGY LABS		
PO BOX 141669		
AUSTIN, TX 78714	OUTSOURCED LAB SVCS	282,171.
ACW SOLUTIONS		
8906 WALL ST. #401		
AUSTIN, TX 78754	JANITORIAL SERVICES	206,674.
QUEST DIAGNOSTICS		
PO BOX 677960		
DALLAS, TX 75267	OUTSOURCED LAB SVCS	144,369.
AJ CONSTRUCTION		
2209 GLADSTONE DRIVE		
ARLINGTON, TX 76018	CONSTRUCTION	132,314.

SCHEDULE R (Form 990)

PEOPLE'S COMMUNITY CLINIC

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

information.
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and the
instructions
fo
o www.irs.gov/Form990
Go to 1
Ā

OMB No. 1545-0047 Open to Public 2021

23-7087608

Employer identification number

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets (**d)** Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part II Part I 4 9 Ξ 2 9 9

(a)	(g)	(c)	(p)	(e)	()	(b)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt	Public (if section	Direct controlling entity	Section 512(b)(13) controlled entity?	2(b)(13) led ?
						Yes	8
(1) PEOPLE'S COMMUNITY CLINIC FOUNDATION 45-5230355							
1101 CAMINO LA COSTA AUSTIN, TX 78752	SUPPORT	TX	501(C)3	12A I	PCC	×	
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							

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

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Schedule R (Form 990) 2021

Page 2

23-7087608

PEOPLE'S COMMUNITY CLINIC

Schedule R (Form 990) 2021

Part III

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(k) Percentage ownership								
(j) General or managing partner?	Yes No							
Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)								
(h) Disproportionate allocations?	Yes No							-
(g) Share of end-of- year assets								:
(f) Share of total income								
Predominant income (related, unrelated, excluded from tax under sections 512 - 514)								
(d) Direct controlling entity								
(c) Legal domicile (state or foreign	(6,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							:
(b) Primary activity								:
(a) Name, address, and EIN of related organization		(1)	(2)	(3)	(4)	(5)	(9)	(7)

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

•		_		,				
(a)	(q)	(c)	(p)	(9)		(6)	(h)	(i)
name, address, and EIN of related organization	Frimary activity	(state or foreign	Direct controlling entity	Direct controlling Type of entity (C corp. S corp. or trust)	Snare or total income	end-of-year assets ownership controlled	ownership	512(b)(13) controlled
		country)						entity?
								es No
(1)								
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
						Schedule R (Form 990) 2021	R (Form 99	0) 2021

JSA

1E1308 1.000

Schedule R (Form 990) 2021

23-7087608

Page 3

PEOPLE'S COMMUNITY CLINIC

 \times $\times |\times| \times |$ $\times |\times| \times |\times| \times |$ $\times | \times$ $\times |\times| \times |$ \times \bowtie Yes × \times 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. **E** 9 1 1b 1ր 1գ 19 **₽** + ***** 1 Ξ = Purchase of assets from related organization(s), Exchange of assets with related organization(s), Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transaction type (a-s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.... Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Name of related organization æ م ه Ξ 6 (3) 4 (2)

09

Schedule R (Form 990) 2021

1E1309 1.000

9

Page 4

23-7087608

PEOPLE'S COMMUNITY CLINIC

Schedule R (Form 990) 2021

Part VI

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(i) General or managing partner?	(k) Percentage ownership
			sections 512 - 514)	Yes No			Yes No		Yes No	
(1)										
(2)										
(3)										
(4)										
(5)										
(9)										
(2)										
(8)										
(6)										
	T									
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
								Schedi	ule R (Forn	Schedule R (Form 990) 2021

Forr	990-T	Ех	tempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	-	OMB No. 1545-0047
		For cale	ndar year 2021 or other tax year beginning $\phantom{00000000000000000000000000000000000$	1_	2 (0) 2 1
Depa	rtment of the Treasury		► Go to www.irs.gov/Form990T for instructions and the latest information.		
Interr	nal Revenue Service	▶Do	not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)).	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if		Name of organization (Check box if name changed and see instructions.)	Emplo	yer identification number
	address changed.		PEOPLE'S COMMUNITY CLINC, INC.	23-7	087608
B E	cempt under section	Print	Number, street, and room or suite no. If a P.O. box, see instructions.		exemption number
Х	501(C)(3)	or Type	1101 CAMINO LA COSTA	(500 1110	a dollono)
	408(e) 220(e)	'	City or town, state or province, country, and ZIP or foreign postal code		
	408A 530(a)		AUSTIN, TX 78752 F		Check box if an amended return.
	529(a) 529A	C Book	x value of all assets at end of year		an amenaca retam.
	Check organization ty	, .	X 501(c) corporation 501(c) trust 401(a) trust Other trust		
	Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 24		
			tion filing a consolidated return with a 501(c)(2) titleholding corporation		
J	nter the number of	attached	Schedules A (Form 990-T)		
K	During the tax year, v	was the	corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		▶ Yes X No
1	f "Yes," enter the na	ame and	identifying number of the parent corporation		
L 1	he books are in care	of 🕨 E	Telephone number ► 512-	478-	4939
		1	101 CAMINO LA COSTA		
		P	USTIN, TX 78752		
Pa			susiness Taxable Income		
1			ess taxable income computed from all unrelated trades or businesses (see		
				1	
2	Reserved			2	
3	Add lines 1 and 2			3	
4	Charitable contrib	outions (s	ee instructions for limitation rules)	4	
5	Total unrelated bu	usiness t	axable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net	operatin	g loss. See instructions	6	
7			ess taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fro	m line 5		7	
8	Specific deduction	n (genera	ally \$1,000, but see instructions for exceptions)	8	1,000.
9			action. See instructions		
10	Total deductions.	Add line	s 8 and 9	10	1,000.
11	Unrelated busine	ess taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
				11	NONE
Pa	rt II Tax Comp	outation	1		
1	Organizations tax	xable as	corporations. Multiply Part I, line 11 by 21% (0.21)	1	NONE
2	Trusts taxable a	at trus <u>t</u>	rates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	ո։ _	Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins	structions	·	3	
4			structions	4	
5	Alternative minim	um tax (t	rusts only)	5	
6	Tax on noncomp	liant facil	ity income. See instructions	6	
7	Total Add lines 3	through	6 to line 1 or 2, whichever applies	7	NONE

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	s, for which an extension request must be his form, visit www.irs.gov/e-file-providers/e			nstructions). For more o	details on th	e electronic
Automa	atic 6-Month Extension of Time. Only s	submit original	(no copies needed).			
-	prations required to file an income tax reture Form 7004 to request an extension of time		•	120-C filers), partnersh	nips, REMIC	s, and trusts
Type or print	Name of exempt organization or other filer,	see instructions.		Taxpayer identification r		
File by the	PEOPLE'S COMMUNITY CLINIC, Number, street, and room or suite no. If a P		ctions	23-708760	08	
due date fo		.O. DOX, SEE ITISTIU	Clions.			
filing your return. See		de. For a foreign ad	Idress, see instructions.			
instructions	AUSTIN, TX 78752	_				
Enter the	e Return Code for the return that this applic	ation is for (file	a separate application	for each return)		0 7
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other th	an individual)		09
Form 99	0-PF	04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	0-T (trust other than above) 0-T (corporation)	06 07	Form 8870			12
If theIf thisfor the w	thone No. ► 512 478-4939 organization does not have an office or place is for a Group Return, enter the organization whole group, check this box ► In the names and TINs of all members the e	ce of business in his four digit Gro	oup Exemption Number	(GEN)	If t	his is
	quest an automatic 6-month extension of ti		11/15 , 20	22 , to file the exemp	pt organizat	tion return
	the organization named above. The extens x calendar year 2021 or tax year beginning	ion is for the or	ganization's return for:		, 20	
	ne tax year entered in line 1 is for less than Change in accounting period			return Final retu	ırn	
nor	this application is for Forms 990-PF, 990 refundable credits. See instructions.				3a \$	NONE
est	this application is for Forms 990-PF, 99 imated tax payments made. Include any pricance due. Subtract line 3b from line 3	or year overpayr	nent allowed as a cred	lit.	3b \$	NONE
usi	ng EFTPS (Electronic Federal Tax Payment S	System). See ins	tructions.		3c \$	NONE
instruction	If you are going to make an electronic funds with as.	nurawai (direct de	edil) with this Form 8868	o, see Form 8453-1E and F	-orm 8879-11	

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

Form **8868** (Rev. 1-2022)

Par	t III	Tax and Payments				
1 a	Foreign	tax credit (corporations attach Form 1118; trus	sts attach Form 1116) <u>1</u>	а		
b	Other o	redits (see instructions)	<u>1</u>	b		
С	Genera	I business credit. Attach Form 3800 (see instruc	tions) <u>1</u>	С		
d	Credit f	or prior year minimum tax (attach Form 8801 o	1 8827) <u>1</u>	d		
е	Total c	redits. Add lines 1a through 1d			1e	
2	Subtrac	et line 1e from Part II, line 7			2	NONE
3	Other ar	nounts due. Check if from: Form 4255 Form 5	orm 8611 Form 8697 Form	m 8866		
		Other (attach stateme	ent)		3	
4		x. Add lines 2 and 3 (see instructions).				
	section	1294. Enter tax amount here			. 4	NONE
5	Current	net 965 tax liability paid from Form 965-A, Par	II, column (k)		5	
6 a	Payme	nts: A 2020 overpayment credited to 2021	6	а		
		stimated tax payments. Check if section 643(g)		b		
С	Tax dep	posited with Form 8868	6	С		
	•	organizations: Tax paid or withheld at source (s	′ <u>—</u>	d		
е	Backup	withholding (see instructions)	6	е		
		or small employer health insurance premiums (f		
g	Other c	redits, adjustments, and payments: Form 2	439			
	F	orm 4136 Other _	Total ▶ <u></u>	g		
7	Total p	ayments. Add lines 6a through 6g			7	
8	Estimat	ed tax penalty (see instructions). Check if Form	2220 is attached	▶		
9		e. If line 7 is smaller than the total of lines 4, 5,				NONE
10	Overpa	yment. If line 7 is larger than the total of lines	4, 5, and 8, enter amount overpaid.		. ▶ 10	
11		e amount of line 10 you want: Credited to 2022 estim		Refunded		
Par	t IV	Statements Regarding Certain A				
1		time during the 2021 calendar year, did				Yes No
		financial account (bank, securities, or oth		_		
		Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes,"	enter the name of	the foreign country	
	here >					X
2		the tax year, did the organization receive a		grantor of, or transferd	or to, a foreign trust?	X
		" see instructions for other forms the organization	•			
3		ne amount of tax-exempt interest received or ac				
4		vailable pre-2018 NOL carryovers here 🕨 🕏				
	shown	on Schedule A (Form 990-T). Don't red	duce the NOL carryover show	n here by any dec	duction reported on	
_	Part I, Ii					
5		117 NOL carryovers. Enter available Bus		•		
	the amo	ounts shown below by any NOL claimed on any Business Activity Code	I		ns. 117 NOL carryover	
		Busiliess Activity Code	<u> </u>	Available post-20	717 NOL Carryover	
				<u> </u>		
				<u> </u>		
6a	Did the	organization change its method of accounting?	1			X
		is "Yes," has the organization described	,			Λ
-		in Part V	•			
Par		Supplemental Information				
		planation required by Part IV, line 6b. Also, prov	vide any other additional informatio	on. See instructions.		
		SUPPLEMENTAL INFORMAT	•			
			1011 711 171011111			
	U	nder penalties of perjury, I declare that I have exami	ned this return, including accompanying	schedules and statements,	and to the best of my	knowledge and
Sigr) b	elief, it is true, correct, and complete. Declaration of preparer (o	ther than taxpayer) is based on all information	of which preparer has any kn		
Her					May the IRS discus- with the preparer s	
		ignature of officer	Date Title		(see instructions)?	
		Print/Type preparer's name	Preparer's signature	Date	PTIN	_ , , ,
Paid		KRYSTAL K CREACH			Check if self-employed P012	248198
Prep		Firm's name FORVIS, LLP		-	Firm's EIN ► 44-016	
Use	Only	Firm's address > 910 E ST LOUIS #20)0/PO BOX 1190. SPRING		Phone no. 417-865-	
JSA	1 1 000	1 , 510 11 01 110010 1120	, 10 Don 1190, Dikin	0111111, 110 0		90-T (2021)
TX274	1 1.000				. 5	- (-0-1)

SUPPLEMENTAL INFORMATION

PART NUMBER: 1
LINE NUMBER: 1

EXPLANATION:

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING OF THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.