PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning , 2024, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization PEOPLE'S COMMUNITY CLINIC INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 1101 CAMINO LA COSTA

Room/suite

City or town, state or province, country, and ZIP or foreign postal code AUSTIN, TX 78752

D Employer identification number 23-7087608

E Telephone number (512) 478-4939

G Gross receipts $ 41,944,086

F Name and address of principal officer: MATT BALTHAZAR
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number

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

J Website: WWW.AUSTINPCC.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1970

M State of legal domicile: TX

Part I Summary

Activities & Governance

1	Briefly describe the organization's mission or most significant activities: (SEE ON SCHEDULE O)		
2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	390
6	Total number of volunteers (estimate if necessary)	6	231
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	21,815,146	14,505,669
9	Program service revenue (Part VIII, line 2g)	21,050,345	23,734,677
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	449,140	259,010
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(65,658)	3,364,806
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,248,973	41,864,162
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	25,650,093	28,482,218
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 777,614		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	11,498,321	13,578,092
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	37,148,414	42,060,310
19	Revenue less expenses. Subtract line 18 from line 12	6,100,559	(196,148)

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	37,525,147	43,987,842
21	Total liabilities (Part X, line 26)	1,884,372	2,573,927
22	Net assets or fund balances. Subtract line 21 from line 20	35,640,775	41,413,915

Part II Signature Block

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

Sign Here

Signature of officer

Date

MATT BALTHAZAR, CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KRYSTAL CREACH				P01248198

Firm's name FORVIS MAZARS, LLP — Firm's EIN 44-0160260

Firm's address 910 E ST LOUIS 200 PO BOX 1190, SPRINGFIELD, MO 65806-2523 — Phone no. (417) 865-8701

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