### Part I: Summary

1. Briefly describe the organization’s mission or most significant activities: **PROVIDE AND FACILITATE ACCESS TO FREE, COMPASSIONATE, QUALITY HEALTH CARE FOR CHILDREN AND ADULTS WHO**

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) ▶️ 15

4. Number of independent voting members of the governing body (Part VI, line 1b) ▶️ 15

5. Total number of individuals employed in calendar year 2021 (Part V, line 2a) ▶️ 21

6. Total number of volunteers (estimate if necessary) ▶️ 215

7a. Total unrelated business revenue from Part VIII, column (C), line 12 ▶️ 0

7b. Net unrelated business taxable income from Form 990-T, Part I, line 11 ▶️ 0

### Revenue

8. Contributions and grants (Part VIII, line 1h) ▶️

9. Program service revenue (Part VIII, line 2g) ▶️

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d) ▶️

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ▶️

12. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ▶️ 1,158,420

13. Grants and similar amounts paid (Part IX, column (A), lines 1-3) ▶️ 0

14. Benefits paid to or for members (Part IX, column (A), line 4) ▶️ 0

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ▶️

16a. Professional fundraising fees (Part IX, column (A), line 11e) ▶️

16b. Total fundraising expenses (Part IX, column (D), line 25) ▶️ 111,252

17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-94d) ▶️

18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 26) ▶️

19. Revenue less expenses. Subtract line 18 from line 12 ▶️

### Expenses

### 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.

**Signature of officer**

**ROBIN VIRGIN, BOARD PRESIDENT**

Type or print name and title

**SIGNATURE**

**Date**

**Print/Type preparer’s name**

**MICHAEL GILLESPIE**

**Preparer’s signature**

**MICHAEL GILLESPIE**

**Date**

**01/09/23**

**Check if self-employed** [ ]

**PTIN**

**002377745**

**Preparer Firm’s name**

**PLYMALE & GILLESPIE CPAS, PLLC**

**Firm’s EIN**

**47-3289916**

**Firm’s address**

**P.O. BOX 765**

**Phone no.**

**(360) 695-0068**

May the IRS discuss this return with the preparer shown above? See instructions.

**X** [ ]

**Yes** [ ]

**No** [ ]