

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public  
Inspection

## A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable:

Address change  
Name change  
Initial return  
Final return/terminated  
Amended return  
Application pending

C Name of organization

PEOPLE'S HEALTH CLINIC

Doing business as

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

PO BOX 681558

Room/suite

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

PARK CITY, UT 84068

F Name and address of principal officer: BETH ARMSTRONG

SAME AS C ABOVE

D Employer identification number

87-0638042

E Telephone number  
(435) 333-1850

G Gross receipts \$ 2,041,017.

H(a) Is this a group return for subordinates? ~ Yes X No H(b)

Are all subordinates included? X Yes No

If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: WWW.PEOPLESHEALTHCLINIC.ORG

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

L Year of formation: 1999

M State of legal domicile: UT

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: PEOPLES HEALTH CLINIC PROVIDES NONEMERGENCY HEALTH CARE TO INDIVIDUALS WITHOUT HEALTH INSURANCE IN

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 13

4 Number of independent voting members of the governing body (Part VI, line 1b) ~~~~~ 4 13

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) ~~~~~ 5 16

6 Total number of volunteers (estimate if necessary) ~~~~~ 6 100

7 a 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.

8 Contributions and grants (Part VIII, line 1h) ~~~~~ Prior Year 1,344,767. Current Year 1,893,941.

9 Program service revenue (Part VIII, line 2g) ~~~~~ 114,136. 70,847.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ~~~~~ 48,500. 57,340.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ~~~~~ 85,941. 15,642.

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) ~~~~~ 1,593,344. 2,037,770.

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. 0.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ~~~~~ 710,691. 836,429.

16a Professional fundraising fees (Part IX, column (A), line 11e) ~~~~~ 0. 0.

b Total fundraising expenses (Part IX, column (D), line 25) ~~~~~ 42,201.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ~~~~~ 215,707. 499,926.

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ~~~~~ 926,398. 1,336,355.

19 Revenue less expenses. Subtract line 18 from line 12 ~~~~~ 666,946. 701,415.

20 Total assets (Part X, line 16) ~~~~~ Beginning of Current Year 2,756,470. End of Year 3,905,336.

21 Total liabilities (Part X, line 26) ~~~~~ 43,973. 237,806.

22 Not assets or fund balances. Subtract line 21 from line 20 ~~~~~ 2,712,497. 3,667,530.

## 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 = Beth Armstrong 10/26/2021

Signature of officer Date

= BETH ARMSTRONG, EXECUTIVE DIRECTOR

Type or print name and title

Paid Print/Type preparer's name CHRISTOPHER WINSLEY, CPA Preparer's signature Date 10/25/21 Check if self-employed PTIN P01698710

Preparer Firm's name Q EIDE BAILLY LLP Firm's EIN Q 45-0250958

Use Only Firm's address 9 5 TRIAD CENTER, STE. 600 SALT LAKE CITY UT 84180-1106 Phone 801-532-2200

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION



**Part IV** Checklist of Required Schedules

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



**Part IV** Checklist of Required Schedules (continued)

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

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐ ☒

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ~~~~~	1a	3
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ~~~~~	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <input type="checkbox"/> <input checked="" type="checkbox"/>	1c	X

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ~~~~~	2a	16
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ~~~~~ Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ~~~~~	2b	X
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 J _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ~~~~~	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ~~~~~	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ~~~~~	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ~~~~~	6a	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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? ~~~~~	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ~~~~~	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year ~~~~~	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ~~~~~	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ~~~~~	7f	X
g	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.		
a	Did the sponsoring organization make any taxable distributions under section 4966? ~~~~~	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ~~~~~	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 ~~~~~	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ~~~~~	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders ~~~~~	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ~~~~~	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ~~~~~	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? ~~~~~ Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ~~~~~	13b	
c	Enter the amount of reserves on hand ~~~~~	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year? ~~~~~	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O ~~~~~	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ~~~~~ If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? ~~~~~	16	X

If "Yes," complete Form 4720, Schedule O.

Check if Schedule O contains a response or note to any line in this Part VI ☐ ☒

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

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

17 List the states with which a copy of this Form 990 is required to be filed JUT

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (*explain on Schedule O*)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records | PEOPLE'S HEALTH CLINIC - (435) 333-1850 PO BOX 681558,  
PARK CITY UT 84068



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐ ☒ Section A.**Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BETH ARMSTRONG EXECUTIVE DIRECTOR	20.00			X				116,041.	0.	3,481.
(2) SI HUTT CHAIR	1.00	X		X				0.	0.	0.
(3) CORRIE FORSLING TREASURER	1.00	X		X				0.	0.	0.
(4) DYAN PIGNATELLI TRUSTEE	1.00	X						0.	0.	0.
(5) RICHARD C. BULLOUGH, PHD. TRUSTEE	1.00	X						0.	0.	0.
(6) MERRILL LEWEN MD TRUSTEE	1.00	X						0.	0.	0.
(7) ANNA FRACHOU SECRETARY	1.00	X		X				0.	0.	0.
(8) BRUCE GREENWALD TRUSTEE	1.00	X						0.	0.	0.
(9) OLIVIA ZIEGLER TRUSTEE	1.00	X						0.	0.	0.
(10) BETSY WALLACE TRUSTEE	1.00	X						0.	0.	0.
(11) ROBERT HICKEN TRUSTEE	1.00	X						0.	0.	0.
(12) RICHARD GRESHEN TRUSTEE	1.00	X						0.	0.	0.
(13) LIZEETTE ZURITA TRUSTEE	1.00	X						0.	0.	0.
(14) TINA PIGNATELLI TRUSTEE	1.00	X						0.	0.	0.



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

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

[illegible]Form 990 (2020)

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

**Part XI** Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,037,770.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,336,355.
3	Revenue less expenses. Subtract line 2 from line 1	3	701,415.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,712,497.
5	Net unrealized gains (losses) on investments	5	253,618.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,667,530.

**Part XII** Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒ X

		Yes	No
1	Accounting method used to prepare the Form 990: Cash <input checked="" type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits <input type="checkbox"/>		

Form 990 (2020)

SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public  
Inspection

Name of the organization

PEOPLE'S HEALTH CLINIC

Employer identification number

87-0638042

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

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

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~ ~	684,491.	906,739.	976,767.	1344767.	1893941.	5806705.
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 ~ ~ ~	684,491.	906,739.	976,767.	1344767.	1893941.	5806705.
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) ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						621,999.
6 Public support. Subtract line 5 from line 4.						5184706.

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4 ~~~~~	684,491.	906,739.	976,767.	1344767.	1893941.	5806705.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~	13,386.	20,415.	26,351.	48,500.	57,340.	165,992.
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.) ~~~~	447.	1,340.	267.	699.	2,739.	5,492.
11 Total support. Add lines 7 through 10						5978189.
12 Gross receipts from related activities, etc. (see instructions) ~~~~~					12	840,088.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

14	Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) ~~~~~	14	86.73	%
15	Public support percentage from 2019 Schedule A, Part II, line 14 ~~~~~	15	92.16	%

16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ~~~~~ **X**

b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ~~~~~ **I**

17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 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 organization ~~~~~ **I**

b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 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 organization ~~~~~ **I**

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐☐☐





**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. All Supporting Organizations**

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

**Part IV** Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in 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
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in 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**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a The organization satisfied the Activities Test. Complete line 2 below.

b The organization is the parent of each of its supported organizations. Complete line 3 below.

c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 in 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		
3 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		
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.		
3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in* Part VI). See instructions.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

## 2020

\*\*\* Not Open to Public Inspection \*\*\*

023171 04-01-20

# Schedule B

(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2020

Name of the organization

PEOPLE'S HEALTH CLINIC

Employer identification number

87-0638042

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## General Rule

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

## Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).



Name of organization	Employer identification number
PEOPLE'S HEALTH CLINIC	87-0638042

**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
<u>1</u>	PARK CITY MUNICIPAL CORPORATION 1354 PARK AVENUE PARK CITY, UT 84060	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> <del>Non</del> (Complete Part II for noncash contributions.)
<u>2</u>	PLAYING FOR LIFE FOUNDATION PO BOX 681332 PARK CITY, UT 84068	\$ <u>45,000.</u>	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> <del>Non</del> (Complete Part II for noncash contributions.)
<u>3</u>	STATE OF UTAH P.O. BOX 141010 SALT LAKE CITY, UT 84114	\$ <u>142,982.</u>	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> <del>Non</del> (Complete Part II for noncash contributions.)
<u>4</u>	SUMMIT COUNTY PO BOX 128 COALVILLE, UT 84017	\$ <u>85,615.</u>	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> <del>Non</del> (Complete Part II for noncash contributions.)
<u>5</u>	ELIZABETH SOLOMON P.O. BOX 683429 PARK CITY, UT 84068	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> <del>Non</del> (Complete Part II for noncash contributions.)
<u>6</u>	MAIRILEINING 650 ROUND VALLEY DR PARK CITY, UT 84060	\$ <u>50,319.</u>	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> <del>Non</del> (Complete Part II for

Name of organization

Employer identification number

PEOPLE'S HEALTH CLINIC

87-0638042

**Part I**

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

noncash contributions.)

Employer identification number

87-0638042

## Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

PEOPLE'S HEALTH CLINIC

87-0638042

<b>Part I</b>	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.	noncash contributions.)
---------------	---	-------------------------

Employer identification number

87-0638042

## Part II

[illegible]

Name of organization

Employer identification number

## PEOPLE'S HEALTH CLINIC

87-0638042

**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) | \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

# SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

## Supplemental Financial Statements

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

Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public  
Inspection

Name of the organization

PEOPLE'S HEALTH CLINIC

Employer identification number

87-0638042

### Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 funds are the organization's property, subject to the organization's exclusive legal control? ~~~~~ Yes <input type="checkbox"/> No <input type="checkbox"/>		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ~~~~~ Yes <input type="checkbox"/> No <input type="checkbox"/>		

### Part II Conservation Easements. 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).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements ~~~~~	2a
b Total acreage restricted by conservation easements ~~~~~	2b
c Number of conservation easements on a certified historic structure included in (a) ~~~~~	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ~~~~~	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year | \_\_\_\_\_

4 Number of states where property subject to conservation easement is located | \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ~~~~~ Yes ☐ No ☐

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ~~~~~ Yes ☐ No ☐

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ~~~~~ | \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ~~~~~ | \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ~~~~~ | \$ \_\_\_\_\_

b Assets included in Form 990, Part X ~~~~~ | \$ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

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

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

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

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

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

- (i) Unrelated organizations \_\_\_\_\_  
 (ii) Related organizations \_\_\_\_\_

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		71,930.	51,352.	20,578.
d Equipment		320,018.	310,184.	9,834.
e Other <input type="checkbox"/>				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) <input type="checkbox"/>				30,412.



**Part VII** Investments - Other Securities.

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

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

**Part VIII** Investments - Program Related.

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

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

**Part IX** Other Assets.

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

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) <input type="text"/>	

**Part X** Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PPP LOAN	173,900.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) <input type="text"/>	173,900.

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 ☒ X

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

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

1	Total revenue, gains, and other support per audited financial statements ~~~~~	1	3,514,553.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments ~~~~~	2a	253,618.
b	Donated services and use of facilities ~~~~~	2b	1,223,165.
c	Recoveries of prior year grants ~~~~~	2c	
d	Other (Describe in Part XIII.) ~~~~~	2d	
e	Add lines 2a through 2d ~~~~~	2e	1,476,783.
3	Subtract line 2e from line 1 ~~~~~	3	2,037,770.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~	4a	
b	Other (Describe in Part XIII.) ~~~~~	4b	
c	Add lines 4a and 4b ~~~~~	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <input type="checkbox"/>	5	2,037,770.

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

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

1	Total expenses and losses per audited financial statements ~~~~~	1	2,559,520.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities ~~~~~	2a	1,223,165.
b	Prior year adjustments ~~~~~	2b	
c	Other losses ~~~~~	2c	
d	Other (Describe in Part XIII.) ~~~~~	2d	
e	Add lines 2a through 2d ~~~~~	2e	1,223,165.
3	Subtract line 2e from line 1 ~~~~~	3	1,336,355.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~	4a	
b	Other (Describe in Part XIII.) ~~~~~	4b	
c	Add lines 4a and 4b ~~~~~	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) <input type="checkbox"/>	5	1,336,355.

**Part XIII** Supplemental Information.

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

## PART X, LINE 2:

THE CLINIC IS ORGANIZED AS A UTAH NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VII), AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). THE CLINIC IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE CLINIC IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSES. THE CLINIC HAS DETERMINED IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT

**Part XIII** Supplemental Information *(continued)*

ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

THE CLINIC BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITION TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE CLINIC WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

**Part XIII** Supplemental Information *(continued)*

Schedule D (Form 990) 2020

Department of the Treasury  
Internal Revenue Service

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.

OMB No. 1545-0047

2020

Open to Public  
Inspection

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

PEOPLE'S HEALTH CLINIC

Employer identification number  
87-0638042

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

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

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

- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

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

[illegible]

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

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		WALK & WINE			
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts ~~~~~	42,785.			42,785.
	2 Less: Contributions ~~~~~	26,635.			26,635.
	3 Gross income (line 1 minus line 2) □□□□	16,150.			16,150.
Direct Expenses	4 Cash prizes ~~~~~				
	5 Noncash prizes ~~~~~				
	6 Rent/facility costs ~~~~~				
	7 Food and beverages ~~~~~				
	8 Entertainment ~~~~~				
	9 Other direct expenses ~~~~~	3,247.			3,247.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ~~~~~				3,247.
	11 Net income summary. Subtract line 10 from line 3, column (d) □□□□□□□□□□□□□□□□□□□□□□□□				12,903.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ~~~~~ ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

\_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 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? ~~~~~ ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                                     |     |   |
|-------------------------------------|-----|---|
| a 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 and records:

Name | \_\_\_\_\_

Address | \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ~~~~~ Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization | \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party | \$ \_\_\_\_\_

c 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:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ~~~~~ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year | \$ \_\_\_\_\_

**Part IV** Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information (continued)
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[illegible]



**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

- J** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**J** Attach to Form 990.  
**J** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

PEOPLE'S HEALTH CLINIC

Employer identification number  
87-0638042

**Part I** Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art ~~~~~				
2 Art - Historical treasures ~~~~~				
3 Art - Fractional interests ~~~~~				
4 Books and publications ~~~~~				
5 Clothing and household goods ~~~~~				
6 Cars and other vehicles ~~~~~				
7 Boats and planes ~~~~~				
8 Intellectual property ~~~~~				
9 Securities - Publicly traded ~~~~~				
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 ~~~~~				
20 Drugs and medical supplies ~~~~~	X	12	338,385.	
21 Taxidermy ~~~~~				
22 Historical artifacts ~~~~~				
23 Scientific specimens ~~~~~				
24 Archeological artifacts ~~~~~				
25 Other <b>J</b> (~~~~~)				
26 Other <b>J</b> (~~~~~)				
27 Other <b>J</b> (~~~~~)				
28 Other <b>J</b> (~~~~~)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ~~~~

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? ~~~~~

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? ~~~~~

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? ~~~~~

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2020

## Part II

**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 O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2020

Open to Public  
Inspection

Name of the organization

PEOPLE'S HEALTH CLINIC

Employer identification number  
87-0638042

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SUMMIT AND

WASATCH COUNTIES OF UTAH.

FORM 990, PART VI, SECTION A, LINE 2:

DYAN PIGNATELLI IS THE MOTHER OF TINA PIGNATELLI

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

THE BOARD REVIEWS THE FORM 990 BEFORE IT IS FILED.

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

THE EMPLOYEE MUST DISCLOSE ANY POSSIBLE CONFLICTS SO THAT THE CLINIC MAY ASSESS AND  
PREVENT POTENTIAL CONFLICTS OF INTEREST FROM ARISING.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE BOARD OF  
DIRECTORS ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST.

FORM 990, PART VII, SECTION A

BOARD MEMBERS DYAN PIGNATELLI AND TINA PIGNATELLI ARE MOTHER AND DAUGHTER

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**FORM 990, PART XII, LINE 2C:**

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

PEOPLE'S HEALTH CLINIC

Employer identification number  
87-0638042

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION PROCESS

DURING THE TAX YEAR.