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.

OMB No. 1545-0047 n **Open to Public** Inspection

Internal Revenue Service	Department of the Treasury
	Internal Revenue Service

AI	⊦or th	e 2021 calendar year, or tax year beginning and o	ending						
B	Check if applicab	e: C Name of organization		D Employer identifie	cation number				
	Addre chang Name chang	Women's Accessible Medical Services PS Doing business as 3W Medical for Women	5	46-38517	01				
F	Initial		Room/suite	E Telephone number					
F	Final	PO Boy 31/63	nooni/suite	206-588-0311					
	termi			G Gross receipts \$	769,476.				
	Amer	ded $G_{0,0}$ + + 1 $G_{0,0}$ WA 0.9103		H(a) Is this a group re	-				
	Appli	F Name and address of principal officer: Susan Rutherford, M	MD	for subordinates					
	pend	^{ng} same as C above		H(b) Are all subordinates in	······				
1	Tax-ex	empt status: 🗴 501(c)(3) 🛄 501(c) () ◀ (insert no.) 🛄 4947(a)(1) c	or 📃 527		list. See instructions				
		te:▶ 3wmedical.org		H(c) Group exemption					
		f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2013 N	State of legal domicile: WA				
Pa	art I	Summary							
e	1	Briefly describe the organization's mission or most significant activities: ${{ m To}}$ p	rovide	compassion	ate				
Activities & Governance		evidence-based reproductive health care a	and re	lated educa	tional and				
Srn.	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as					
No.	3				6				
ଅ	4	Number of independent voting members of the governing body (Part VI, line 1b) $_{\rm .}$		6					
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		12					
iviti	6	Total number of volunteers (estimate if necessary)		22					
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.				
				Prior Year	Current Year				
ne	8	Contributions and grants (Part VIII, line 1h)		922,651.	741,229.				
Revenue	9	Program service revenue (Part VIII, line 2g)		11,909.	19,893.				
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,133.	<u> </u>				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		936,693.	734,572.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		930,093.	134,572.				
	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)		223,028.	400,892.				
Expenses	15	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	<u> </u>				
ben	l loa	Total fundraising exponents (Part IX, column (A), line 11e)	<u>14.</u>	••	••				
ň		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		277,954.	351,091.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		500,982.	751,983.				
	19	Revenue less expenses. Subtract line 18 from line 12		435,711.	-17,411.				
OC				ginning of Current Year	End of Year				
Assets Balanc	20	Total assets (Part X, line 16)		804,918.	784,308.				
ASS 1 Ba	21	Total liabilities (Part X, line 26)		7,555.	4,351.				
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		797,363.	779,957.				
Pa	art 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 Susan Rutherford, MD, Type or print name and title	President	Date
	Print/Type preparer's name Todd Roan, CPA	Preparer's signature Date	Check PTIN if self-employed P00171119
Preparer	Firm's name 🍃 Battershell & Ni		Firm's EIN ▶ 27-1095574
Use Only	Firm's address 33507 9th Ave S Federal Way, WA		Phone no.253-839-1620
May the I	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No

Form **990** (2021)

	990 (2021) Women's Accessible Medical Services PS 46-3851701 Pag
Pai	III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III []
1	Briefly describe the organization's mission:
•	To provide compassionate evidence-based reproductive health care and
	related educational and consultative services, in a respectful
	environment, to all women, regardless of their beliefs or ability to
	pay, based on the understanding that all people have inherent dignity
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 434,175 · including grants of \$) (Revenue \$ 19,893
	Services provided included well-woman visits including breast and
	pelvic exams; STI testing visits; Gynecology problem visits, Urine
	pregnancy tests; Pregnancy ultrasounds; Gynecology ultrasounds. 731
	appointments; 554 patients served. Many hours of professional service
	were donated to the organization, including 750 hours by the
	organization's president.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	() (
4 -1	
40	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 434,175.
TC	Form 990 (2)
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30	708 781355 23466 2021.03040 Women's Accessible Medical 23466

Form	aan	(2021)

 Form 990 (2021)
 Women's Accessible Medical Services PS
 46-3851701
 Page 3

 Part IV
 Checklist of Required Schedules
 46-3851701
 Page 3

or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X, as applicable. 10 X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a 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? If "Yes," complete Schedule D, Part VII 11b 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? If "Yes," complete Schedule D, Part VII 11d X d Did the organization report an amount for or ther assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11d X e Did the organization report an amount for or ther assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11e X 12a Did the organization shability for uncertain tax positions under FIN 44 (ASC 740)? If "Yes," complete Schedule D, Part X 11e X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11t X 12a X 11d X 11a X </th <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>				Yes	No
2 It the organization required to complete Schedule 9. Schedule of Combinetor's See instructions 2 X 3 Dot the organization required to complete Schedule 0, Part 1 3 X 4 Section 501(6)(3) organizations. Dot the organization engage in kobying activities, or have a section 501(1/h) election in effect during that says off 1 'Nes, "complete Schedule C, Part I 4 X 5 It the organization as othered in FRNC, Pol 81197 (Nes, "complete Schedule C, Part I 5 X 6 Did the organization as othered in FRNC, Pol 81197 (Nes, "complete Schedule C, Part I 6 X 7 Did the organization marinal any donar advised funds or any similar funds or accounts IP 'Nes," complete Schedule D, Part I 6 X 7 Did the organization reserves on ordical conservation easement, including easements to preserve open space, the environment, histoic lind areas, or histoic structurers? If 'Nes, "complete Schedule D, Part I 8 X 9 Did the organization resorted redicourseling, dob management, credit reapr, or dotte redicourseling assets in downrestricted andorments? 9 X 10 Did the organization report an amount for leaduring questions is 'Nes," then complete Schedule D, Part N 10 X 11 If the organization report an amount for investments - organization report a	1				
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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/if Vies," complete Schedule, C, Pet II 4 X 5 Is the organization a section 501(h) election in effect during the tax year/if Vies," complete Schedule, C, Pet II 4 X 6 Did the organization markina any doorn adviced 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or account fability, serve as a custodial mostly for Schedule D, Part III 7 X 9 Did the organization method is conservation disaccount fability, serve as a custodial mostly for in quasi endowments? If Yes, 'complete Schedule D, Part V 8 X 10 Did the organization serve in ony of the following quasity setve is a set or one of its total assets reported in Part X, line 120 / Yes, 'complete Schedule D, Part V, in 110, LX, or X, as applicable. 10 X 11 If the organization report an amount for investments - other sequetis in Part X, line 130 / H Yes, 'complete Schedule D, Part	3				
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 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</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 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</i> "Yes," <i>complete Schedule G, Part I</i>. See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 18 X 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 19 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a 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</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 		foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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? If "Yes," complete Schedule G, Part I. See instructions 17 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? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	16				
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 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? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 20a X			16		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization operate one or more thospital facilities? <i>If</i> "Yes," <i>complete Schedule G, Part III</i> 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X	17				77
1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate one or more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 20b X	40		17		_X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	18		18	х	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X		complete Schedule G, Part III			
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X					X
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X			20b		<u> </u>
	21		24		x
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Form 990 (2021)

			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</i> "Yes," <i>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? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	240		x
	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		-
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 .1 0		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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</i> "Yes," <i>complete Schedule L, Part I</i>	25b		x
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		X
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>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? If "Yes," complete Schedule R, Part I	33		X
	Part V, line 1	34		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>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? If "Yes," complete Schedule R, Part V, line 2	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</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par		38	X	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		5	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	5		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	<u> </u>		
b		1c	x	

2021)	Women's	Accessible	Medical	Services	PS		
Statements Regarding Other IRS Filings and Tax Compliance (continued)							

Form 990 (2021)

Part V

					Yes	N
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		12			
h	filed for the calendar year ending with or within the year covered by this return			2b	x	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax retu Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction			20	- 23	+
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		┢
	At any time during the calendar year, did the organization have an interest in, or a signature or other			30		╀
чa	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		
h	If "Yes," enter the name of the foreign country	accou		та		+
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accour	ote (EBAB)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		T
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5a 5b		╀
				50 50		╀
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50		╀
Ud	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t			6.		
h	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		╀
D	were not tax deductible?		•	6b		
7	Organizations that may receive deductible contributions under section 170(c).					t
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices p	provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		T
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas req	uired			T
	to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year					T
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		I
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		t
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		t
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		t
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine					t
				8		I
9	Sponsoring organizations maintaining donor advised funds.					t
				9a		I
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		t
0	Section 501(c)(7) organizations. Enter:					t
	Initiation fees and capital contributions included on Part VIII, line 12	10a				1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				1
1	Section 501(c)(12) organizations. Enter:			-		l
	Gross income from members or shareholders	11a				l
	Gross income from other sources. (Do not net amounts due or paid to other sources against	<u> </u>		-		1
~	amounts due or received from them.)	11b				1
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		7 ?	12a		T
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	İ	120		t
	Section 501(c)(29) qualified nonprofit health insurance issuers.			-		1
	Is the organization licensed to issue qualified health plans in more than one state?			13a		t
u	Note: See the instructions for additional information the organization must report on Schedule O.			100		t
h	Enter the amount of reserves the organization is required to maintain by the states in which the					l
	organization is licensed to issue qualified health plans	13b				I
				-		I
~		1 130				t
	Enter the amount of reserves on hand		•	140		
4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		$^+$
4a b	Did the organization receive any payments for indoor tanning services during the tax year?	ule O		14a 14b		Ŧ
4a b	Did the organization receive any payments for indoor tanning services during the tax year?	ule O eration	ı or	14b		t
4a b	Did the organization receive any payments for indoor tanning services during the tax year?	ule O eration	ı or			
4a b 5	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schede</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	ule O eration	or	14b 15		
4a b 5	Did the organization receive any payments for indoor tanning services during the tax year?	ule O eration	or	14b		
4a b 5 6	Did the organization receive any payments for indoor tanning services during the tax year?	ule O eration nt inco	or	14b 15		
4a b 5	Did the organization receive any payments for indoor tanning services during the tax year?	ule O eration nt inco n any	n or me?	14b 15 16		
4a b 5 6	Did the organization receive any payments for indoor tanning services during the tax year?	ule O eration nt inco n any	n or me?	14b 15		

Form 990 (2	021)
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Women's Accessible Medical Services PS 46-3851701 Page 6

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

X

Part V	Go	overnance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" res	sponse
	to li	line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	

Sec	tion A. Governing Body and Management			Vee	
10	Enter the number of voting members of the governing body at the end of the tax year 1a	6	;	Yes	No
Id	If there are material differences in voting rights among members of the governing body at the end of the tax year		1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	6	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1		
_	officer, director, trustee, or key employee?		2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervi				
	of officers, directors, trustees, or key employees to a management company or other person?		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6		Х
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?		7a		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?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	12			
а	The governing body?		8a	X	
b			8b	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	<u></u>	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No X
	Did the organization have local chapters, branches, or affiliates?		10a		^
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate		104		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b 11a	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing th Describe on Schedule O the process, if any, used by the organization to review this Form 990.	le lonn?	11a	21	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		12.5		
•	on Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independe				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	on			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed None		<u> </u>	<u> </u>	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section for public increased in the section of	on 501(c)(3)s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X 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	t policy, ar	nd finai	ncial	
	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	s 🕨			
	Susan Rutherford, MD - 206-588-0311 PO Box 31463, Seattle, WA 98103				
			Form	000	(0004)
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<u> </u>	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors
	Employees, and independent contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		<u></u>		C)	npo	loui	(D)	(E)	(F)	
Name and title	Average			Pos	itior	1		Reportable	Reportable compensation	Estimated	
	hours per	box	, unle	heck	erson	is bot	h an	compensation		amount of	
	week		officer and a director/trustee)			or/trus	tee)	from	from related	other	
	(list any hours for related organizations below line)	rector						the	organizations	compensation	
	hours for	or di	ee			sated		organization	(W-2/1099-MISC/	from the	
	organizations	rustee	trust		ee	npen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related	
	below	d ual t	Institutional trustee		(oldm	ist col	5	1000 1120)		organizations	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Forme			0	
(1) Dr. Susan Rutherford	2.00										
President		X		X				0.	0.	0.	
(2) Angela Klemonston	1.50										
Vice President		x		X				0.	0.	0.	
(3) Nancy Canifax	1.50										
Board chair		x						0.	0.	0.	
(4) Monica Kim	1.50										
Secretary		Х		X				0.	0.	0.	
(5) Hervey Froehlich	1.50										
Board		X						0.	0.	0.	
(6) Corrie Casey	1.50										
Board		X						0.	0.	0.	
			L			 					
		-									
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		Vomen's	Accessil	b1@	e 1	1ec	lio	cai	1 ;	Services PS	46-3	851	701	Pa	ge 8
Par	t VII Section A. Officers,	Directors, Tru		ploy	vees			ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title		(B) Average hours per week	box offi	not c , unle	Posi heck ss per id a di	ition ^{more} rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	Est amo	(F) imated ount c other	
			(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MI 1099-NEC)	SC/	orga and	ensat m the nization relate nization	on ed
	Subtotal									0.		0.			0.
с	Total from continuation sl	heets to Part V	II, Section A							0.		0.			0.
 2	Total (add lines 1b and 1c Total number of individuals			· · · · ·					► ho r	-	0,000 of reportab	•••			0.
	compensation from the org			_							•				0
3	Did the organization list any	/ former officer	, director, trust	ee, I	key e	empl	loye	e, o	r hig	ghest compensated emp	oloyee on	[Yes	No
4	line 1a? <i>If</i> "Yes," <i>complete</i> For any individual listed on	Schedule J for	such individual										3		Х
4	and related organizations g	reater than \$15	50,000? If "Yes,	" со	mple	ete S	Sche	edul	e J f	for such individual			4		Х
5	Did any person listed on lin rendered to the organizatio		-				-		relat	ted organization or indiv	idual for services	;	5		х
Sec	tion B. Independent Contra			001	0/ 30	uon	pere	SOIL					<u> </u>		
1	Complete this table for you	•	•	•								npens	ation fr	om	
	the organization. Report co	(A)	the calendar y	ear	enai	ng v	VILLI	or w		(B)	year.		(C)		
	Nam	ne and busines	s address	N	ONE	3				Description of s	services	С	ompen		
2	Total number of independe \$100,000 of compensation			not li	mite	d to		se li: 0	stec	d above) who received n	nore than				
		nom me organ						-					Form 9	90 (2	021)

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Part VIII Statement of Revenue Check if Schedulo C contains a response or note to any ine in this Part VII (0) It is Federated campaigns It is It is for the contribution It is It is is for the contribution It is It is is for the contribution It is It is is for the contribution It is It i		<u>1 990 (</u>		sible Me	dical Serv	ices PS	46-3851	701 Page 9
generation Table Security Petitod or construction revenue Provide Security	Pa	rt VII						
Bit in Federated campaign In In <td></td> <td></td> <td>Check if Schedule O contains a response</td> <td>or note to any lin I</td> <td></td> <td>(B)</td> <td>(C)</td> <td></td>			Check if Schedule O contains a response	or note to any lin I		(B)	(C)	
generation Business Code Generation Business Code Generation					.,	Related or exempt	Unrelated	Revenuè excluded from tax under
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132009 12-09-21

2021.03040 Women's Accessible Medical 23466__1

Form 990 (2021)				Medical	Services	PS	46-3851701	Page 10		
Part IX Statement of Functional Expenses										
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Check if Schedule O contains a response or note to any line in this Part IX										
			(A)		(D)					

	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	365,873.	222,020.	30,919.	112,934
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	35,019.	21,156.	2,974.	10,889
1	Fees for services (nonemployees):				
а	Management				
	Legal	300.	210.	90.	
	Accounting	26,822.		26,822.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	41,864.	9,974.	7,582.	24,308
12	Advertising and promotion	18,152.	17,423.		729
13	Office expenses	36,367.	8,785.	3,810.	23,772
14	Information technology	10,867.	7,248.	1,985.	1,634
15	Royalties				
16	Occupancy	117,796.	77,923.	23,623.	16,250
17	Travel	1,031.	55.	27.	949
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	2,935.	2,906.	29.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,179.	21,224.	836.	119
23	Insurance	9,999.	7,028.	2,971.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Medical supplies	35,340.	35,340.		
	Misc fundraising costs	22,644.	-	24.	22,620
	Meals & entertainment	2,369.	1,671.	698.	
d	Program costs	1,154.	1,154.		
е	All other expenses	1,272.	58.	1,214.	
25	Total functional expenses. Add lines 1 through 24e	751,983.	434,175.	103,604.	214,204
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

09230708 781355 23466

Net Assets or Fund Balances

b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 20,203. Other assets. See Part IV, line 11 15 804,918. 16 Total assets. Add lines 1 through 15 (must equal line 33) 7,555. Accounts payable and accrued expenses 17 Grants payable 18 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 7,555. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 787,447. Net assets without donor restrictions 27 27 9,916. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

PS

46-3851701 Page 11

4,351.

771,195.

779,957.

784,308.

Form 990 (2021)

31

32

33

797,363.

804,918.

8,762.

Form 990 (2021))	Women	s	Accessible	Medical	Services
Part X	Bal	ance Sheet					

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 602,440. 638,272. Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 22,527. 14,555. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 250,043. basis. Complete Part VI of Schedule D _____ 10a 110,905. 131,888. 139,138. 11 12 13 14 20,203. 15 784,308. 16 4,351. 17 18 19 20 21 22 _iabilities 23 24

132011 12-09-21

09230708 781355 23466

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32

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Form	1990 (2021) Women's Accessible Medical Services PS	46-385170)1 _F	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1 7	/34,	572.
2	Total expenses (must equal Part IX, column (A), line 25)	2 7	/51,	983.
3	Revenue less expenses. Subtract line 2 from line 1			411.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 7	/97,	363.
5	Net unrealized gains (losses) on investments	5		
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		5.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10 7	/79,	957.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	
		_	Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	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:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	_
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing			
	Act and OMB Circular A-133?		Ba	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Bb 00	

Form **990** (2021)

132012 12-09-21

Department of the Treasury

Internal Revenue Service

(Form 990)

Total

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.

.gov/Form990 for instructions and the latest information. -----

OMB No. 1545-0047
2021
Open to Public Inspection

			- Go to www.iis.go		Jiis anu u	ie ialest i					
Name	of the organization	T-7		ible Medical	G =		Da		identification number		
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				(For lines 1 through 12, c							
1 ∟ 0 □				on of churches described)(a)011 no	I)(A)(I).				
2 ∟ 2 □	 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 										
3 ∟	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
4 🗆	city, and state:										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
JL	section 170(b)(1)(A)(iv). (Complete Part II.)										
6			. ,	mental unit described in a	section 17	70(6)(1)(4)	(1)				
_	7	-	-	antial part of its support f				the deneral	public described in		
	section 170(b)(-	andar part of its support	ioni a gov	erninentai		une general			
8				(1)(A)(vi). (Complete Par	+ II)						
9				l in section 170(b)(1)(A)(ed in coniu	inction with a	land-grant	college		
•				culture (see instructions).							
	university:						,,				
10		that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributic	ns. members	ship fees, a	nd aross receipts from		
	-		•	ct to certain exceptions;				-	-		
				e (less section 511 tax) fr					-		
	See section 509					•	,	0	,		
11 🗌	An organization	organized	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).				
12 🗌	An organization	organized	and operated exclus	sively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or		
	more publicly su	pported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on		
	lines 12a throug	h 12d that	describes the type of	of supporting organizatio	n and con	nplete lines	s 12e, 12f, ar	id 12g.			
а	Type I. A supp	porting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	' giving		
	the supported	organizatio	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting		
	organization.	You must o	complete Part IV, Se	ections A and B.							
b	Type II. A sup	porting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizati	on(s), by ha	iving		
		-		anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported		
			t complete Part IV,								
С		-		g organization operated				ally integrate	ed with,		
		-		s). You must complete I							
d				porting organization oper				-			
		•		zation generally must sat	-		-	id an attent	iveness		
-				nplete Part IV, Sections							
е		-		written determination fro mally integrated support			а туре ї, туре	еп, туре п			
f (Enter the number of s	•		, , , , , , , , , , , , , , , , , , , ,		zation.					
	Provide the following			ed organization(s)							
<u> </u>	(i) Name of supporte		(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount c	f monetary	(vi) Amount of other		
	organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)		
			1	1		1			1		

Schedule A (Form 990) 2021 Women's Accessible Medical Services PS 46-3851701 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	301,437.	240,142.	424,256.	922,651.	741,229.	2629715.
2	Tax revenues levied for the organ-						
	ization'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	301,437.	240,142.	424,256.	922,651.	741,229.	2629715.
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)						75,592.
	Public support. Subtract line 5 from line 4.						2554123.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	301,437.	240,142.	424,256.	922,651.	741,229.	2629715.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1 0 0 1	1 240	600	0 1 0 0	2.0	- 40-
	and income from similar sources \dots	1,281.	1,349.	693.	2,133.	39.	5,495.
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.)						0625010
	Total support. Add lines 7 through 10						2635210.
	Gross receipts from related activities,	•	,			12	47,646.
13	First 5 years. If the Form 990 is for th	-			•		
800	organization, check this box and stor	here	rooptogo				
	ction C. Computation of Publ					44	96.92 %
	Public support percentage for 2021 (14 15	<u> </u>
	Public support percentage from 2020 33 1/3% support test - 2021. If the o						
108		-					
h	stop here. The organization qualifies 33 1/3% support test - 2020. If the o						
L.							
170	and stop here. The organization qual 10% -facts-and-circumstances tes						
178	and if the organization meets the fact						
	meets the facts-and-circumstances te			•		Ū.	
Ь	10% -facts-and-circumstances tes	-				17a and line 15 is	
N.	more, and if the organization meets the	-					
	organization meets the facts-and-circ		-		• •		
18	Private foundation. If the organization		-				s I
				,,,	,		(Form 990) 2021

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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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



Name of the organization

Women's Accessible Medical Services PS

Employer identification number 46 - 3851701

Pa	t I Organizations Maintaining Donor Advise		s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(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 v	riting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's of	exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	donor advisor, or for any other purpose	e conferring
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat		f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	5 ,		
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	iservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ing of violations, and onforcing concon	ation accoments during the year
7	S S	ing of violations, and enforcing conserv-	ation easements during the year
8	Does each conservation easement reported on line 2(d) abov	a satisfy the requirements of section 17/	
0	and section 170(h)(4)(B)(ii)?	, ,	
9	In Part XIII, describe how the organization reports conservation		
Ū	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or C	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 95	3, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 95	3, 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 fur	therance 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 trea		
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2021
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Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) a Using the organization acquisition, accession, and other records, check any of the following that make significant use of its collection tame (check all that apply): a) a) Poble exhibition d) Loan or exchange program b Scholarly research d) Constructions (check all that apply): c) Provide acception of the organization scolections and explain how they further the organization's exempt purpose in Part XIII. 5 Using the vear, did the organization scolection? Yes No Part III 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 XII. In 21. Yes, 'replan the arrangement in Part XIII and complete the following table: Amount Image: Amount c) Barling balance Image: Amount	Sche		Accessibl								Page 2
collection terms (check all that apply): Collection terms (check all that apply): Colection terms (check all that apply): Colectio	Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical T	reasures, o	or Other	r Similar	Asse	ts (contin	ued)
a Public exhibition d □ can or exchange program b Scholary research 0 □ Other	3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	e following tha	t make siç	gnificant us	se of its		
b Scholary research e Other											
c Preservation for future generations 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	а	Public exhibition	c			• • •					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization is oblection? Part W escrow and a sent. Trustee, custodian or other intermediary for contributions or other assets not included on form 900, Part X. Ine 21. Amount defining balance defi	b	Scholarly research	e	• 🗌 (Other						
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 390, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angement is. Complete if the organization answered "Yes" on Form 390, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angement in Part XIII and complete the following table: If "Yes," explain the arrangement in Part XIII and complete the following table: If "Yes," explain the arrangement in Part XIII and complete the following table: If d C Beginning balance Ig d Additions during the year Ig and the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Additions during the year Ig and the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Additions or scholarships Additions to fracilities add programs Additions during the year Additions the possession of the organization that are held and administered for the organization provide the estimated percentage of the current year and balance (line 1g, column (a) held as: abard designated organization	с	-									
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. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Id Id c Beginning balance 1d Id Id Id Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or clustodial account liability? Yes No No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Im	4								e in Part	XIII.	
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 // Exercise of the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Exercise of the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Exercise of the organization and the part of the organization and the part of the organization include an amount on Form 990, Part X, line 21, for escrow or glustolial account liability? Yes No b If "Yes", explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII Itelement	5									-	
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, line 21, for escrew or custodial account lability? b If 'Yes,' explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year 1e 1a Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability? Ves 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 narwered 'Yes' on Irom 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Irom 990, Part X, line 10. (a) Current year (b) Prior year (c) Two years back (c) Thre years back (c) Four years back is contributions. to Rot investment earnings, gains, and losses Image: Control table d Charans or scholarships Image: Control table g End of year balance % t Administratify expenses % g End of year balance % t Administratify expenses % t Beard designated or quasi-adoment the possession of the organization that are held and administered for the organization											No No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7 Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Intermediate Amount c Beginning balance Intermediate Amount Intermediate Amount d Additions during the year Intermediate Intermediate Intermediate Intermediate d Additions during the year Intermediate Intermediate Intermediate Intermediate Intermediate d Additions during the year Intermediate Intermediate <t< th=""><td>Par</td><td></td><td></td><td>ete if the</td><td>organizatio</td><td>on answered "</td><td>'Yes" on F</td><td>Form 990, I</td><td>Part IV,</td><td>line 9, or</td><td></td></t<>	Par			ete if the	organizatio	on answered "	'Yes" on F	Form 990, I	Part IV,	line 9, or	
on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or outstodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: the organization include an amount on Form 990, Part X, line 21, for escrow or outstodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: the organization include an amount on Form 990, Part X, line 21, for escrow or outstodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: the organization include an amount on Form 990, Part X, line 10. e Todrowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Image: the organization is the organization in the possession of the organization that are held and administered for the organization by: Image: the organization is the organizatio											
b If 'Yes,* explain the arrangement in Part XII and complete the following table:	1a									7	
c Beginning balance Image: Construction of the system of the organization include an amount on Form 990, Part X, line 21, for escrow or dustodial account liability? Image: Construction of the organization include an amount on Form 990, Part X, line 21, for escrow or dustodial account liability? Image: Construction of the organization include an amount on Form 990, Part X, line 21, for escrow or dustodial account liability? Image: Construction of the organization include an amount on Form 990, Part X, line 21, for escrow or dustodial account liability? Image: Construction of the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Construction of the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Construction of the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Construction of the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Construction of the organization answered 'Yes' on Form 990, Part IV, line 11. 2 Provide the estimated percentage of the current year and balance (line 1g, column (a)) held as: Image: Construction of the organization that are held and administered for the organization by: (i) Unrelated organizations Image: Construction of the organization is indowment funds. 2 Provide the estimated percentage									L	Yes	└── No
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d Additions during the year 1d e Distributions during the year 1d 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or distodial account liability? Ves No Dif 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Dif 'Yes,' explain the arrangement in Part XIII. Check here if the organization answered 'Yes' on Form 990, Part IV, line 10. In a Beginning of year balance (e) Four years back (f) Three years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) In years back (e) Four years back a Grants or scholarships (a) Current year (b) Prior year (c) In years back (e) Four years back g End of year balance (b) Prior year (c) In years back (e) Four years back (e) Four years back g End of year balance (b) Prior year (c) In years back (e) Four years back (e) Four years back g End of year balance (b) Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a conseinde or quasi-endowment b (f) Year (f) Year (f) Year g End of year balance (f) Care and year <t< th=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Amount</td><td></td></t<>										Amount	
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or distodial account liability? Ves No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Contributions											
f Ending balance											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or dustodial account liability? Ves No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Ves No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Control strainsings (a) Current year (b) Prior year (c) Two years back (d) Four years back 1b Control strainsings gains, and losses (b) Current year halance (c) Two years back (c) Two years back for ans or coharship	е										
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (c) Prior year (c) Two years back (d) Three years back (a) Prior year (c) Two years back (d) Prior year (c) Two years back (c) Two years back (c) Two years back (c) Prior year (c) Two years back (c) T								y?	L	Yes	
a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Three years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Three years back (e) Four years back b Contributions (c) Two years back (c) Three years											
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 intervestment earnings, gains, and losses f Administrative stor scholarships e Other expenditures for facilities and programs intervestment earnings, gains, and losses f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment > % b Permanent endowment > % f The percentages on lines 2a, 2b, and 2c should equal 100%. 3a a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Pet 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 b b Buildings c Land b Buildings c Land <	Par	Endowment Funds. Complete i	-						vre back	(a) Four	voare back
b Contributions			(a) Current year	(D) P	nor year	(C) Two year	S DALK (C	J Thee yea	IIS DACK	(e) i oui	years Dack
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs i f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % f 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) Inelated organizations 3a(ii) aga(ii) 3b						-					
d Grants or scholarships											
e Other expenditures for facilities and programs											
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 ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶ % (i) Unrelated organizations (ii) Related organizations (iii) Related organizations listed as required on Schedule R? 2 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 b Buildings c Leasehold improvements 194, 226. 60, 631. 133, 595. d Equipment 55, 817. 50, 274. 5, 543.											
f Administrative expenses	е	-									
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 ▶% m % c Term endowment ▶% m % a Permanent endowment ▶% c Term endowment ▶% m % a Permanent endowment ▶% m % a Permanent endowment ▶% m % m % m m m % m % m % m % m % m % m % m % m % m % m % m % m % m m <t< th=""><th>T</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	T										
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 % b If "Yes" on line 3a(ii), are the related organization's endowment funds. % 4 Describe in Part XIII the intended uses of the organization's endowment funds.	g	-									
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:			rent year end baland	ce (line 1)	g, column (a)) held as:					
c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 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 (iii) Related organizations (ii) Related organizations (ii) ag(ii) are the related organizations listed as required on Schedule R? 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 (other) (b) Cost or other depreciation (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 194, 226. 60, 631. 133, 595. d Equipment 55, 817. 50, 274. 5, 543.		-	0/	_%							
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 (iii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (ii) Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) So (0 , 631. (d) So (0 , 631. (d)											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI 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. (d) Book value 1a Land b b Buildings 194, 226. 60, 631. 133, 595. c Leasehold improvements 194, 226. 60, 631. 133, 595. d Equipment 55, 817. 50, 274. 5, 543.	С										
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other (b) Cost or other (c) Accumulated (d) Book value (d) Book value (e) Cost or other (f) So (f)	0-				•				+:		
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (other) b Buildings c Leasehold improvements d 194,226. 60,631. 133,595. d Equipment e Other	Ja		ession of the organiz	ation tha	it are rielu a	and administe		e organizai	lion	Г	Ves No
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 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 (other) (c) Accumulated depreciation 1a Land 1a Land 194,226. 60,631. 133,595. d Equipment 55,817. 50,274. 5,543.		-									100 110
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 1a Land											
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 Buildings (d) Book value c Leasehold improvements 194,226. 60,631. d Equipment 55,817. 50,274. 5,543.	h										
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 1a Land	1					·				30	
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	Par			JWITHETTET	unus.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	1 41			0 Part IV	line 11a	See Form 990) Part X li	ine 10			
basis (investment) basis (other) depreciation 1a Land		· •									
1a Land		Description of property			• •		• •				value
b Buildings Image: Constraint of the state	10	Land			54010		dopi				
c Leasehold improvements 194,226. 60,631. 133,595. d Equipment 55,817. 50,274. 5,543. e Other											
d Equipment 55,817. 50,274. 5,543.					10	94,226		60.63	1.	133	3.595.
e Other											
											,
				X colum	nn (B) line	10c)		I		139	9,138.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.		cal Services PS	46-3851701 Page 3
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	
(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. lin	e 11c. See Form 990. Part X. line 1/	3
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	
(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" (a)	on Form 990, Part IV, lin Description	L e 11d. See Form 990, Part X, line 1	5. (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)		
Part X Other Liabilities.	, 10.)		
Complete if the organization answered "Yes"	on Form 990. Part IV. lin	e 11e or 11f. See Form 990. Part X.	line 25.
1. (a) Description of liability	, ,	, ,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide		-	
organization's liability for uncertain tax positions under	FASB ASC 740. Check	here if the text of the footnote has I	peen provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 Women's Accessible Medical	Services PS	46-385	1701 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents 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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		er 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	Amounts included on line 1 but not on Form 990, Part IX, line 25:	4 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
с	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		. 5	
Pa	t 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.

SCHEDULE G		ntal Information I				-	-			OMB No. 1545-0047	
(Form 990) 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.									or if the	2021	
Department of the Treasury			to Form 990							Open to Public Inspection	
Internal Revenue Service Name of the organization		to www.irs.gov/Form	990 for instru	uction	s and	the lates	t informat	ion.	Employer id	entification number	
	Women's	Accessible	Medica	1 S	erv	ices	PS		46-385		
	complete this par	Complete if the organi t.	zation answe	ered "Y	'es" oi	n Form 99	0, Part IV,	line 1	7. Form 990-E	Z filers are not	
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations blicitations on have a written o ted in Form 990, P) highest paid indiv	g or oral agreement with a art VII) or entity in conn viduals or entities (fund	Solicitat	ion of ion of fundra (inclue rofess	non-g gover aising ding o ional f	overnmen nment gra events fficers, dir fundraising	t grants ints ectors, tru g services?	stees	🗌 Ye		
(i) Name and addres or entity (fund		(ii) Activity	,	(iii) fundr have c or con contribu	Did aiser ustody trol of utions?		s receipts activity	tò (c	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization	
				Yes	No						
Total											
3 List all states in wh or licensing.					outions	s or has be	een notifie	d it is	exempt from	registration	
LHA For Paperwork R	eduction Act Not	ce, see the Instructio	ns for Form §	990 or	990-1	E Z .			Schedul	e G (Form 990) 2021	

Schedule G (Form 990) 2021 Women's Accessible Medical Services PS 46-3851701 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1 An Evening	(b) Event #2 Cheers for	(c) Other events None	(d) Total events
		With	3W	1,0110	(add col. (a) through
		(event type)	(event type)	(total number)	- col. (c))
1	Gross receipts	11,635.	10,687.		22,322
2	Less: Contributions	7,130.	7,897.		15,027
3	Gross income (line 1 minus line 2)	4,505.	2,790.		7,295
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs		4,596.		4,596
7	Food and beverages	8,117.	2,850.		10,967
8	Entertainment	14,507.	550.		15,057
9	Other direct expenses		3,230.		15,057 4,236
10				•	34,856
11	Net income summary. Subtract line 10 from	line 3, column (d)		►	-27,561
	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (d
1					
	Gross revenue				
2					
2 3	Cash prizes				
	Cash prizes				
	Cash prizes Noncash prizes Rent/facility costs				
3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses		└── Yes% └── No	└── Yes% └── No	
3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No		□ No	
3 4 5 6	Cash prizes	Yes% No	No No	□ No ►	
3 4 5 6 7 8 Er	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line T	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	No	No ►	
3 4 5 6 7 8 Er	Cash prizes	Yes % No	No No states?	No ►	Yes N
3 4 5 6 7 8 Er	Cash prizes	Yes % No	No No states?	No ►	Yes N

132082 10-21-21

Schedule G (Form 990) 2021

Schedul	le G (Form 990) 2021	Women's	Accessible	Medical	Services	PS 46-3	851701	Page 3
	es the organization conduct ga						Yes	No No
	he organization a grantor, ben							
	administer charitable gaming?						Yes	└── No
	icate the percentage of gaming							0/
	e organization's facility						13a 13b	<u>%</u> %
	ter the name and address of th							70
		- P						
Na	me 🕨							
Ade	dress 🕨							
15a Doe	es the organization have a con	tract with a third	party from whom the	organization rec	eives gaming reve	nue?	Yes	□ No
b If "`	Yes," enter the amount of gam	ing revenue recei	ived by the organizati	on 🕨 \$	and	the amount		
	gaming revenue retained by the							
c If "`	Yes," enter name and address	of the third party	:					
Na	me 🕨							
- Nu								
Ade	dress 🕨							
10 00								
16 Ga	ming manager information:							
Na	me 🕨							
	-							
Ga	ming manager compensation	► \$						
_								
Des	scription of services provided	►						
_								
L	Director/officer	Employee	L Inde	pendent contrac	ctor			
	ndatory distributions: he organization required under	estato low to mak	ro charitable distributi	one from the ga	ming procoods to			
	ain the state gaming license?	State law to mar		ons nom me ga	Thing proceeds to		Yes	
	er the amount of distributions	required under st	ate law to be distribu	ted to other exe	mpt organizations	or spent in the	•	
	anization's own exempt activit							
Part I						i) and (v); and Pa	rt III, lines 9,	, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also	provide any additiona	al information. Se	ee instructions.			
132083 10)-21-21			32		Sched	ule G (Form	990) 2021

Schedule G (Form 990) Part IV Supplemental Infor	Women's Access	sible Medical	Services PS	46-3851701 Pa	age 4
	mation (continued)				
				0.1.1.0/7	
132084 11-18-21		33		Schedule G (Forn	11 990)

SCHEDULE O (Form 990) Department of the Treasury	Supplemental Information to Form 990 or 990 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 Form 990-EZ.	ZUZ Open to Public
Internal Revenue Service Name of the organization	► Go to www.irs.gov/Form990 for the latest information. Women's Accessible Medical Services PS	Inspection Employer identification number 46-3851701
Form 990, Pa:	rt I, Line 1, Description of Organization Miss	
<u>consultative</u>	services, in a respectful environment, to all	l women,
regardless o	f their beliefs or ability to pay, based on the	ne
understanding	g that all people have inherent dignity and w	orth.
Form 990, Pa:	rt III, Line 1, Description of Organization M	ission:
and worth.		
Form 990, Pa	ct VI, Section B, line 11b:	
The Form 990	is uploaded to a sharing platform before fil:	ing. Permission to
file is voted	d by the Board after review of Form 990.	
Form 990, Pa:	ct VI, Section B, Line 12c:	
Review of all	l policies and updating document signatures a:	re done during
annual board	meeting.	
_		
Form 990, Pa:	rt VI, Section B, Line 15:	
Use of compa:	rability data, especially for the local region	n, and review and
approval by	independent board members.	
Form 990, Pa:	rt VI, Section C, Line 19:	
Documents are	e available upon request.	
Form 990, Pa:	rt XI, line 9, Changes in Net Assets:	
Rounding		5.
LHA For Paperwork Re	duction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2021

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