## 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<br>applicab            | e: C Name of organization  |             | D Employer identifie         | cation number               |  |  |  |  |
|                         | Addre<br>chang<br>Name<br>chang | Women's Accessible Medical Services PS<br>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                            | <sup>ng</sup> 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)<br>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<br>Balanc        | 20                              | Total assets (Part X, line 16)   |             | 804,918.                     | 784,308.                    |  |  |  |  |
| ASS<br>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<br>Here | Signature of officer<br>Susan Rutherford, MD,<br>Type or print name and title | President                 | Date  |
|--------------|---|---------------------------|---|
|              | Print/Type preparer's name<br>Todd Roan, CPA                                  | Preparer's signature Date | Check PTIN<br>if<br>self-employed P00171119 |
| Preparer     | Firm's name 🍃 Battershell & Ni  |                           | Firm's EIN ▶ 27-1095574                     |
| Use Only     | Firm's address 33507 9th Ave S<br>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.<br>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.  |
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| 4b    | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$   |
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| 4c    | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$   |
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| 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)   |
| 32002 | 2 12-09-21   |
|       | 2  |
| 30    | 708 781355 23466 2021.03040 Women's Accessible Medical 23466   |
|       |  |

| Form | aan | (2021) |
|------|-----|--------|
|      |     |        |

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

 Part IV
 Checklist of Required Schedules
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 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      |   |       |              |          |
| 3         Did the organization engage in elinest or indirect political campaign activities on behalf of or in opposition to candidates for<br>public office? If "Yes," complete Schedule C, Part I         3         X           4         Section 501(K) organizations. Did the organization engage in lobbying activities, or have a section 501(K) elacition in effect<br>during the tax year /I 'Yes, ' complete Schedule C, Part II         4         X           5         Did the organization associan soft official organization that receives membership dues, assessments, or<br>similar amounts as defined in Rev. Proc. 84197 / Yes, ' complete Schedule D, Part II         6         X           7         Did the organization maintain and duce or any stimilar funds or accounts for which donors have the right to<br>provide advice on the disribution or investment of amounts in such funds or accounts for which donors have the right to<br>provide advice on the disribution a cincertal measurement, hickling essements to preserve open space.         7         X           9         Did the organization maintain celections of works of art, historical tessures, or other similar assets? If Yes, ' complete Schedule D, Part II         7         X           9         Did the organization, directly or through a related organization, hield starset in donorsettricted endowments<br>or in quasi endowments? If 'Yes,' complete Schedule D, Part IV         7         X           10         Did the organization report an amount for institution guestions is Yes,' thun complete Schedule D, Part VI         10         X           11         If the organization report an amount fo   |        |   |       |              |          |
| public official "1"Ves," complete Schedule Q. Pert I         3         X           4         Section 501(k)(k) organizations. Did the organization engage in lobbying activities, or have a section 501(k)) election in effect<br>during the tax year // "Ves," complete Schedule Q. Pert I         4         X           5         Is the organization a section 501(k)(k), 501(k)(k), or 501(k)(k) organization that receives membership dues, assessments, or<br>similar anouncins a defined in Rev. Proc. 98 (Fg/ 1" Yes," complete Schedule C, Pert II         5         X           6         Did the organization receive or hold a conservation assement, including easements to preserve open space.<br>the environment, historic land rease, or holds o inclured? If Yes," complete Schedule D, Pert II         8         X           7         X         B         Did the organization memory norvide credit conselling, debt management, credit repair, or debt negotiation services?         9         X           9         Did the organization directly rough a related organization, norvide redit conselling, debt management, credit repair, or debt negotiation services?         9         X           10         Did the organization reports a mount for land, buildings, and equipment in Part X, line 10? If Yes," complete Schedule D, Part V         11a         X           11         If the organization report an amount for investments - other securities in Part X, line 10? If Yes," complete Schedule D, Part V         11a         X           12         If the organization report an amount for investments -  | 2      | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions                             | 2     | Х            |          |
| 4         Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect<br>during the tax year/if Vies," complete Schedule, C, Pet II         4         X           5         Is the organization a section 501(h) election in effect<br>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<br>provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to<br>provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to<br>provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to<br>provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to<br>provide advice on the distribution or investment of amounts in such funds or account fability, serve as a custodial mostly for<br>Schedule D, Part III         7         X           9         Did the organization method is conservation disaccount fability, serve as a custodial mostly for<br>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<br>assets reported in Part X, line 120 / Yes, 'complete Schedule D, Part V, in 110, LX, or X,<br>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      |   |       |              |          |
| during the tax year? If Yes, "complete Schedule C, Part II         4         X           5         Is the organization a section Stol(4), 501(4), |        |   | 3     |              | X        |
| 5         Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or<br>similar amounts as defined in Rev. Price, 89-101 If "Yes," complete Schedule C, Part II         5         X           6         Did the organization markina may doore advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I         6         X           7         X         8         2         7         X           9         Did the organization markina may doore advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II         7         X           9         Did the organization markina may doore advised funds assements in cubic fulding assements to preverse pare pace,<br>the environment, historic land areas, or historic structures II "Yes," complete Schedule D, Part II         7         X           9         Did the organization in anount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for<br>amounts not listed in Part X, or provide credit consumiling, debt management, credit repair, or debt negotation services?<br>If "Yes," complete Schedule D, Part V         10         X           10         Did the organization, directly or through a related organization, hold assets in donnersstricted endowments<br>or in quasi endowments? If "Yes," complete Schedule D, Part V         10         X           11         If the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total<br>assets reported in Part X, line 167 If "Yes," complete Sche   | 4      |   | 4     |              | x        |
| similar amounts as defined in Rev. Proc. 98-197 If 'Yes,' complete Schedule C, Part II         5         X           O Did the organization maintain any donor advised funds or any similar funds or accounts? If 'Yes,' complete Schedule D, Part I         6         X           7 Did the organization receive or hold a conservation assamment, including assements to preserve open space, the environment, historical treasure, or orders or complete Schedule D, Part II         7         X           8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II         8         X           9 Did the organization report an amount in Part X, line 21, for scrow or custodial account liability, serve as a custodian for amounts in tilds in Part X, or provide credit consinuation, hold assets in donornetricted endowmants or in quasi endowments? If 'Yes,' complete Schedule D, Part V         8         X           10 Did the organization, directly or through a reliated organization, hold assets in donornetricted endowmants or in quasi endowments? If 'Yes,' complete Schedule D, Part V         10         X           11 If the organization report an amount for lend, buildings, and equipment in Part X, line 107 II 'Yes,' complete Schedule D, Part VI         11a         X           12 Did the organization report an amount for investments - other sequelies in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 17/ I'Yes,' complete Schedule D, Part VII         11a         X           13 Did the organization report an amount for investments - other sequelins in   | 5      |   |       |              |          |
| provide advice on the distribution or investment of anounts in such funds or accounts? If "Yes," complete Schedule D, Part I         6         X           7         Did the organization receive or hold a conservation easement, including easements to preserve open space,<br>the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II         7         X           8         Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV         8         X           9         Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for<br>amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?         9         X           10         Did the organization directly or through a related organization, hold assets in donore extincted endowments<br>or in quasi andowments? If "res," complete Schedule D, Part V         10         X           11         If the organization report an amount for levestments - organize and namount for investments - organize and namount for investments - organize and namount for levestments - program related in Part X, line 12, that is 5% or more of its total<br>assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X         11a         X           11         X         11         X         11a         X           12         Did the organization report an amount for investinents - norganize and Part X, line 13, that is 5% or more of its  |        |   | 5     |              | Х        |
| 7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.       Y       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.       8       X         9       Did the organization negative collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV.       9       X         10       Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization ansever to any of the following questions is "Yes," then complete Schedule D, Part VI, UII, UII, IX, or X, as applicable.       10       X         12       Did the organization report an amount for lawstments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, ine 16? If "Yes," complete Schedule D, Part VII       11a       X         13       Did the organization report an amount for investments - organication report an amount for investments - organication report an amount for orbits schedule D, Part VII.       11a       X         14       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 X   | 6      |   |       |              |          |
| the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.     7     X       8     Did the organization maintain collections of works of art, historical reasures, or other similar assets? If "Yes," complete Schedule D, Part III.     8     X       9     Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?     9     X       10     Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in guasi endowments? If "Yes," complete Schedule D, Part V     10     X       11     If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI     10     X       12     Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI     11a     X       13     Did the organization report an amount for threstments - other securities 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 VIII     11a     X       14     Did the organization report an amount for other sestes in Part X, line 15% this 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III     11a     X       15     Did the organization report an amount for other sestes in Part X, line 15% this 5% or more of its total assets reporte   |        | · · · · · · · · · · · · · · · · · · ·   | 6     |              | X        |
| B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III       III         B Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII  | 7      |   | _     |              | v        |
| Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       10       X         12       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 VI       111       X         13       Did the organization report an amount for investments - other securities 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 VIII       114       X         14       Did the organization report an amount for investments - other asset in Part X, line 15% or omore of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       114       X         14       X       Inte 117 "Es", "complete Schedule D, 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 X       114       X         15 </td <td>-</td> <td></td> <td>7</td> <td></td> <td></td>  | -      |   | 7     |              |          |
| 9         Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?         yes, "complete Schedule D, Part IV         10         X           10         Did the organization, directly or through a related organization, hold assets in donorrestricted endowments         yes, "complete Schedule D, Part V         10         X           11         If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V         10         X           a Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI         11t         X           b 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 VI         11t         X           c Did the organization report an amount for other assets in Part X, line 15? If the sc "programized for thema is 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 VI         11t         X           c Did the organization is separate or consolidated financial statements for the tax year? Inter 11t         X         11t         X           11d         X         11d         X         11d         X         11d  | 8      |   | 8     |              | х        |
| If 'Yes, "complete Schedule D, Part IV     9     X       10     Did the organization, directly or through a related organization, hold assets in domonestricted endowments     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, VI, or X, as applicable.     10     X       12     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       13     Did the organization report an amount for investments - orber 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       14     Did the organization report an amount for other assets 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 XIII     11c     X       111     Did the organization report an amount for other liabilities 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     11c     X       112     Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes," complete Schedule D, Part X     11d     X       113     X     Did the organization could an consolidated, independent audited financial statements for the tax year? If 'Yes," complete Schedule D, Part X     11d     X       114     X     Did the organization onbuta separate, independent audited   | 9      |   |       |              |          |
| 10       Did the organization, directly or through a related organization, hold assets in donorrestricted endowments<br>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, Part VI.       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 ther assets 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.       11c       X         c       Did the organization report an amount for other assets In Part X, line 25? If "Yes," complete Schedule D, Part X       11c       X         c       Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization separate, independent audited financial statements for the tax year?       11t       X         12a       Did the organization separate, independent audited financial statements for the tax year?       11t       X         12a       <  |        | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?   |       |              |          |
| or in quasi endowments? If "Yes," complete Schedule D, Part V     10     X       11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.     11a     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 - other securities 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 other labelities 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 other labelities in Part X, line 25? If "Yes," complete Schedule D, Part X     11d     X       12a     Did the organization is beparate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X     11d     X       12a     Did the organization isability to uncertain tax positions under FIN 48 (ASC 1470) If "Yes," complete Schedule D, Part X     11d     X       12a     Did the organization onbuil tax positions under FIN 48 (ASC 1470) If "Yes," complete Schedule D, Part X     11d   |        | If "Yes," complete Schedule D, Part IV  | 9     |              | X        |
| 11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VX, or X, as applicable.       11       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 10? If "Yes," complete Schedule D, Part VII       11b       X         c) Did the organization report an amount for investments - other securities 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       11c       X         c) Did the organization report an amount for other assets 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 IX       11d       X         c) Did the organization separate or consolidated financial statements for the tax year induce a foothore that addresses the organization a separate, independent audited financial statements for the tax year?       11t       X         12b       Did the organization asparate, independent audited financial statements for the tax year?       11t       X         12a       Did the organization asparate, independent audited financial statements for the tax year?       11t       X         12a       Did the organization asharation ansolute section 1700(U/)(V)/V or Y'se, "complete Schedule D, Part X and XII is optional       11t       X <t< td=""><td>10</td><td>Did the organization, directly or through a related organization, hold assets in donor-restricted endowments</td><td></td><td></td><td></td></t<>   | 10     | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                |       |              |          |
| as applicable.       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 - orgara 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       11c       X         d) 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 X       11c       X         e) Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f) Did the organization is aparate, independent audited financial statements for the tax year?       11t       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         14a       X       Did the organization neavered "No" to line 12a, then completing Schedule D, Part X and XII is optional       13       X         14b       Did the organization neavered "No" to line 12a, then completing Schedule D, Part X and XII is optional       14a       X         14b <t< td=""><td></td><td></td><td>10</td><td></td><td>X</td></t<>  |        |   | 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 V       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 VI       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       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX       11c       X         e Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         12a       Did the organization rebort an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         12a       Did the organization is balily for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11e       X         12a       X       11d       X       11d       X         12a       X and XII is optional       12a       X  | 11     |   |       |              |          |
| 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 167 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 167 If "Yes," complete Schedule D, Part VII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part XI       11c       X         e       Did the organization report an amount for other assets in Part X, line 257 If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's separate or consolidated financial statements for the tax year include a footnot that addresses the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         12a       Did the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       11a       X         13       Is the organization neport on Part IX, column (A), line 3, more than \$10,000 from grantmaking, tundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV       12a       X         14b  | а      |   |       |              |          |
| 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 VIII       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII       11d       X         e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11d       X         12a       X       11d       X       11d       X         13       X       11d       X       11d       X         14a       11d the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       113       X  | u      |   | 11a   | х            |          |
| 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 IX       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part IX       11d       X         e       Did the organization report an amount for other assets in Part X, line 25? If 'Yes," complete Schedule D, Part X       11d       X         f       Did the organization separate or consolidated financial statements for the tax year include a toothote that addresses the organization biability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         13       Is the organization aschool described in section 170(b)(1)(A)(ii)? If 'Yes," complete Schedule D, Part X and XII is optional       12b       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garns or other assistance to or for any foreign organization? If 'Yes," complete Schedule F, Parts II and IV       15       X         16       X       Did the organization report on Part IX  | b      |   |       |              |          |
| assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d Did the organization report an amount for other assets in Part X, line 15; that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII       12a       X         b Was the organization included in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E       13       X         114a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         115       X       11       X       20a       X         116   |        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b   |              | Х        |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11e       X         12a       Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12a       X         14a       Did the organization aschool described in section 170(b(I)(I)(I)(I)(I)(I)(I)(I)(I)(I)(I)(I)(I)(  | с      | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total |       |              |          |
| Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       12e       X         b Was the organization answerd "No" to line 12a, then completing Schedule D, Part X and XII is optional       12b       X         13       X       X       11d       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts I and IV       16       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for or orign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       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 individu   |        |   | 11c   |              | X        |
| e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization bain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any for for forign individuals? If "Yes," complete Schedule G, Part I and IV       16       X         14       X       11b       X       12b       X         14b       X       12b       X       12b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV <td>d</td> <td></td> <td></td> <td></td> <td></td>  | d      |   |       |              |          |
| f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         13       Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. Bee instructions       17       16       X         17       Did the organization report more than \$15,000 of grass income from gaming activities on Part VIII, lines 9a? If "Yes," complete Schedule G, Part II  |        |   |       |              |          |
| the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         12b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         13       Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for orign inviduals? If "Yes," complete Schedule G, Part II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate gr  |        |   | 11e   |              |          |
| 12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         12b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         13       Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization aschool described in section 170(b)(1)(A)(lii)? If "Yes," complete Schedule E       13a       X         14a       Did the organization naintain an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$10,000 for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or or for foreign individuals? If "Yes," complete Schedule G, Part II and IV       16       X         18 <t< td=""><td>T</td><td></td><td>1 1 4</td><td></td><td>x</td></t<>  | T      |   | 1 1 4 |              | x        |
| Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 6 and 11e? If "Yes," complete Schedule G, Part II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3 for expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? 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   | 12a    |   |       |              |          |
| If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I       18       X         17       Did the organization report more than \$15,000 oteal of fundraising event gross income and contributions on Part VIII, lines t c and Ba? If "Yes,   |        |   | 12a   |              | х        |
| 13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.       17       X         18       Did the organization report more than \$15,000 of grass income from gaming activities on Part VIII, lines 9a? If "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did  | b      | Was the organization included in consolidated, independent audited financial statements for the tax year?                   |       |              |          |
| 14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         14b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3, more than \$15,000 of grass income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       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       20a       X         20a       Did the organization operate one or more hospita   |        |   | 12b   |              |          |
| b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       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 II.       16       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1a da? If "Yes," complete Schedule G, Part I.       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       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 H       20a       X         19       Did the organization report more than \$15,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H       20a       X     <   | 13     |   |       |              |          |
| investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1 cand 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       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 H       20a       X <t< td=""><td></td><td></td><td>14a</td><td></td><td>X</td></t<>  |        |   | 14a   |              | X        |
| or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       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       20a       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 H       20a       X   | b      |   |       |              |          |
| 15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1 and 82? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18       X         19       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a       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? <i>If</i> "Yes," <i>complete Schedule H</i> 20a       X   |        |   | 14h   |              | x        |
| foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or 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       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 H       20a       X         21       X  | 15     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any   | . 45  |              |          |
| <ul> <li>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></li> <li>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</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 18 X</li> <li>19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i></li> <li>19 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> <li>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></li> <li>21</li> </ul>   |        | 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        |
|   | 132003 |   |       | <b>990</b> ( |          |

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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<br>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<br>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?<br>Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24c<br>24d        |     | -        |
|     | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  | 2 <del>.1</del> 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><br>"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><br>"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<br>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 <b>1a</b>  | 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<br><b>Note:</b> 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<br>5b        |      | ╀    |
|                   |   |                                      |                        | 50<br>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<br>?                 | 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                 | <b>Note:</b> 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<br>b           | Did the organization receive any payments for indoor tanning services during the tax year?  | ule O                                |                        | 14a<br>14b      |      | Ŧ    |
| 4a<br>b           | Did the organization receive any payments for indoor tanning services during the tax year?  | ule O<br>eration                     | ı or                   | 14b             |      | t    |
| 4a<br>b           | Did the organization receive any payments for indoor tanning services during the tax year?  | ule O<br>eration                     | ı or                   |                 |      |      |
| 4a<br>b<br>5      | Did the organization receive any payments for indoor tanning services during the tax year?<br>If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schede</i><br>Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun<br>excess parachute payment(s) during the year?<br>If "Yes," see the instructions and file Form 4720, Schedule N. | ule O<br>eration                     | or                     | 14b<br>15       |      |      |
| 4a<br>b<br>5      | Did the organization receive any payments for indoor tanning services during the tax year?  | ule O<br>eration                     | or                     | 14b             |      |      |
| 4a<br>b<br>5<br>6 | Did the organization receive any payments for indoor tanning services during the tax year?  | ule O<br>eration<br>nt inco          | or                     | 14b<br>15       |      |      |
| 4a<br>b<br>5      | Did the organization receive any payments for indoor tanning services during the tax year?  | ule O<br>eration<br>nt inco<br>n any | n or<br>me?            | 14b<br>15<br>16 |      |      |
| 4a<br>b<br>5<br>6 | Did the organization receive any payments for indoor tanning services during the tax year?  | ule O<br>eration<br>nt inco<br>n any | n or<br>me?            | 14b<br>15       |      |      |

| Form 990 (2 | 021) |
|-------------|------|
|-------------|------|

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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 <b>1a</b>  | 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 <b>1b</b>   | 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        | <b> </b> |
| 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<br>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<br>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<br>PO Box 31463, Seattle, WA 98103   |              |            |          |          |
|        |  |              | Form       | 000      | (0004)   |
| 132006 | 6 12-09-21 <b>6</b>  |              | FULL       | 1990     | (2021)   |

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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<br>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<br>hours for<br>related<br>organizations<br>below<br>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/<br>1099-NEC) | 1099-NEC)                  | organization<br>and related |  |
|                          | below  | d ual t | Institutional trustee           |         | (oldm        | ist col                         | 5     | 1000 1120)                   |                            | organizations               |  |
|                          | line)  | Indivi  | Institu                         | Officer | Key employee | Highest compensated<br>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                               |         |              | <b> </b>                        |       |                              |                            |                             |  |
|                          |  | -       |                                 |         |              |                                 |       |                              |                            |                             |  |
|                          |  |         |                                 |         |              |                                 |       |                              |                            |                             |  |
| 132007 12-09-21          |  |         |                                 |         |              |                                 |       |                              |                            | Form <b>990</b> (2021)      |  |

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132007 12-09-21

|       |   | Vomen's                 | Accessil   | b1@                            | e 1                   | 1ec                               | lio                              | cai                             | 1 ;       | Services PS   | 46-3  | 851   | 701         | Pa   | ge <b>8</b> |
|-------|---|-------------------------|--|--------------------------------|-----------------------|-----------------------------------|----------------------------------|---------------------------------|-----------|---|---|-------|-------------|--|-------------|
| Par   | t VII Section A. Officers,  | Directors, Tru          |  | ploy                           | vees                  |                                   |                                  | ighe                            | st C      | Compensated Employe                                 | es (continued)  |       |             |  |             |
|       | (A)<br>Name and title   |                         | (B)<br>Average<br>hours per<br>week                                  | box<br>offi                    | not c<br>, unle       | Posi<br>heck<br>ss per<br>id a di | ition<br><sup>more</sup><br>rson | than<br>is bot                  | h an      | (D)<br>Reportable<br>compensation<br>from           | <b>(E)</b><br>Reportable<br>compensatio<br>from related | on    | Est<br>amo  | (F)<br>imated<br>ount c<br>other                 |             |
|       |   |                         | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer                           | Key employee                     | Highest compensated<br>employee | Former    | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organization<br>(W-2/1099-MI<br>1099-NEC)               | SC/   | orga<br>and | ensat<br>m the<br>nization<br>relate<br>nization | on<br>ed    |
|       |   |                         |  |                                |                       |                                   |                                  |                                 |           |   |   |       |             |  |             |
|       |   |                         |  |                                |                       |                                   |                                  |                                 |           |   |   |       |             |  |             |
|       |   |                         |  |                                |                       |                                   |                                  |                                 |           |   |   |       |             |  |             |
|       |   |                         |  |                                |                       |                                   |                                  |                                 |           |   |   |       |             |  |             |
|       |   |                         |  |                                |                       |                                   |                                  |                                 |           |   |   |       |             |  |             |
|       |   |                         |  |                                |                       |                                   |                                  |                                 |           |   |   |       |             |  |             |
|       | Subtotal  |                         |  |                                |                       |                                   |                                  |                                 |           | 0.  |   | 0.    |             |  | 0.          |
| с     | Total from continuation sl  | heets to Part V         | II, Section A  |                                |                       |                                   |                                  |                                 |           | 0.  |   | 0.    |             |  | 0.          |
| <br>2 | Total (add lines 1b and 1c<br>Total number of individuals                 |                         |  | · · · · ·                      |                       |                                   |                                  |                                 | ►<br>ho r | -   | 0,000 of reportab                                       | •••   |             |  | 0.          |
|       | compensation from the org   |                         |  | _                              |                       |                                   |                                  |                                 |           |   | •   |       |             |  | 0           |
| 3     | Did the organization list any   | / <b>former</b> 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><br>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<br>\$100,000 of compensation                    |                         |  | not li                         | mite                  | d to                              |                                  | se li:<br>0                     | stec      | d above) who received n                             | nore than   |       |             |  |             |
|       |   | nom me organ            |  |                                |                       |                                   |                                  | -                               |           |   |   |       | Form 9      | <b>90</b> (2                                     | 021)        |

132008 12-09-21

| 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<br/>I</td> <td></td> <td>(B)</td> <td>(C)</td> <td></td>   |              |                | Check if Schedule O contains a response       | or note to any lin<br>I |            | (B)               | (C)       |                                    |
| generation         Business Code         Generation         Business Code         Generation   |              |                |   |                         | .,         | Related or exempt | Unrelated | Revenuè excluded<br>from tax under |
| generation         Business Code         generation         Business Code         generation         generation <thg< td=""><td>nts<br/>its</td><td>1 a</td><td>Federated campaigns 1a</td><td></td><td></td><td></td><td></td><td></td></thg<>   | nts<br>its   | 1 a            | Federated campaigns 1a                        |                         |            |                   |           |                                    |
| generation         Business Code         Generation         Business Code         Generation   | àrar<br>oun  |                |   |                         |            |                   |           |                                    |
| generation         Business Code         generation         Business Code         generation         generation <thg< td=""><td>s, G</td><td>с</td><td></td><td>15,027.</td><td></td><td></td><td></td><td></td></thg<>   | s, G         | с              |   | 15,027.                 |            |                   |           |                                    |
| generation         Business Code         Generation         Business Code         Generation   | Gift<br>lar  |                |   |                         |            |                   |           |                                    |
| generative         Business Code         Generative         Gen  | imi<br>imi   |                |   |                         |            |                   |           |                                    |
| generation         Business Code         Generation         Business Code         Generation   | er S         | f              |   |                         |            |                   |           |                                    |
| generative         Business Code         Generative         Gen  | ibu          |                |   | 726,202.                |            |                   |           |                                    |
| generation         Business Code         Generation         Business Code         Generation   | ud O         | g              | Noncash contributions included in lines 1a-1f |                         | - / /      |                   |           |                                    |
| 2 a       Program income       624100       19,893.       19,893.         a       a       a       b       a         g Total. Add lines 2a 2f       a       19,893.       a         3       Investment income fincluding dividends, interest, and other similar amounts).       39.       39.         4       Income from investment of tax exempt bod proceeds       a       39.         5       Royaties       (0) Read       (0) Personal       a         6 a       Gross rents       6a       (0) Personal       a       a         6 a       Gross rents       6a       (0) Read       (0) Other       assts toft thai invent       a       a         a dross anout from sites of rasis expenses       7b       (0) Other       assts toft thai invent       a       a       a         a dross sincent from fundrasing events (not including \$15,027 ot controlibulions reported on line 10; See       a       8a       8,315.       a  | a Č          | h              | Total. Add lines 1a-1f                        |                         | 741,229.   |                   |           |                                    |
| See Book       b       b       b       b       b       b       c  |              |                | Deserve deserves                              |                         | 10 000     | 10 002            |           |                                    |
| 9 Total. Add lines 2a.21       19,893.         9 Total. Add lines 2a.21       19,893.         3 Investment liccome (including dividends, interest, and other similar amounts).       39.         4 Income from investment of tax-exempt bond proceeds       39.         5 Royatties       (i) Real (ii) Personal         6 a Gross rents       6a         6 a Gross rents       6a         7 a Gross amount from sites of assis other than inventory 7a       (i) Securities         7 a Gross amount from sites of assis other than inventory 7a       (i) Securities         6 a Gai or (loss)       (ii) Securities         6 a Gross rents       6a         6 a Gross rents       6a         9 a Gross amount from sites of assis other than inventory 7a       (ii) Securities         7 a Gross income from fundraising events (not including \$ <u>15,027.ord</u> contributions reported on line 10. See       (iii) Add you and you a   | ice          |                | Program income                                | 624100                  | 19,893.    | 19,893.           |           |                                    |
| 9 Total. Add lines 2a.21       19,893.         9 Total. Add lines 2a.21       19,893.         3 Investment liccome (including dividends, interest, and other similar amounts).       39.         4 Income from investment of tax-exempt bond proceeds       39.         5 Royatties       (i) Real (ii) Personal         6 a Gross rents       6a         6 a Gross rents       6a         7 a Gross amount from sites of assis other than inventory 7a       (i) Securities         7 a Gross amount from sites of assis other than inventory 7a       (i) Securities         6 a Gai or (loss)       (ii) Securities         6 a Gross rents       6a         6 a Gross rents       6a         9 a Gross amount from sites of assis other than inventory 7a       (ii) Securities         7 a Gross income from fundraising events (not including \$ <u>15,027.ord</u> contributions reported on line 10. See       (iii) Add you and you a   | erv<br>ue    | b              |   |                         |            |                   |           |                                    |
| 9 Total. Add lines 2a.21       19,893.         9 Total. Add lines 2a.21       19,893.         3 Investment liccome (including dividends, interest, and other similar amounts).       39.         4 Income from investment of tax-exempt bond proceeds       39.         5 Royatties       (i) Real (ii) Personal         6 a Gross rents       6a         6 a Gross rents       6a         7 a Gross amount from sites of assis other than inventory 7a       (i) Securities         7 a Gross amount from sites of assis other than inventory 7a       (i) Securities         6 a Gai or (loss)       (ii) Securities         6 a Gross rents       6a         6 a Gross rents       6a         9 a Gross amount from sites of assis other than inventory 7a       (ii) Securities         7 a Gross income from fundraising events (not including \$ <u>15,027.ord</u> contributions reported on line 10. See       (iii) Add you and you a   | m S<br>ven   |                |   |                         |            |                   |           |                                    |
| 9 Total. Add lines 2a.21       19,893.         9 Total. Add lines 2a.21       19,893.         3 Investment liccome (including dividends, interest, and other similar amounts).       39.         4 Income from investment of tax-exempt bond proceeds       39.         5 Royatties       (i) Real (ii) Personal         6 a Gross rents       6a         6 a Gross rents       6a         7 a Gross amount from sites of assis other than inventory 7a       (i) Securities         7 a Gross amount from sites of assis other than inventory 7a       (i) Securities         6 a Gai or (loss)       (ii) Securities         6 a Gross rents       6a         6 a Gross rents       6a         9 a Gross amount from sites of assis other than inventory 7a       (ii) Securities         7 a Gross income from fundraising events (not including \$ <u>15,027.ord</u> contributions reported on line 10. See       (iii) Add you and you a   | gra<br>Re    |                |   |                         |            |                   |           |                                    |
| 9 Total. Add lines 2a.21       19,893.         9 Total. Add lines 2a.21       19,893.         3 Investment liccome (including dividends, interest, and other similar amounts).       39.         4 Income from investment of tax-exempt bond proceeds       39.         5 Royatties       (i) Real (ii) Personal         6 a Gross rents       6a         6 a Gross rents       6a         7 a Gross amount from sites of assis other than inventory 7a       (i) Securities         7 a Gross amount from sites of assis other than inventory 7a       (i) Securities         6 a Gai or (loss)       (ii) Securities         6 a Gross rents       6a         6 a Gross rents       6a         9 a Gross amount from sites of assis other than inventory 7a       (ii) Securities         7 a Gross income from fundraising events (not including \$ <u>15,027.ord</u> contributions reported on line 10. See       (iii) Add you and you a   | Pro          |                | All other program convice revenue             |                         |            |                   |           |                                    |
| 3       Investment income (including dividends, interest, and other similar amounts).       39.       39.         4       Income from investment of tax exempt bond proceeds       39.       39.         6a       Gross rents       6a       (i) Pead       (ii) Personal         6a       Gross rents       6a       (iii) Personal       iiii)         6a       Gross rents       6a       (iii) Personal       iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii  |              | , i            |   |                         | 19.893.    |                   |           |                                    |
| a       income from investment of tax-exempt bond proceeds       39.       39.         4       income from investment of tax-exempt bond proceeds   |              | 3              |   |                         |            |                   |           |                                    |
| 4       Income from investment of tax-exempt bond proceeds       >         5       Royaties       >         6       a Gross rents       6a         6a       Gross rents       6a         7       C Rental income or (loss)       6c         7       a Gross arents       6a         6a       (i) Personal       >         7       Gross arents       6c         7       a Gross arents       (ii) Other         7       a Gross arents       (iii) Other         7       a Gross arents       (iiii) Other         7       a Gross in or (loss)       7         8       a Gross in or (loss)       7         8       a Gross income from fundraising events (not including \$       15,027.or         7       7       7         7       7       7         8       a Gross income from gaming activities. See       9         9       Gross income from  |              | _              |   |                         | 39.        |                   |           | 39.                                |
| 5       Royatties       6a       (i) Peal       (ii) Personal         6a       Gross rents       6a       6a       (iii) Personal         b       Less: rental expenses       6a       (iii) Personal       6c         c       Rental income or (loss)       6c       (iii) Personal       6c         d       Net rental income or (loss)       (iii) Other       7a       7a         assets other than inventory       b       Less: cost or other basis and sales expenses       7b       7b         c       Gain or (loss)       7z       7c       7c       7c         d       Net gain or (loss)       7z       7c       7c         d       Net gain or (loss)       7z       7z       7c         d       Net gain or (loss)       7z       7c       7c         d       Net gain or (loss)       15 , 027 . or contributions reported on line tc). See       8a       8, 315 .         b       Less: direct expenses       8b       34 , 904 .       -26 , 589 .       -26 , 589 .         9       Gross sales of inventory.       8a       8a       34 , 904 .       -26 , 589 .       -26 , 589 .         10 a       Gross sales of inventory.       8a       0a       -26  |              | 4              |   |                         |            |                   |           |                                    |
| 6 a Gross rents       6a       (i) Real       (ii) Personal         b Less: rental income or (loss)       6b       (iii) Other         c Rental income or (loss)       6a       (iii) Other         a Gross amount from sales of assets other than inventory       7a       (iii) Other         a Gross amount from sales of assets other than inventory       7a       (iii) Other         a Gross income from thats       7b       (iii) Other         c Gain or (loss)       7b       (iii) Other         d Net gain or (loss)       7b       (iii) Other         a Gross income from fundraising events (not including \$s  |              | 5              |   |                         |            |                   |           |                                    |
| b       Less: rental expenses       6b         c       Rental income or (loss)       6c         d       Net rental income or (loss)       6c         7       Gross amount from sales of assets other than inventory       b       5         b       Less: cost or other basis and sales expenses       7b       7c         c       Gain or (loss)       7c       7c         d       Net egain or (loss)       7c       7c         d       Net gain or (loss)       7c       7c         a       Gross income from fundralsing events (not including \$       15, 2027. or contributions reported on line 1c). See       8a         Part IV, line 18       Ba       8, 315.       8b       34, 904.         s       Gross income from gaming activities. See       9b       -26, 589.       -26, 589.         9 a       Gross sincome from gaming activities. See       9b       -26, 589.       -26, 589.         10 a       Gross siles of inventory, less returns and allowances       10a       10a       10a       10a         c       Net income or (loss) from gaming activities       10a       10a       10a       10a         c       Net income or (loss) from sales of inventory.       Invenue.       10a       10a       10a  |              |                |   |                         |            |                   |           |                                    |
| c       Rental income or (loss)       Gc       Image: constraint of the state of the stat           |              | 6 a            | Gross rents 6a                                |                         |            |                   |           |                                    |
| d Net rental income or (loss)   7 a Gross amount from sales of assets other than inventory   b Less: cost or other basis and sales expenses   and sales expenses 7a   rb rb   rb <td< td=""><td></td><td>b</td><td>Less: rental expenses 6b</td><td></td><td></td><td></td><td></td><td></td></td<>   |              | b              | Less: rental expenses 6b                      |                         |            |                   |           |                                    |
| 7 a Gross amount from sales of assets other than inventory       7a       (i) Other         7a       7a       7a         7a       7a       7a         7a       7a       7a         7b       7b       7c         7c       7c       7c         7b       7c       7c         7c       7c       7c   |              | с              | Rental income or (loss) 6c                    |                         |            |                   |           |                                    |
| generative       Ta       Ta       Ta         b       Less: cost or other basis<br>and sales expenses       Ta       Ta         c       Gain or (loss)       Tc       Ta         d       Net gain or (loss)       Ta       Ta         a       Gross income from fundraising events (not<br>including \$15, 0.27. of<br>contributions reported on line 1c). See<br>Part IV, line 18       Ba       8, 315.         b       Less: circet expenses       Bb       34, 904.       -26, 589.         9       Gross income from gaming activities. See<br>Part IV, line 19       > -26, 589.       -26, 589.         9       Gross income from gaming activities       > -26, 589.       -26, 589.         9       Gross income from gaming activities       > -26, 589.       -26, 589.         9       Gross income from gaming activities       > -26, 589.       -26, 589.         9       Gross income from gaming activities       > -26, 589.       -26, 589.         10       Gross sales of inventory, less returns<br>and allowances       10a       -26, 589.         10       Gross sales of inventory, less returns<br>and allowances       10a      26, 589.         11       a   |              |                |   |                         |            |                   |           |                                    |
| B       Less: cost or other basis<br>and sales expenses       Tb       Tc         c       Gain or (loss)       Tc       Tc         d       Net gain or (loss)       Tc       Tc         c       Gross income from fundraising events (not including \$15, 027. of contributions reported on line 1c). See Part IV, line 18       Ba       8, 315.         b       Less: direct expenses       Bb       34, 904.       Tc       Tc         e       Net income or (loss) from fundraising events       -26, 589.       -26, 589.       -26, 589.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       9b       See  |              | 7 a            |   | (ii) Other              |            |                   |           |                                    |
| and sales expenses       7b       7c       7c         d Net gain or (loss)       7c       7c       7c         d Net gain or (loss)       7c       7c       7c         d Net gain or (loss)       7c       7c       7c         d Net gain or (loss)       15, 027. of<br>contributions reported on line 1c). See<br>Part IV, line 18       8a 8, 315.       8b 34, 904.         b Less: direct expenses       8b 34, 904.       7c       7c       7c         g Gross income from gaming activities. See<br>Part IV, line 19       9a       9a       9a       9a         b Less: direct expenses       9b       9c       7c       7c       7c         10 a Gross sales of inventory, less returns<br>and allowances       10a       10a       10a       10a         b Less: cost of goods sold       10b       10b       10c       10c         c Net income or (loss) from sales of inventory       8usiness Code       10a       10a         b Less: cost of goods sold       10b       10c       10c       10c         c d All other revenue       10a       10a       10a       10a       10a         c d All other revenue       10a       10a       10a       10a       10a         c d All other revenue       734,   |              |                |   |                         |            |                   |           |                                    |
| d       Net gain or (loss)       Image: state structions of the struct  | ē            | D              |   |                         |            |                   |           |                                    |
| d       Net gain or (loss)       Image: state structions of the struct  | enu          |                |   |                         |            |                   |           |                                    |
| 8 a Gross income from fundraising events (not including \$ 15,027. of contributions reported on line 1c). See Part IV, line 18       a 8,315.         b Less: direct expenses       b 34,904.         c Net income or (loss) from fundraising events       -26,589.         9 a Gross income from gaming activities. See Part IV, line 19       9a         9 b Less: direct expenses       9b         c Net income or (loss) from gaming activities. See Part IV, line 19       9a         9 b Less: direct expenses       9b         c Net income or (loss) from gaming activities       >         10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       >         a A dilowances       10a         c Net income or (loss) from sales of inventory       >         c Net income or (loss) from sales of inventory       >         c All other revenue          c Gross Income or (loss) from sales of inventory       >         c All other revenue          d All other revenue          e Total. Add lines 11a:11d       >         12       Total revenue. See instructions       734,572.       19,893.       0.   | 0            |                |   |                         |            |                   |           |                                    |
| contributions reported on line 1c). See       Ba       8, 315.         b       Less: direct expenses       Bb       34,904.         c       Net income or (loss) from fundraising events       -26,589.       -26,589.         9 a       Gross income from gaming activities. See       9a       -26,589.       -26,589.         9 a       Gross income from gaming activities. See       9a       -26,589.       -26,589.         9 a       Gross income from gaming activities. See       9a       -26,589.       -26,589.         9 a       Gross sales of inventory, less returns and allowances       9b       -26,589.       -26,589.         10 a       Gross sales of inventory, less returns and allowances       10a       -26,589.       -26,589.         b       Less: cost of goods sold       10b       -26,589.       -26,589.       -26,589.         11 a       Business Code       Business Code       -26,550.       -26,550.         0 a       C       -26,550.       -26,550.       -26,550.  | ler          |                |   |                         |            |                   |           |                                    |
| contributions reported on line 1c). See<br>Part IV, line 18       Ba       8,315.<br>Bb       34,904.         b       Less: direct expenses       Bb       34,904.         c       Net income or (loss) from fundraising events       > -26,589.       -26,589.         9 a       Gross income from gaming activities. See<br>Part IV, line 19       9a       9a         b       Less: direct expenses       9b       9b       0         c       Net income or (loss) from gaming activities       >       0       0         10 a       Gross sales of inventory, less returns<br>and allowances       10a       0       0       0         b       Less: cost of goods sold       10b       0       0       0       0         c       Net income or (loss) from sales of inventory       >       0       0       0         b       Less: cost of goods sold       10b       0       0       0       0         c       Int a       Business Code       0       0       0       0       0       0         c       Int a       Int a       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0   | đ            | -              |   |                         |            |                   |           |                                    |
| b Less: direct expenses b 34,904.<br>c Net income or (loss) from fundraising events ~ 26,58926,58926,589.<br>9 a Gross income from gaming activities. See Part IV, line 19 9a 9b 0<br>b Less: direct expenses 9b 0<br>c Net income or (loss) from gaming activities 10a 0<br>b Less: cost of goods sold 10b 0<br>c Net income or (loss) from sales of inventory 0<br>b Less: cost of goods sold 10b 0<br>c Net income or (loss) from sales of inventory 0<br>for the income or (loss) from sales of inventory 0<br>c All other revenue 0<br>12 Total revenue. See instructions 734, 572. 19, 893. 026, 550.   |              |                |   |                         |            |                   |           |                                    |
| c Net income or (loss) from fundraising events <ul> <li>-26,589.</li> <li>-26,550.</li> </ul>   |              |                | Part IV, line 18                              | 8,315.                  |            |                   |           |                                    |
| 9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   9b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   10a   b Less: cost of goods sold   10b   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions     734, 572.   |              | b              | Less: direct expenses 8b                      | 34,904.                 |            |                   |           |                                    |
| Part IV, line 19 9a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   11 a Business Code   b C   c All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions   |              |                |   | 🕨                       | -26,589.   |                   |           | -26,589.                           |
| b Less: direct expenses 9b   c Net income or (loss) from gaming activities   10 a   and allowances 10a   and allowances 10a   b Less: cost of goods sold   t 10b   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   t 10b   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   t Business Code   t Image: Cost of goods sold   |              | 9 a            |   |                         |            |                   |           |                                    |
| c Net income or (loss) from gaming activities   10 a   a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Business Code   b Image: Cost of goods c   |              | _              |   |                         |            |                   |           |                                    |
| 10 a Gross sales of inventory, less returns<br>and allowances       10a       10a         b Less: cost of goods sold       10b       Image: Cost of goods sold       Image: Cost of goods sold         c Net income or (loss) from sales of inventory       Image: Cost of goods sold       Image: Cost of goods sold       Image: Cost of goods sold         so of goods sold       Image: Cost of goods sold         so of goods sold       Image: Cost of goods sold         so of goods sold       Image: Cost of goods sold  |              |                |   |                         |            |                   |           |                                    |
| and allowances 10a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Net income or (loss) from sales of inventory   b   c   b   c   d   All other revenue   e   total. Add lines 11a-11d   total revenue. See instructions   Y   734, 572.   19,893.   0.   |              |                |   | ▶                       |            |                   |           |                                    |
| b Less: cost of goods sold 10b ► − ► ► − ► − ► ► − ► ► ► ► ► ► ► −  |              | iu a           | -   |                         |            |                   |           |                                    |
| c       Net income or (loss) from sales of inventory       Image: style |              | h              |   |                         |            |                   |           |                                    |
| Business Code       Image: Code       Image: Code       Image: Code         b       Image: Code       Image: Code       Image: Code       Image: Code         b       Image: Code       Image: Code       Image: Code       Image: Code       Image: Code         b       Image: Code       Image: Code <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |              |                |   |                         |            |                   |           |                                    |
| e Total. Add lines 11a-11d       ►         12 Total revenue. See instructions       ►       734,572.       19,893.       0.       -26,550.  |              | Ť              |   |                         |            |                   |           |                                    |
| e Total. Add lines 11a-11d       ►         12 Total revenue. See instructions       ►       734,572.       19,893.       0.       -26,550.  | e sour       | 11 a           |   |                         |            |                   |           |                                    |
| e Total. Add lines 11a-11d       ►         12 Total revenue. See instructions       ►       734,572.       19,893.       0.       -26,550.  | ane          |                |   |                         |            |                   |           |                                    |
| e Total. Add lines 11a-11d       ►         12 Total revenue. See instructions       ►       734,572.       19,893.       0.       -26,550.  | cell<br>leve | с              |   |                         |            |                   |           |                                    |
| e Total. Add lines 11a-11d       ►         12 Total revenue. See instructions       ►       734,572.       19,893.       0.       -26,550.  | Mis          |                |   |                         |            |                   |           |                                    |
|   | _            | e              |   |                         |            | 10.000            |           | 0.0 5 5 5 6                        |
|   |              |                |   | ►                       | /34,572.   | ,893.             | U.        |                                    |

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2021.03040 Women's Accessible Medical 23466\_\_1

| Form 990 (2021)  |  |  |     | Medical | Services | PS | 46-3851701 | Page <b>10</b> |  |  |
|--|--|--|-----|---------|----------|----|------------|----------------|--|--|
| 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,<br>Bb, 9b, and 10b of Part VIII.   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>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<br>above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A),<br>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.   |                              |   |   |                                       |
|    |  |                              |   |   |                                       |

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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

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31

32

33

| Form | 1990 (2021) Women's Accessible Medical Services PS  | 46-385170 | )1 <sub>F</sub> | Page <b>12</b> |
|------|---|-----------|-----------------|----------------|
| 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<br>Inspection |

|            |  |              | - Go to www.iis.go     |   | Jiis anu u       | ie ialest i                     |                    |                |                            |  |  |
|------------|--|--------------|------------------------|---|------------------|---------------------------------|--------------------|----------------|----------------------------|--|--|
| Name       | of the organization  | T-7          |                        | ible Medical  | <b>G</b> =       |                                 | Da                 |                | identification number      |  |  |
| Part       | I Dooson for   |              |                        | (All organizations must o                             |                  |                                 |                    |                | 6-3851701                  |  |  |
|            |  |              |                        |   |                  |                                 |                    | ns.            |                            |  |  |
|            |  |              |                        | (For lines 1 through 12, c                            |                  |                                 |                    |                |                            |  |  |
| 1 ∟<br>0 □ |  |              |                        | on of churches described                              |                  | )(a)011 no                      | I)(A)(I).          |                |                            |  |  |
| 2 ∟<br>2 □ | <ul> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> </ul> |              |                        |   |                  |                                 |                    |                |                            |  |  |
| 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 <b>section 509(a)(1)</b> o                      | r section        | 509(a)(2).                      | See <b>section</b> | 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<br>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<br>ng document? | (v) Amount c       | f monetary     | (vi) Amount of other       |  |  |
|            | organization   |              |                        | (described on lines 1-10<br>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) 🕨                                    | <b>(a)</b> 2017 | <b>(b)</b> 2018 | <b>(c)</b> 2019 | (d) 2020 | <b>(e)</b> 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<br>15           | <u> </u>        |
|      | Public support percentage from 2020<br>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 <b>10%</b> -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 |

132022 01-04-22

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SCHEDULE D

Department of the Treasury Internal Revenue Service

| (Form | 990) |
|-------|------|
|-------|------|

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

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



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 <b>2</b> |
|--|------|--|-----------------------|-------------|----------------|-----------------|-------------|-------------------|-----------|-------------------|---------------|
| collection terms (check all that apply): <ul> <li>Collection terms (check all that apply):</li> <li>Colection terms (check all that apply):</li> <li>Colectio</li></ul>  | Par  | t III   Organizations Maintaining C            | Collections of A      | rt, Hist    | orical T       | reasures, o     | or Other    | r Similar         | Asse      | <b>ts</b> (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<br>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        |
| c       Beginning balance       1c         d       Additions during the year       1d         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 clustodial account liability?       Yes       No         b       If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part X III. Check here if the explanation has been provided on Part XIII.       Part X III. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Ine to scholarships.       Ine to scholarships.         a       Grants or scholarships.       Ine to urrent year end balance (line 1g, column (a)) held as:       Ine to scholarships.       Ine to scholarships.         g       End of year balance       5%       Form endowment isse 2a, 2b, and 2c should equal 100%.       Sa         3a       Are there endowment funds not in the possession of the organization she dat administered for the organization by:       Ine the administered for the organizations       Sa(i)         b       If 'Yes' in line 3dil), are the related organization's endowment funds.       Sa(i)       Sa(i)       Sa(i)         d       Durelated organizations       Ine   | b    | If "Yes," explain the arrangement in Part XIII | and complete the fo   | bllowing t  | able:          |                 |             |                   |           |                   |               |
| 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    |  |                       |             |                |                 |             |                   |           |                   |               |
| b       If *Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XII.         (a) Current year       (b) Prior year       (c) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Three years back       (e) Four years back         c       Other expenditures for facilities       (a) Current year end balance (line 1g, column (a)) held as:       (a) Column (a) held as:       (a) Column (a) held as:         a       Board designated or quasi-endowment (b)  | f    |  |                       |             |                |                 |             |                   |           | 1                 |               |
| 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  | <b>Endowment Funds.</b> Complete i             | -                     |             |                |                 |             |                   | vre back  | (a) Four          | voare back    |
| b       Contributions  |      |  | (a) Current year      | (D) P       | nor year       | (C) Two year    | S DALK (C   | <b>J</b> 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<br>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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) ag(ii) are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <li>Part VI Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other depreciation</li> <li>(c) Accumulated depreciation</li> <li>1a Land</li> <li>b Buildings</li> <li>c Leasehold improvements</li> <li>194, 226. 60, 631. 133, 595.</li> <li>d Equipment</li> <li>55, 817. 50, 274. 5, 543.</li>   |      | -  | 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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(ii) Description of property</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) So (0 , 631.</li> <li>(d) So (0 , 631.</li> <li>(d)</li></ul>   |      |  |                       |             |                |                 |             |                   |           |                   |               |
| 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:<br>(i) Unrelated organizations<br>(ii) Related organizations<br>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?<br>4 Describe in Part XIII the intended uses of the organization's endowment funds.<br>Part VI Land, Buildings, and Equipment.<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.<br>Description of property<br>(a) Cost or other<br>basis (investment)<br>b Buildings<br>c Leasehold improvements<br>c Leasehold improvements<br>d Equipment<br>e Other<br>(b) Cost or other<br>(c) Accumulated<br>(d) Book value<br>(d) Book value<br>(e) Cost or other<br>(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"<br>(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.) ►<br>Part VIII Investments - Program Related.<br>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)  |  |  | <del>_</del>               |
| (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<br>Description | L<br>e 11d. See Form 990, Part X, line 1 | 5. <b>(b)</b> Book value   |
| (1)  |  |  |                            |
| (2)  |  |  |                            |
| (3)  |  |  |                            |
| (4)  |  |  |                            |
| (5)  |  |  |                            |
| (6)  |  |  |                            |
| (7)  |  |  |                            |
| (8)  |  |  |                            |
| (9)<br>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

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| 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 <b>3</b> and <b>4c.</b> ( <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<br>Inspection                            |  |
| Internal Revenue Service<br>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<br>t.  | zation answe   | ered "Y   | 'es" oi                                       | n Form 99  | 0, Part IV,                                    | line 1  | 7. Form 990-E  | Z filers are not  |  |
| <ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul> | tions<br>email solicitations<br>tations<br>blicitations<br>on have a written o<br>ted in Form 990, P<br>) highest paid indiv | <b>g</b><br>or oral agreement with a<br>art VII) or entity in conn<br>viduals or entities (fund | Solicitat      | ion of<br>ion of<br>fundra<br>(inclue<br>rofess | non-g<br>gover<br>aising<br>ding o<br>ional f | overnmen<br>nment gra<br>events<br>fficers, dir<br>fundraising | t grants<br>ints<br>ectors, tru<br>g services? | stees   | 🗌 Ye   |   |  |
| (i) Name and addres<br>or entity (fund  |  | <b>(ii)</b> Activity  | ,              | (iii)<br>fundr<br>have c<br>or con<br>contribu  | Did<br>aiser<br>ustody<br>trol of<br>utions?  |  | s receipts<br>activity                         | tò (c   | Amount paid<br>or retained by)<br>fundraiser<br>red in col. <b>(i)</b> | (vi) Amount paid<br>to (or retained by)<br>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 <b>Z</b> .   |  |         | 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<br>An Evening  | (b) Event #2<br>Cheers for                       | (c) Other events<br>None | (d) Total events                                 |
|----------------------------------|--|---|--|--------------------------|--|
|                                  |  | With  | 3W   | 1,0110                   | (add col. (a) through                            |
|                                  |  | (event type)  | (event type)                                     | (total number)           | - col. <b>(c)</b> )                              |
| 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<br>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<br>bingo/progressive bingo | (c) Other gaming         | (d) Total gaming (ad<br>col. (a) through col. (d |
| 1                                |  |   |  |                          |  |
|                                  | Gross revenue  |   |  |                          |  |
| 2                                |  |   |  |                          |  |
| 2<br>3                           | Cash prizes  |   |  |                          |  |
|                                  | Cash prizes  |   |  |                          |  |
|                                  | Cash prizes<br>Noncash prizes<br>Rent/facility costs   |   |  |                          |  |
| 3<br>4<br>5                      | Cash prizes<br>Noncash prizes<br>Rent/facility costs<br>Other direct expenses  |   | └── Yes%<br>└── No                               | └── Yes%<br>└── No       |  |
| 3<br>4<br>5                      | Cash prizes<br>Noncash prizes<br>Rent/facility costs<br>Other direct expenses<br>Volunteer labor   | Yes%     No   |  | □ No                     |  |
| 3<br>4<br>5<br>6                 | Cash prizes  | Yes%     No   | No No  | □ No ►                   |  |
| 3<br>4<br>5<br>6<br>7<br>8<br>Er | Cash prizes<br>Noncash prizes<br>Rent/facility costs<br>Other direct expenses<br>Volunteer labor<br>Direct expense summary. Add lines 2 throug<br>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<br>4<br>5<br>6<br>7<br>8<br>Er | Cash prizes  | Yes % No  | No No states?                                    | No ►                     | Yes N  |
| 3<br>4<br>5<br>6<br>7<br>8<br>Er | Cash prizes  | Yes % No  | No No states?                                    | No ►                     | Yes N  |

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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<br>13b       | <u>%</u><br>% |
|                | ter the name and address of th                           |                    |                          |                    |                   |                    |                  | 70            |
|                |  | - P                |                          |                    |                   |                    |                  |               |
| Na             | me 🕨   |                    |                          |                    |                   |                    |                  |               |
| Ade            | dress 🕨  |                    |                          |                    |                   |                    |                  |               |
| <b>15a</b> Doe | es the organization have a con                           | tract with a third | party from whom the      | organization rec   | eives gaming reve | nue?               | Yes              | □ No          |
| <b>b</b> If "` | Yes," enter the amount of gam                            | ing revenue recei  | ived by the organizati   | on 🕨 \$            | and               | the amount         |                  |               |
|                | gaming revenue retained by the                           |                    |                          |                    |                   |                    |                  |               |
| <b>c</b> If "` | Yes," enter name and address                             | of the third party | :                        |                    |                   |                    |                  |               |
| Na             | me 🕨   |                    |                          |                    |                   |                    |                  |               |
| - Nu           |  |                    |                          |                    |                   |                    |                  |               |
| Ade            | dress 🕨  |                    |                          |                    |                   |                    |                  |               |
| 10 00          |  |                    |                          |                    |                   |                    |                  |               |
| <b>16</b> 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:<br>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 <b>4</b> |
|--|--------------------|---------------|-------------|------------------|--------------|
|  | mation (continued) |               |             |                  |              |
|  |                    |               |             |                  |              |
|  |                    |               |             |                  |              |
|  |                    |               |             |                  |              |
|  |                    |               |             |                  |              |
|  |                    |               |             |                  |              |
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| SCHEDULE O<br>(Form 990)<br>Department of the Treasury | Supplemental Information to Form 990 or 990<br>Complete to provide information for responses to specific questions on<br>Form 990 or 990-EZ or to provide any additional information.<br>Attach to Form 990 or Form 990-EZ. | <b>ZUZ</b><br>Open to Public                               |
|--|---|--|
| Internal Revenue Service Name of the organization      | ► Go to www.irs.gov/Form990 for the latest information.<br>Women's Accessible Medical Services PS   | Inspection<br>Employer identification number<br>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:  |
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| 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.  |  |
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| Review of all  | l policies and updating document signatures a:  | re done during   |
| annual board   | meeting.  |  |
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| 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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