Form

**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.

2021 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A	For the 2021 o	alendar year, or tax year beginning $10/01/21$ , and ending $09/30/2$	2	D. Employee	identification number
В	Check if applicable:	C Name of organization		D Employer	Identification number
	Address change	VOLUNTEERS IN MEDICINE CLINIC		02 17	77.601.6
$\Box$	Name change	Doing business as  Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	276816
	Initial return	Number and street (or P.O. box it mail is not delivered to street address)  2260 MARCOLA RD	028 M10.2.0103.		205-6363
님	Final return/	City or town, state or province, country, and ZIP or foreign postal code			
Ш	terminated	SPRINGFIELD OR 97477-2594		G Gross rece	ipts\$ 1,389,053
	Amended return	F Name and address of principal officer:			bordinates? Yes X No
	Application pending	DELEESA MEASHINTUBBY	H(a) Is this a gro	oup return for su	
		2260 MARCOLA RD	H(b) Are all sub	ordinates inclu	ded? Yes No
		SPRINGFIELD OR 97477	If "No,"	attach a list, S	See instructions
_	Tax-exempt status:	X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527			
<u>-</u>		WW.VTM-CLINIC.ORG	H(c) Group exe		
K	Form of organization		ear of formation: 1	999	M State of legal domicile: OR
à		ummary			
	A District	a seith a the expeniention's mission or most significant activities.			.5252
a		PROVIDE MEDICAL SERVICES TO LOW INCOME AND UNINSURED	) INDIVID	UALS OF	LANE
ŭ	COUL	**************************************			*************************
Activities & Governance	******				
OVe	2 Check t	nis box ▶ if the organization discontinued its operations or disposed of more than 25	% of its net as:	sets.	
Ű	3 Number	of voting members of the governing body (Part VI, line 1a)			
Ş	4 Number	of independent voting members of the governing body (Part VI, line 1b)			13
ij	5 Total nu	mber of individuals employed in calendar year 2021 (Part V, line 2a)			19
į	6 Total nu	mber of volunteers (estimate if necessary)		6	215
٩	7a Total un	related business revenue from Part VIII, column (C), line 12		7a	0
	b Net unre	lated business taxable income from Form 990-T, Part I, line 11		,   7b	0
_		Taxpayor copy	Prior Ye	2,106	Current Year 1,261,847
4	8 Contribu	tions and grants (Part VIII, line 1h)		4,066	26,406
Revenue	9 Progran	n service revenue (Part VIII, line 2g)		4,784	233
Š	10 Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)		6,868	-17,449
ш	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,088	1,271,037
_		venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,00	4,000	1,211,051
		and similar amounts paid (Part IX, column (A), lines 1–3)			0
	14 Benefits	paid to or for members (Part IX, column (A), line 4)	8.9	2,564	905,279
ď	3 15 Salaries	other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	2/001	0
202000	16a Profess	ional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) ▶ 132, 181			
Š.	b Total fu	ndraising expenses (Part IX, column (D), line 25)	69	4,578	682,752
Ü	17 Other e	xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1 - 58	7,142	1,588,031
		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		6,946	-316,994
-	19 Revenu	e less expenses. Subtract line 18 from line 12	Beginning of Cu		End of Year
ost	20 Total as 21 Total lia 22 Net ass	sets (Part X, line 16)		6,102	1,868,230
Asse	21 Total lia	bilities (Part X, line 26)		7,112	47,220
Net	22 Net ass	ets or fund balances. Subtract line 21 from line 20	2,04	8,990	1,821,010
300	Part II S	ignature Block			
-	Hades popultion o	f portugy. I declare that I have examined this return, including accompanying schedules and stateme	ents, and to the b	est of my kn	owledge and belief, it is
	true, correct, and	complete. Declaration of preparer (other than officer) is based on all information of which preparer h	nas any knowled	ge.	
-					
S	ign 📗	Signature of officer		Date	
	ere	DELEESA MEASHINTUBBY EXEC.	DIRECT	OR	
		Type or print name and title			D. D. D.
=	Print/T	rpe preparer's name Preparer's signature	Date	Check	If PTIN
Р	aid FRIT	S. DUNCAN FRITZ S. DUNCAN		3/23 self-em	
Р	reparer Firm's	name > JONES & ROTH, P.C.		Firm's EIN	93-0819646
U	se Only	PO BOX 10086			E41 COT 0200
5=		address EUGENE, OR 97440		Phone no.	541-687-2320
	IDO -1:	use this return with the preparer shown above? See instructions			Yes No

orm 990 (2021) VOLUNTEER	S IN MEDICINE CLINIC	93-1276816		Page 2
Part III Statement of Pr	ogram Service Accomplishments			
	le O contains a response or note to an	y line in this Part III	***********************	
1 Briefly describe the organizatio	n's mission:			T 70 N.T.
TO PROVIDE MEDICA	AL SERVICES TO LOW INCO	ME AND UNINSURED	INDIVIDUALS OF	ТЧИЕ
	247444444444444444444444444444444444444			
12010000000000000000000000000000000000				
######################################				
2 Did the organization undertake	any significant program services during the yea	ar which were not listed on the	□	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
prior Form 990 or 990-EZ?		313312.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Yes	X No
If "Yes," describe these new se	ervices on Schedule O.			
3 Did the organization cease con	nducting, or make significant changes in how it o	conducts, any program		
			Yes	X No
If "Yes." describe these change	es on Schedule O.			
Describe the organization's pro	ogram service accomplishments for each of its t	hree largest program services, as	measured by	
expenses, Section 501(c)(3) ar	nd 501(c)(4) organizations are required to repor	the amount of grants and allocat	ions to others,	
the total expenses, and revenu	ue, if any, for each program service reported.			
4a (Code: ) (Expenses	\$ 1,229,293 including grants	of \$ )	(Revenue \$	
TO PROVIDE MEDIC	AL SERVICES TO LOW INCO	ME AND UNINSURED	INDIVIDUALS OF	LANE
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	Taynaya	CODV	1121221222222222222	24454444
	Taxpaye	OODy		
				406
4b (Code: ) (Expenses	\$ 35,560 including grants	of \$ )	(Revenue \$ 26,	400
A RETAIL STORE S	ELLING PREOWNED ITEMS B	ENEFITIING IDE VO	OFONIECKS IN	enterera
MEDICINE CLINIC.				******
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(0)216364464643434346688888888888888888				
4c (Code: ) (Expenses	including grants	of \$	(Revenue \$	Servera (
	***************************************		A E E E E E E E E E E E E E E E E E E E	
N/A				
			**************	
			***************************************	
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			***********************	
T-89 6 K 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6				
	ILLOUINA SANCE SELECTION AND THE CONTROL OF THE CON			
4d Other program services (Desc	cribe on Schedule O.)			
	cribe on Schedule O.) including grants of \$	) (Revenue \$	)	
(Expenses \$  4e Total program service expens	including grants of \$	) (Revenue \$	)	

93-1276816 Form 990 (2021) VOLUNTEERS IN MEDICINE CLINIC **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, X assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, Χ complete Schedule D, Part III 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 10 or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a complete Schedule D, Part VI b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes, complete Schedule D, Part VIL O U V 11b c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more 11c of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

19 If "Yes," complete Schedule G, Part III 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

Form 990 (2021)

- Form 990 (2021) VOLUNTEERS IN MEDICINE CLINIC
Part IV Checklist of Required Schedules (continued)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			-22
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	23		X
	employees? If "Yes," complete Schedule J			
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 Schedule K. If "No," go to line 25a	24a		X
ī.,	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b	Did the organization minest any proceeds of tax-count other than a refunding escrow at any time during the year			
С	to defease any tax-exempt bonds?	24c		
d	" to be be a first to be a fir	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
234	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?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1957201
	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	١		:52:
	persons? If "Yes," complete Schedule L, Part III	27		X
28	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):			
а		00-		v
	"Yes," complete Schedule L, Part IV	28a 28b		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		$\vdash \triangle$
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		X
	"Yes," complete Schedule L, Part IV		X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	25	23	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		X
	conservation contributions? If "Yes," complete Schedule M	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	-		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		X
	complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
34		34		X
25-		35a		X
35a b	and the second s			
U	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
00	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>
F	Part V Statements Regarding Other IRS Filings and Tax Compliance			
2000000	Check if Schedule O contains a response or note to any line in this Part V			Щ.
-	"		Yes	No
1a		+		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	+		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and		7.7	
	reportable gaming (gambling) winnings to prize winners?	.   1c	X	0 /0
		Fo	rm 33	0 (2021)

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	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ed)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
-CI	Statements, filed for the calendar year ending with or within the year covered by this return	2a_	19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?		2b	Χ	
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	. 220				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over,			
40	a financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	4a		X
h	If "Yes," enter the name of the foreign country		0000000 AND DESCRIPTIONS			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).			
E.o.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1 52552				
6a	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
b				6b		
_	gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	*****				
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	aboo				
а				7a		Χ
-	and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?	2.57/52		7b		
b	If "Yes," did the organization notify the donor of the value of the goods of services provided?	seeses S	SHEES, ASSTRACTOR VALUE OF THE			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		7c		Х
	required to file Form 8282?	7d				
d	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		†?	7e		Х
е	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contra Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	nct?		7f		Х
f	Did the organization, during the year, pay premiums, directly of indirectly, on a personal scheme solution of the organization received a contribution of qualified intellectual property, did the organization file For	m 88	99 as required?	7g		X
9	If the organization received a contribution of qualified interlectual property, sid the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	le a Form 1098-C?	7h		X
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer	d by t	he			
8	sponsoring organizations maintaining dollor advised funds. Did a dollor advised funds sponsoring organization have excess business holdings at any time during the year?	., ~, .		8		
_						
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?			9a		
a	Did the sponsoring organization make any taxable distributions under section 4000.  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
b						
10	Section 501(c)(7) organizations. Enter:	10a				
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
р				1		
11	Section 501(c)(12) organizations. Enter:	11a				
a	Gross income from members or shareholders  Gross income from other sources. (Do not net amounts due or paid to other sources	1.3.2.		1		
þ	Gross income from other sources. (Do not her amounts due or paid to other sources	11b				
	against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		11.000
12a	to the second during the year	12b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
b	Section 501(c)(29) qualified nonprofit health insurance issuers.		N.			
13	Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.					
b	the organization is licensed to issue qualified health plans	13b				
		13c				
C				14a		X
14a	Too !	e O		14b		
4 <i>5</i>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or			
15	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	*1*35.*1*33	Statistics and a statistic of the statis			
40	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	ne?	16		X
16	If "Yes," complete Form 4720, Schedule O.		ANALOS CONTRACTOR SERVICION			
47	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in			position (Co.		1
17	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	. prese		17		
	If "Yes," complete Form 6069.					
_	ii 166, somplete i omi 4666.			Fo	rm <b>99</b>	0 (2021

93-1276816 Form 990 (2021) VOLUNTEERS IN MEDICINE CLINIC Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 13 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe on Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization 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 X with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ OR 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  $|\overline{X}|$  Own website  $|\overline{X}|$  Another's website  $|\overline{X}|$  Upon request  $|\overline{X}|$  Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

VOLUNTEERS IN MEDICINE CLINIC 2260 MARCOLA ROAD

State the name, address, and telephone number of the person who possesses the organization's books and records >

SPRINGFIELD

OR 97477

458-205-6363

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.
   Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if neither the orga  (A)  Name and title	(do box offi	o not o k, unle	Posi check i ess per nd a di	ition more rson i	than or s both a r/truste	ne an e)	(D) Reportable compensation from the	(E)  Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) DELEESA MEASHING	UBBY 40.00 0.00	-		X.					0	11,136
(2) JULIE ARENDT	32.00		E	lΧ	P	a	У	ercopy	0	0 000
FINANCE MANAGER (3) RICHARD A. BARNE	0.00 IART, MD			X				51,418	0	9,000
CHAIR (4) VICKI SCHOENLEB	1.00 0.00	Х		X				0	0	0
VICE-CHAIR	1.00	Х		X				0	0	0
(5) CLARK COMPTON	1.00	3.7		37				0	0	0
TREASURER  (6) DWAYNE RICE, MD	1.00	X		X				0	O	
SECRETARY (7) CANDICE BARR	0.00	X		X				0	0	0
DIRECTOR	1.00	X						0	0	0
(8) IAN HART, PA	1.00	X						0	0	0
(9) STACY CHANCE, M	1.00									0
DIRECTOR (10) KELLIE DEVORE	0.00	X						0	0	0
DIRECTOR (11) DEMOND HAWKINS	1.00	X						0	0	0
DIRECTOR	1.00	X						0	0	0

93		0	-	-	0	199	-
u	_	1	1	5	×	8H-	n
ノン		4	- /	v	v	-	v

Part VII Section A. Officers	, Directors, Tru	stee	s, Ke	ey E	mple	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week	bo: off	x, unle icer ar	ss pe nd a d	ition more rson i irecto	than o	an ee)	(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12) EVY HERNANDE	1.00	Х						0	0	0
CISCOTOR CONTROL OF THE CONTROL OF T		X						0		0
(14) HANS NOTENBOO		X						C	0	0
(15) DAN REECE	1.00	Х						C	0	0
DINDOTON										
								18		
6 (1.11) (M.11) (M.11)		1	8	X	p	a	У	er Copy	7	
	************									
1b Subtotal							<b>&gt;</b>	170,898		20,136
d Total (add lines 1b and 1c)  Total number of individuals (in reportable compensation from	ncluding but not	limit	ed to	thos	se lis	sted	abov	170,898 re) who received more that		Yes No
<ul> <li>3 Did the organization list any f employee on line 1a? If "Yes,</li> <li>4 For any individual listed on linorganization and related organization and related or line for services rendered to the control of th</li></ul>	" complete Schene 1a, is the sum inizations greated 1a receive or accorganization? If "	of r tha	e <i>J fo</i> eport n \$1 com	r suc table 50,0	ch in con 00?	divid	ual satio es," m ai	on and other compensation complete Schedule J for s	n from the uch or individual	3 X
Section B. Independent Contract  1 Complete this table for your f compensation from the organ	īve highest comp nization. Report o	ens	ated	inde ation	pen	dent the c	contalen	dar year ending with or wil	min the organization's tax y	ear.
Name an	(A) d business address							Descr	(B) iption of services	Compensation
Total number of independent received more than \$100,000	t contractors (inc	ludir	ng bu	it not	l limi gani	ited t	o the	ose listed above) who	0	- 990

Pa	t VI	II Stateme	nt of Sche	Revenue dule O conta	ins a	response or n	ote	to any line in this	s Part VIII		
		Ondok ii				·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service   Contributions, Gifts, Grants   Revenue   and Other Similar Amounts	b c d e f	Federated campa Membership due Fundraising even Related organiza Government grants (cor All other contributions, g and similar amounts not Noncash contributions is lines 1a-1f Total. Add lines THRIFT STOF	s itions itributions itributions jifts, gran included included in	s) ts, above		Business 4533	305 505 ••••••••••••••••••••••••••••••••	1,261,847	26,406		
Progran Rev	g	All other program Total. Add lines Investment incor	n servi 2a–2f	ce revenue			<b>&gt;</b>	26,406			000
	4 5	other similar amount of the similar amount o	ounts) estmei	nt of tax-exemp	bond	proceeds	<b>b</b>	233			233
	b c	Gross rents Less: rental expenses Rental inc. or (loss) Net rental incom	6a 6b 6c	oss)	- 60	Гахра	àÿ ▶	er Co	ру		
. Revenue	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales exps.  Gain or (loss)	7a 7b 7c	(i) Securities		(ii) Other					
Other	8a	Net gain or (loss Gross income from (not including \$ of contributions rep 1c). See Part IV, lin Less: direct exp	fundra ported one 18	ising events 197,542 n line	8a 8b	100,1					
	c 9a b	Net income or (I Gross income fr activities. See P Less: direct exp Net income or (I	oss) fr om ga art IV, enses	om fundraising ming line 19	9a 9b		<b>&gt;</b>	-17,846			
	10a b	Gross sales of in returns and allow Less: cost of go	nvento wance ods so	ry, less s old	10a 10b		► Code				
Miscellaneous	11a b c	***************************************				20 20 21 21 21	V.888.0024	397	397		
_	е	Total revenue	11a-	11d			<b>•</b>	397 1,271,037	26,803	0	233

Statement of Functional Expenses Part IX

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 responst include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
				100	(0.000)
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	1			
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 660	38,405	112,859	38,405
	trustees, and key employees	189,669	30,403	112,033	30, 400
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		F10 000	10 475	62 063
7	Other salaries and wages	586,747	512,209	12,475	62,063
8	Pension plan accruals and contributions (include		- 001	1 676	1 005
	section 401(k) and 403(b) employer contributions)	10,692	7,091	1,676	1,925
9	Other employee benefits	45,956	32,029	4,772	1,925 9,155 9,203
10	Payroll taxes	72,215	51,704	11,308	9,203
11	Fees for services (nonemployees):				
	Management				
b	Legal				
	Accounting	22,232	16,894	5,338	
4	-	T			
d	Lobbying Professional fundraising services. See Part IV, line 17	laxbave			
_	Investment management fees		1 3		
f					
g	Other. (If line 11g amount exceeds 10% of line 25, column	93,048	70,706	22,342	
	(A) amount, list line 11g expenses on Schedule O.)	8,034	3,716	2,220	2,098
	Advertising and promotion	10,511	5,985	2,171	2,098 2,355
13	Office expenses	10,311	3,303		
14	Information technology				
15	Royalties	17,870	7,056	8,186	2,628
16	Occupancy		287	307	10
17	Travel	604	201	307	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		4 007	107	
22	Depreciation, depletion, and amortization	1,374	1,237	137	
23	Insurance	28,905	24,496	4,409	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column			(1000000000000000000000000000000000000	
	(A) amount, list line 24e expenses on Schedule O.)	200000			
а	TAL MENT OF NE	368,538	368,538		
b	THE CHORD DYDENCES	35,560	35,560		
	MEDICINE	17,110	17,110	р	
C	MEDICINE MEDICAL SUPPLIES	17,044	17,044		
d	N MEET NO 10 1 10 1000 1000 1000 1000 1000 100	61,922	54,786	2,797	4,339
е	55.5	1,588,031	1,264,853	190,997	132,183
25	Total functional expenses. Add lines 1 through 24e	1,000,001	1,201,000	150,551	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   following SOP 98-2 (ASC 958-720)				Form <b>990</b> (202

-1276816

Part	X	Balance Sheet Check if Schedule O contains a response or no	te to any line ir	n this Part X			
		Check ii generale o dontaine a response o			(A) Beginning of year		<b>(B)</b> End of year
1	1	Cash—non-interest-bearing			311,115	1	97,108
		Savings and temporary cash investments				2	
		Pledges and grants receivable, net			247,854	3	398,317
		Accounts receivable, net				4	
- 1	5	Loans and other receivables from any current or form	er officer, direc	ctor,			
		trustee, key employee, creator or founder, substantia	l contributor, or	35%			
		controlled entity or family member of any of these per				5	
١,	6	Loans and other receivables from other disqualified p					
- 1	-	under section 4958(f)(1)), and persons described in s				6	
Assets	7	Notes and loans receivable, net		11 11 11 11 11 11 11 11 11 11 11 11 11		7	
As !		Inventories for sale or use			95 <b>,</b> 517	8	101,719
	9	Prepaid expenses and deferred charges			20,694	9	17,533
1	0a	Land, buildings, and equipment; cost or other					
		basis. Complete Part VI of Schedule D	10a	480,404			4 505
	b	Less: accumulated depreciation	10b	473,867	7,911	-	6,537
1	1	Investments—publicly traded securities		***************************************	1,413,011	11	1,247,016
- 1	2	Investments—other securities. See Part IV, line 11				12	
- 1	3	Investments—program-related. See Part IV, line 11				13	
1	4	Intangible assets				14	
1	5	Other assets. See Part IV, line 11				15	1 060 000
1	6	Total assets. Add lines 1 through 15 (must equal line			2,096,102	16	1,868,230
1	7	Accounts payable and accrued expenses			47,112		44,940
1	8	Grants payable				18	0.000
1	9	Deferred revenue  Tax-exempt bond liabilities  Tax	19	2,280			
2	20	Tax-exempt bond liabilities	20				
2	21	Escrow or custodial account liability. Complete Part	V of Schedule	D		21	
ဟူ 2	22	Loans and other payables to any current or former of	ficer, director,				
Liabilities		trustee, key employee, creator or founder, substantia	ıl contributor, o	r 35%			protunius -
펿		controlled entity or family member of any of these pe				22	
ء   ت	23	Secured mortgages and notes payable to unrelated	hird parties			23	
2	24	Unsecured notes and loans payable to unrelated thir				24	
2	25	Other liabilities (including federal income tax, payabl	es to related th	ird			
		parties, and other liabilities not included on lines 17-	24). Complete I	Part X			
		of Schedule D	******		N7 110	25	47,220
2	26	Total liabilities. Add lines 17 through 25	[22]		47,112	26	47,220
		Organizations that follow FASB ASC 958, check	nere ▶ 🛚				
Se		and complete lines 27, 28, 32, and 33.			1 204 424		1 021 020
E Z	27				1,394,434		1,021,030 799,980
R 2	28	Net assets with donor restrictions	316033 3335 3		654,556	28	199,900
밀		Organizations that do not follow FASB ASC 958,	check here 🕨	Ц			
리		and complete lines 29 through 33.				20	
0 2	29	Capital stock or trust principal, or current funds				29	
Sets :	30	Paid-in or capital surplus, or land, building, or equipr				30	
Ass	31	Retained earnings, endowment, accumulated incom			2 040 000	31	1,821,010
Net Assets or Fund Balances	32	Total net assets or fund balances	pro 1001 - 100 - 100 5		2,048,990		1,868,230
	33	Total liabilities and net assets/fund balances			2,096,102	33	Form <b>990</b> (2021)

$\cap$	3 - 1	$\sim$	$\neg$	10	7	
ч.	5 — I	/	10	n	7 1	n

Form	990 (2021) VOLUNTEERS IN MEDICINE CLINIC 93-1276616			ı a	ge 12
Pa	rt XI Reconciliation of Net Assets				X
	Check if Schedule O contains a response or note to any line in this Part XI		1 2	71,	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2	Total expenses (must equal Part IX, column (A), line 25)	2		88,	
3	Revenue less expenses. Subtract line 2 from line 1	3		16,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		48,	
5	Net unrealized gains (losses) on investments	5		00,	
6	Donated services and use of facilities	6		89,	<u>440</u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,8	21,	010
Pa	rt XII Financial Statements and Reporting				
2000	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
				Yes	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 O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	4 6 6 6	2a	33-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	ec	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
Ju	Single Audit Act and OMB Circular A-133?		3a		X
h	of "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	******	3b		
-	rogania audi di manaj riginining		F	orm 990	0 (2021)

#### SCHEDULE A (Form 990)

### **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.

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

VOLUNTEERS IN MEDICINE CLINIC

Employer identification number 93-1276816

Pa	ırt I	Reaso	n for Public Charity	Status. (All organizations	must co	omplete	this part.) See instructio	ns.				
The	orga	nization is not a	private foundation because	e it is: (For lines 1 through 12, c	heck only	one box.)						
	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	Ħ		scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3	H	A hospital or a	a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Ħ	A medical res	earch organization operated	in conjunction with a hospital d	described	in section	n 170(b)(1)(A)(iii). Enter the ho	ospital's name,				
•	ш	city, and state										
5	The second state of the second											
Ū			o)(1)(A)(iv). (Complete Part I									
6		A federal, stat	te, or local government or go	overnmental unit described in se	ection 17	0(b)(1)(A)	(v).					
7	X	An organization	on that normally receives a section 170(b)(1)(A)(vi). (Co	substantial part of its support fro	om a gove	rnmental	unit or from the general public					
8				70(b)(1)(A)(vi). (Complete Part	II.)							
9	H	An agricultura	I research organization desc	cribed in section 170(b)(1)(A)(ii	x) operate	ed in conju	inction with a land-grant colleg	je				
·		or university of university:	or a non-land-grant college o	f agriculture (see instructions).	Enter the	name, cit	y, and state of the college or					
10		An organizatio	on that normally receives (1)	more than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, and gro	ss				
	ш	receints from	activities related to its exem	pt functions, subject to certain of	exception	s; and (2)	no more than 331/3% of its					
		support from	gross investment income an	d unrelated business taxable in	come (les	ss section	511 tax) from businesses					
		acquired by the	ne organization after June 30	), 1975. See section 509(a)(2).	. (Comple	ection 50	) 0(a)(4)					
11		An organization	on organized and operated e	exclusively to test for public safe	ely. See s	ecuon su	oc of or to carry out the nurno	ses of				
12	Ш	An organization	on organized and operated e	exclusively for the benefit of, to possible consideration solutions to be exclusively for the benefit of, to provide the contract of the contr	penomia 1(1) o⊯se	ction 509	(a)(2). See section 509(a)(3).	Check				
		the box on line	es 12a through 12d that des	cribes the type of supporting or	ganizatio	and com	plete lines 12e, 12f, and 12g.					
	а	Type I A	supporting organization ope	erated, supervised, or controlled	by its su	pported or	ganization(s), typically by givin	ng				
	4	the suppo	orted organization(s) the pow	er to regularly appoint or elect	a majority	of the dire	ectors or trustees of the					
		supporting	g organization. You must co	omplete Part IV, Sections A a	nd B.							
	þ	Type II. A	supporting organization sup	pervised or controlled in connec	ction with	its suppor	ted organization(s), by having	. i				
		control or	management of the support	ting organization vested in the s	same pers	ons that o	control or manage the support	ea -				
		organizati	ion(s). You must complete	Part IV, Sections A and C.	â	_4:	and functionally integrated w	ith				
	С	its suppor	rted organization(s) (see inst	upporting organization operated tructions). You must complete	Part IV,	Sections	A, D, and E.					
	d	Type III r	non-functionally integrated	<ul> <li>A supporting organization openorganization generally must sation</li> </ul>	erated in d	onnection	with its supported organization	11(S)				
		that is not	t functionally integrated. The	nust complete Part IV, Section	ns A and	D. and Pa	art V.					
	_	Chock thi	is how if the organization rec	eived a written determination fro	om the IR	S that it is	a Type I, Type II, Type III					
	е	functiona	lly integrated, or Type III nor	n-functionally integrated support	ting organ	ization.	<i>y</i> , , <i>y</i> , , , , , , , , , , , , , , , , , , ,					
	f		nber of supported organization									
	g			e supported organization(s).								
	(i) Nar	ne of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of other support (see				
	0	rganization		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	instructions)				
				apora (300 manashons)/	Yes	No						
(A												
(^	,											
(B	)							1				
(C	(C)											
(D	)											
·—								-				
(E	)											
Tot	al			- 1000								

VOLUNTEERS IN MEDICINE CLINIC Schedule A (Form 990) 2021 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 II Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ion A. Public Support				/ I) 2000	(-) 0004	(D Total
Calen	dar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,197,881	1,798,203	1,995,854	1,975,857	1,261,847	9,229,642
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,197,881	1,798,203	1,995,854	1,975,857	1,261,847	9,229,642
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)						183,125
_	Public support. Subtract line 5 from line 4						9,046,517
6 Sec	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2,197,881	1,798,203	1,995,854	1,975,857	1,261,847	9,229,642
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from					233	101,997
	similar sources	4,400	7,074	5,506	84,784	233	101,337
9	Net income from unrelated business activities, whether or not the business is regularly carried on	Tax	payer	Copy			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	121,015			1,593	398	123,006 9,454,645
11	Total support. Add lines 7 through 10					12	
12	Gross receipts from related activities, etc.	(see instructions)	1888 - 1888 - 1888			00 to 00 00 to 00	485,740
13	First 5 years. If the Form 990 is for the on						▶ □
	organization, check this box and stop her						
Sec	tion C. Computation of Public Su					144	95.68%
14	Public support percentage for 2021 (line 6						94.08%
15	Public support percentage from 2020 School	edule A, Part II, Iir	ne 14	remarks more	00.4/20/	10000000000000000000000000000000000000	94.08 70
16a	33 1/3% support test—2021. If the organ	ization did not che	eck the box on line	13, and line 14 is	33 1/3% of more, c	neck uns	<b>▶</b>  X
	box and stop here. The organization qual	ifies as a publicly	supported organiza	ation	45 in 22 4/20/ as ma	no chook	CONTRACTOR P.
b	33 1/3% support test—2020. If the organ	ization did not che	eck a box on line 13	or 16a, and line	15 18 33 1/376 01 111	bie, check	▶ □
	this box and stop here. The organization	qualifies as a pub	iciy supported orga	anization	So or 16h and line	14 ie	2 4 5 2 3 3 4 1 4 3 0 4 1
17a	10%-facts-and-circumstances test—202	21. If the organizat	tion did not check a	a box on line 13, 10	oa, or rob, and inte	n in	
	10% or more, and if the organization mee	ts the facts-and-ci	rcumstances test,	check this box and	es e sublich suppo	ntod	
	Part VI how the organization meets the fa						▶ □
	organization		B Berra in vara		ra	d line	
Ь	10%-facts-and-circumstances test—202	20. If the organiza	tion did not check a	a box on line 13, 10	oa, 160, or 17a, an	u iine Evoloio	
	15 is 10% or more, and if the organization	meets the facts-a	and-circumstances	test, check this bo	ox and stop nere. I	zypiaiii poorted	
	in Part VI how the organization meets the	facts-and-circums	stances test. The o	rganization qualifie	es as a publicly sur	pporteu	▶ □
	organization			200 (200 (200 ) 100 (2	eak this have and a		
18	Private foundation. If the organization di	d not check a box	on line 13, 16a, 16	ס, 1/a, or 1/b, ch	eck this box and se	<del>.c</del>	▶ □
	instructions			.55(20).1(5.0)	1 00 00 1000000000		
						0 - 1	A (Form 990) 2021

Page 3

Schedule A (Form 990) 2021

93-1276816

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

200	tion A. Public Support	A 32-5-5-12-12-12-12-12-12-12-12-12-12-12-12-12-						
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2017	(5) 2010	(0) 20 / 0	(-)			Nf
	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5						-	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
600	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2017 X	(b) 2018	(c) 2019)	(d) 2020	(e) 2021		(f) Total
9	Amounts from line 6	(-9 -634) 3-4		1 4				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)					1.00		
14	First 5 years. If the Form 990 is for the or	rganization's first, s	second, third, fourt	h, or fifth tax year	as a section 501(d	c)(3)		
_	organization, check this box and stop her	re		******				
Sec	ction C. Computation of Public S	upport Percen	itage	(0)			15	%
15	Public support percentage for 2021 (line 8						16	%
16	Public support percentage from 2020 Sch	edule A, Part III, li	ne 15			*******	10	-70
Sec	ction D. Computation of Investme	ant income Pe	rcentage	2 solume (4)			17	%
17	Investment income percentage for 2021 (						18	%
18	Investment income percentage from 2020	Schedule A, Part I	II, line 17	o 14 and line 45 is	more than 32 1/2	l	10	70
19a	33 1/3% support tests—2021. If the orga	anization did not ch	The access on line	e 14, and line 15 is	oly supported are	onization		<b>•</b>
	17 is not more than 33 1/3%, check this b	ox and stop here.	. The organization	quannes as a publi	line 16 is more th	an 33 1/3%	and	NEDENADES.
b	33 1/3% support tests—2020. If the orgaline 18 is not more than 33 1/3%, check to	anization did not cr	neck a box on line	i 4 or illie 198, dilu lion qualifice se s :	me to is more it highly supported	organization	ariu	
	line 18 is not more than 33 1/3%, check the Private foundation. If the organization discount of the private foundation is the private foundation of the private foundation is the private foundation.	id not check a boy	on line 14 192 or	19b check this bo	ox and see instruc	tions		
20	Private foundation, it the organization d	in the check a box	UII IIIIU 17, 13a, UI	TOD, SHOOK HITS DO			ALTONOMISSION AND ADMINISTRATION OF THE PARTY OF THE PART	

Schedule A (Form 990) 2021

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2 3a		
3b 3c		
4a		
4b		
4c		
5a 5b		
5c		
7		
8		
9a 9b		
9c		
10a	*******	

	le A (Form 990) 2021 VOLONTEERS IN FIEDICINE CHINIC 30 12 100			
Par	t IV Supporting Organizations (continued)		Yes	No
	the following nemoce?		169	110
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	11a		2000000000000
	11c below, the governing body of a supported organization?	11b		
b	A family member of a person described on line 11a above?			
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11c		500000000000000000000000000000000000000
Sacti	provide detail in Part VI. on B. Type I Supporting Organizations			
Secti	on B. Type I supporting significant		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
*	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			11 120
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Sect	ion D. All Type III Supporting Organizations		V	Na
	Taynayar Cony	000000000	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		8853888888
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).	-		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		200000000000000000000000000000000000000
Cant	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).		
1	The state of the Authorities Test Complete line 2 holow			
a b	Complete line 3 holow			
c	=	ructions,		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	The state of the state of the comparison of the day were directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	and the state of the state of the state of the state of the organization's			
-	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	The bound to request a regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		000) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga		tions		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	/. 20, <sup>-</sup>	1970 (explain in <b>Part VI</b> ). <b>S</b> e	ee	
instructions. All other Type III non-functionally integrated supporting organizations mus	com	olete Sections A through E.		
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or collection				
of gross income or for management, conservation, or maintenance of				
property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other factors				
(explain in detail in Part VI):				
Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d.	3			
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	) \/			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by 0.035.	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, column A)	1			
2 Enter 0.85 of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	1910		
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions).	6			
7 Check here if the current year is the organization's first as a non-functionally integrated	Type I	II supporting organization		

(see instructions).

	e A (Form 990) 2021 VOLUNTEERS IN MED		93-12/6	816 Page /			
Part	V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	uons (conunuea)				
Secti	on D – Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exempt purpos	ses					
	Amounts paid to perform activity that directly furthers exempt purposes	of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI)					
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
	Distributions to attentive supported organizations to which the organizations	tion is responsive					
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2021 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021			
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required–explain in <b>Part VI</b> ). See instructions.						
	Excess distributions carryover, if any, to 2021		### (F				
	From 2016						
	From 2017		2000				
	c From 2018						
	From 2019						
	From 2020	-					
	Total of lines 3a through 3e	er Conv		0.0000			
	Applied to underdistributions of prior years	AL AAAA					
	Applied to 2021 distributable amount						
	Carryover from 2016 not applied (see instructions)						
-	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from						
7	Section D, line 7:		#6				
a	Applied to underdistributions of prior years			al contract of the contract of			
	Applied to 2021 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
- 5	Remaining underdistributions for years prior to 2021, if			1010			
•	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2021 Subtract lines 3h						
Ū	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
( <del>0</del> //2x	and 4c.		1015-				
8_	Breakdown of line 7:	77.7					
_	Excess from 2017			District Control of the Control of t			
	Excess from 2018						
	Excess from 2019		110000000000000000000000000000000000000	linnin .			
	Excess from 2020		100000000000000000000000000000000000000				
6	Excess from 2021	Processor and the processor an	\$2000000EEEE000000000000000000000000000				

Schedule A (For	Suppleme	ntal Infor	VOLUNT	rovide the	e explana	tions req	uired by P	art II, line	93- 10; Par	t II, line 1	7a or 17b;	Page 8
	III, line 12; B, lines 1 a 3a, and 3b lines 2, 5, a	Part IV, S and 2; Par Part V. li	section A, I t IV, Section ne 1: Part	lines 1, 2, on C, line V. Sectio	3b, 3c, 4 1; Part IV n B, line 1	b, 4c, 5a, ⁄, Section 1e; Part \	, 6, 9a, 9b D, lines 2 /, Section	o, 9c, 11a, 2 and 3; F D, lines \$	, 11b, an Part IV, S 5, 6, and	d 11c; Pa ection E 8; and P	art IV, Sec , lines 1c, :	นon 2a, 2b,
2	I, LINE										en en en en en en en en	
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#### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization

Employer identification number

93-1276816

VOLUNTEERS II	MEDICINE CLINIC	93-1276816
Organization type (check of		
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( $3$ ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization in Note: Only a section 501(c instructions.	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	See
General Rule		
	Taxpaver Copy	
For an organizatior or more (in money contributor's total c	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,0 or property) from any one contributor. Complete Parts I and II. See instructions for determiniontributions.	000 ng a
Special Rules		
regulations under s	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, wed from any one contributor, during the year, total contributions of the greater of (1) \$5,000; and on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	16a, or
contributor, during	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientificated purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.	c,
contributor, during contributions totale during the year for General Rule app	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any the year, contributions exclusively for religious, charitable, etc., purposes, but no such d more than \$1,000. If this box is checked, enter here the total contributions that were receiven exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the ies to this organization because it received nonexclusively religious, charitable, etc., contributions during the year	red entions
Caution: An organization t	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-	n 990), but it PF, Part I, line

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Page 2

Schedule B (Form 990) (2021)

Name of organization
VOLUNTEERS IN MEDICINE CLINIC

Employer identification number 93-1276816

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	MRS. MARIE D JONES 2309 PARK GROVE DR EUGENE OR 97408	<b>\$</b> 37,030	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 2	MURPHY COMPANY 2350 PRAIRIE RD  EUGENE OR 97402	\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	OREGON COMMUNITY FOUNDATION 1221 SW YAMHILL #100 PORTLAND Tok 972066	Copy 51,000	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PACIFICSOURCE FOUNDATION FOR HEALTH IMPROVEMENT PO BOX 7068  SPRINGFIELD OR 97475	\$ 40,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
á svent		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
a saanaa		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

age 3

Schedule B (Form 990) (2021)

Name of organization

VOLUNTEERS IN MEDICINE CLINIC

Employer identification number 93–1276816

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I AUCTION ITEMS 1 07/26/22 (c) (a) No. (b) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (c) (a) No. (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (See instructions.) Part I (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

VIC	CLUNTEERS IN MEDICINE CLINIC		93-1	276816
Pa	rt I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds o	r Account	s.
90009000	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b	) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised		
	funds are the organization's property, subject to the organization's excl	usive legal control?		∐ Yes ∐ No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or donor			п. п.
	conferring impermissible private benefit?			Yes No
Pa	rt II Conservation Easements.  Complete if the organization answered "Yes" on I	Form 990. Part IV. line 7.		
	Purpose(s) of conservation easements held by the organization (check			
1	Preservation of land for public use (for example, recreation or educ		ally important	land area
		Preservation of a certified		
	Protection of natural habitat			
	Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conse	nyation contribution in the form of a co	nservation	
2	easement on the last day of the tax year.	TVBLIOTI GOTTLI BULLOT III LIIG TOTTI G. G. G. G.		Held at the End of the Tax Year
_			2a	
a	Total number of conservation easements			
b	Total acreage restricted by conservation easements  Number of conservation easements on a certified historic structure inc	(Ided in (a) COOV	2c	
C	Number of conservation easements included in (c) acquired after 7/25/	06 and not on a	200100	
a	historic structure listed in the National Register		2d	
•	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organ	nization during	the
3		anigalonea, or terminate and an engage		
	tax year ▶	located >		
4	Does the organization have a written policy regarding the periodic mon	itoring inspection, handling of		
5	violations, and enforcement of the conservation easements it holds?			Yes No
	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing conservation	n easements	during the year
6	Stall and volunteer flours devoted to morning, map stalling,			
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservation ea	sements duri	ng the year
′	\$			
Q	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(	(B)(i)	
·	and section 170(h)(4)(B)(ii)?		21.720.5447	Yes No
9	In Part XIII, describe how the organization reports conservation easer	ents in its revenue and expense state	ment and	
Ŭ	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements th	at describes t	he
	organization's accounting for conservation easements.			
Pa	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Oth	er Similar	Assets.
	Complete if the organization answered "Yes" on			
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue statement and ba	lance sheet w	orks
	of art, historical treasures, or other similar assets held for public exhibit	tion, education, or research in furthera	ance of public	
	service, provide in Part XIII the text of the footnote to its financial state	ments that describes these items.		_
b	If the organization elected, as permitted under FASB ASC 958, to repo	ort in its revenue statement and balance	ce sheet work	s of
	art, historical treasures, or other similar assets held for public exhibition	n, education, or research in furtherand	e of public se	rvice,
	provide the following amounts relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1		1.1(1.1)(1.1)(1.1)	S OR HOLDER STREET, STATE STAT
	(ii) Assets included in Form 990, Part X		*****	\$
2	If the organization received or held works of art, historical treasures, o		, provide the	
	following amounts required to be reported under FASB ASC 958 relati		k	•
а	Revenue included on Form 990, Part VIII, line 1	est in this or healthcartain actions are		\$
<u>_b</u>	Assets included in Form 990, Part X	15.21.75.75.77.4.3.05.75.20.20.20.20.20.20.20.20.20.20.20.20.20.	0.00000000	\$ Schedule D (Form 990) 202

Sched	ule D (Form 990) 2021 VOLUNTEER	S IN MEDIC	INE CLINIC		93-12					age A
Par	Organizations Maintaining	Collections of	Art, Historical Tre	easures, c	or Other S	Similar As	sets (c	continu	ıed)	
3 l	Jsing the organization's acquisition, accession	on, and other records	, check any of the follo	wing that ma	ake significa	ant use of its				
	collection items (check all that apply):									
а	Public exhibition	d L	oan or exchange prog	ram						
-	Scholarly research		Other							
b										
c [	Preservation for future generations	Heatiene and ovaloin	how thou further the or	raanization's	evemnt nu	rnose in Part				
	Provide a description of the organization's co	illections and explain	now they further the or	igailization s	exempt pu	ipose iii i ait				
7	XIII.				::!					
5 I	During the year, did the organization solicit o	r receive donations o	f art, historical treasure	es, or other s	imilar			□ v <sub>•</sub>	_	Na
	assets to be sold to raise funds rather than to	be maintained as pa	art of the organization's	s collection?		*****		Ye	S	No
Par	t IV Escrow and Custodial Arra	angements.								
2000000000	Complete if the organization	answered "Yes"	on Form 990, Par	t IV, line 9	, or repor	ted an amo	ount or	1 Form	ı	
	990. Part X. line 21.									
12	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions or	other assets	s not			internal or an artist of the control		
ıa	included on Form 990, Part X?							Ye	s	No
	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:			*****				50
b	if "Yes," explain the arrangement in Part Alli	and complete the ion	owing table.					Amount		
						1c				
	Beginning balance					4.1				
	Additions during the year									
е	Distributions during the year			**********		1e				
f	Ending balance				*********	1f				1
22	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or custo	odial account	t liability?	*****	00000000000000000000000000000000000000	Ye	s 📙	No
h	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	planation has been pro	ovided on Pa	rt XIII				10	
	t V Endowment Funds.									
100000	Complete if the organization	answered "Yes"	on Form 990, Par	t IV, line 1	0.					
_	Complete if the organization	(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three years	back	(e) Four	years	back
	<del></del>	873,612	792,895		9,838	802	,202	-	747,	981
	Beginning of year balance		1327030	, ,	27000					
b	Contributions	Tayn	awer (	$\gamma \gamma $						
С	Net investment earnings, gains, and	Taxp	ayer of	OPy,	4 ((3)	1.0	761		54,	221
	losses	-100,426	111,835	3	4,663	10	,764		J4,	221
d	Grants or scholarships								_	_
	Other expenditures for facilities and						1			
	programs									
	Administrative expenses	35,773	31,118	3	1,606	23	<b>,</b> 128			
	End of year balance	737,413	873,612	79	2,895	789	,838	{	302,	202
y	Provide the estimated percentage of the cur									
			5 (iiii 6 19, 66 a. iiii (4)) 1							
<b>a</b>	Board designated or quasi-endowment	%								
b	Permanent endowment ► 100.00 %									
С	Term endowment ▶  %									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.				*				
3a	Are there endowment funds not in the posse	ession of the organiza	ition that are held and a	administered	for the			1		1
	organization by:								Yes	No
	(i) Unrelated organizations	0.090.3463						3a(i)		X
	(ii) Related organizations							3a(ii)		X
la.	If "Yes" on line 3a(ii), are the related organiz	rations listed as requi	red on Schedule R?	name · handa in sa	or name i domina	THE TREASURED OF	Websterlin	3b		
	Describe in Part XIII the intended uses of th			6888 - FR - 188	100 A15001	resemble and thousand	1915/10/01/01			
F1511111000			Willett fullos.							
Pa	rt VI Land, Buildings, and Equ	ipilielit.	on Form 000 Pa	HIV line 1	12 92	Form 990	Part X	line 1	0	
	Complete if the organization				1a. 0cc 1	Offin 550,	1	(d) Book	value	_
	Description of property	(a) Cost or other b				cumulated		(u) Dook	value	
		(investment)	(othe	#1 <i>)</i>	aepr	eciation	-			
1a	Land						<u> </u>			
	Buildings									T. S.
	Leasehold improvements		28	89,056		282,850	)			206
				91,348		191,017				333
	Equipment									
e	Other	equal Form DOD Do-	t V column (R) line 10	Oc.)		<b>•</b>			6.	53
Total	I. Add lines 1a through 1e. (Column (d) must	ециал гогт ээо, Раг	in, column (b), line to	0.)						

	rm 990) 2021						
Part VII	Investments	- Other Securiti	es.	Farms 000 Dort IV	lina 11h Saa	Form 990 Par	rf Y lino 12
			iswered "Yes" on	Form 990, Part IV,	Ine 11b. See	(c) Method of val	luation:
		tion of security or category ling name of security)		(b) Book Value		Cost or end-of-year n	
\ Financial d							
) Financiai d	d equity interests						
05933							
(B)		SELECTION CONTRACTOR					
(C)	00000	HEART AND STREET COLUMN					
(D)		****					
(E)							
(F)							
(G)							
(H)		000 Ded V and	(P) line 12)			MM <del>22</del>	(100m)
	(b) must equal Fo	orm 990, Part X, col. ( - Program Rela	tod		I		
Part VIII	Complete if the	ne organization a	nswered "Yes" on	Form 990, Part IV,	line 11c. See	Form 990, Pai	rt X, line 13.
		scription of investment		(b) Book value		(c) Method of va	luation:
	(-,					Cost or end-of-year n	narket value
1)							
2)						2	
3)							
4)							
(5)					_		
(6)							
-/							
(7)							
(7) (8)			Taxpa	ver Cor	)V		
(7) (8) (9) otal. (Columi		orm 990, Part X, col.	Taxpa'	yer Cor	) V		
(7) (8) (9) otal. (Columi	Other Assets	s.		Form 990, Part IV,	line 11d. See	Form 990, Pa	rt X, line 15.
(7) (8) (9) otal. (Columi Part IX	Other Assets	s.	nswered "Yes" on	Form 990, Part IV,	line 11d. See	Form 990, Pa	rt X, line 15. (b) Book value
(7) (8) (9) otal. (Column Part IX	Other Assets	s.	nswered "Yes" on	Yer Cor Form 990, Part IV,	line 11d. See	Form 990, Pa	rt X, line 15. (b) Book value
(7) (8) (9) otal. (Column Part IX	Other Assets	s.	nswered "Yes" on	Form 990, Part IV,	line 11d. See	Form 990, Pa	rt X, line 15. (b) Book value
(7) (8) (9) otal. (Column Part IX (1) (2) (3)	Other Assets	s.	nswered "Yes" on	Form 990, Part IV,	line 11d. See	Form 990, Pa	rt X, line 15. (b) Book value
(1) (8) (9) otal. (Column Part IX (1) (2) (3) (4)	Other Assets	s.	nswered "Yes" on	Form 990, Part IV,	line 11d. See	Form 990, Pa	rt X, line 15. (b) Book value
7) 8) 9) otal. (Column Part IX (1) (2) (3) (4) (5)	Other Assets	s.	nswered "Yes" on	Form 990, Part IV,	line 11d. See	Form 990, Pa	rt X, line 15. (b) Book value
(7) (8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets	s.	nswered "Yes" on	Form 990, Part IV,	line 11d. See	Form 990, Pa	rt X, line 15. (b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets	s.	nswered "Yes" on	Form 990, Part IV,	line 11d. See	Form 990, Pa	rt X, line 15. (b) Book value
(7) (8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the	s. he organization a	nswered "Yes" on (a) Description		line 11d. See	Form 990, Pa	rt X, line 15. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (8)	Other Assets Complete if the state of the st	s. he organization a	nswered "Yes" on		line 11d. See		rt X, line 15. (b) Book value
(7) (8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the c	s. he organization a	nswered "Yes" on (a) Description  (B) line 15.)				(b) Book value
7) 8) 9) otal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets Complete if the c	s. he organization a	nswered "Yes" on (a) Description  (B) line 15.)				(b) Book value
7) 8) 9) otal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets Complete if the c	s. he organization a  form 990, Part X, col. ities. he organization a	nswered "Yes" on (a) Description  (B) line 15.)				(b) Book value
7) 8) 9) otal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets Complete if the c	s. he organization a  form 990, Part X, col. ities. he organization a	nswered "Yes" on (a) Description  (B) line 15.)				(b) Book value
7) 8) 9) otal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets Complete if the c	s. he organization a  form 990, Part X, col. ities. he organization a	nswered "Yes" on (a) Description  (B) line 15.)				(b) Book value
(1) (2) (3) (4) (6) (7) (8) (9) (0) (0) (1) (Column Part X	Other Assets Complete if the c	s. he organization a  form 990, Part X, col. ities. he organization a	nswered "Yes" on (a) Description  (B) line 15.)				(b) Book value
(7) (8) (9) otal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X  (1) Federal (2) (3) (4)	Other Assets Complete if the c	s. he organization a  form 990, Part X, col. ities. he organization a	nswered "Yes" on (a) Description  (B) line 15.)				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) (3) (4) (5) (6) (7) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets Complete if the c	s. he organization a  form 990, Part X, col. ities. he organization a	nswered "Yes" on (a) Description  (B) line 15.)				(b) Book value
(7) (8) (9) otal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X  (1) Federal (2) (3) (4) (5) (6) (7)	Other Assets Complete if the c	s. he organization a  form 990, Part X, col. ities. he organization a	nswered "Yes" on (a) Description  (B) line 15.)				(b) Book value
(7) (8) (9) otal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  (1) Federal (2) (3) (4) (5) (6) (7) (8)	Other Assets Complete if the c	s. he organization a  form 990, Part X, col. ities. he organization a	nswered "Yes" on (a) Description  (B) line 15.)				(b) Book value
(7) (8) (9) (otal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the c	s. he organization a  form 990, Part X, col. ities. he organization a	nswered "Yes" on  (a) Description  (B) line 15.)  answered "Yes" on		line 11e or 1		(b) Book value

chedule D (Form 990) 2021 VOLUNTEERS IN MEDICINE CLI	NIC	93-12/6816	Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per Return.	
Complete if the organization answered "Yes" on Form 99	90, Part IV, line	12a.	1,890,225
1 Total revenue, gains, and other support per audited financial statements			1,090,223
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	-100,426	
a Net unrealized gains (losses) on investments	XX4.027	601,597	
b Donated services and use of facilities		001,007	
c Recoveries of prior year grants		118,017	
d Other (Describe in Part XIII.)	*****		619,188
e Add lines 2a through 2d			1,271,037
3 Subtract line 2e from line 1	1 1		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a		
a Investment expenses not included on Form 990, Part VIII, line 7b	555835		
b Other (Describe in Part XIII.)	****	4c	
<ul> <li>c Add lines 4a and 4b</li> <li>5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</li> </ul>		A CONTRACTOR OF THE PROPERTY O	1,271,037
Part XII Reconciliation of Expenses per Audited Financial St	atements With	Expenses per Retui	
Complete if the organization answered "Yes" on Form 9	90, Part IV, line	12a.	
1 Total expenses and losses per audited financial statements		1	2,118,205
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a	412,157	
b Prior year adjustments	O.L.		
c Other losses			
d Other (Describe in Part XIII.)		118,017	9
e Add lines 2a through 2d			530,174
3 Subtract line 2e from line 1			1,588,031
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)  C Add lines 43 and 4b  Taxpaver	4b.		
c Add lines 4a and 4b	$\mathcal{Q}\mathcal{Q}\mathcal{Q}\mathcal{Q}\mathcal{Q}\mathcal{Q}\mathcal{Q}\mathcal{Q}\mathcal{Q}\mathcal{Q}$	4c 5	1,588,031
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		3	1,300,031
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Dort IV lines 1h an	d 2h: Part V. line 4: Part X	line
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 1 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr	rait iv, lines ib an rovide any additiona	al information.	
PART XI, LINE 2D - REVENUE AMOUNTS INCLU	DED IN FI	NANCIALS - OTH	IER
PART AI, LINE 2D REVENUE TRIBUNTS TROPES		22072-2207-0	
DIRECT EVENT EXPENSES		\$	118,017
Construction of the Constr			
PART XII, LINE 2D - EXPENSE AMOUNTS INCL	UDED IN F	INANCIALS - O'	'HER
DIRECT EVENT EXPENSES			118,017
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Schedule D (Fo	orm 990) 2021	VOLUNTEERS	IN MEDICINE	CLINIC	93-12/6816	Page 5
Part XIII	Supplemen	ital Information (c	ontinued)			<del></del>
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## SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Employer identification number Name of the organization 93-1276816 VOLUNTEERS IN MEDICINE CLINIC Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (iv) Gross receipts (or retained by) (or retained by) (i) Name and address of individual custody or (ii) Activity organization from activity fundraiser listed in or entity (fundraiser) control of col. (i) contributions? Yes No Laxpaver 8 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

VOLUNTEERS IN MEDICINE CLINIC

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more and gross income on Form 990-EZ, lines 1 and 6b, List events with

			reater than \$5,000.			
I		gross receipts g	(a) Event #1	( <b>b)</b> Event #2	(c) Other events	(d) Total events
			ONE FINE DAY (event type)	SWINGIN SUMMER (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	208,106	89,606		297,712
٦	2	Less: Contributions	133,411	64,131		197,542
		Gross income (line 1 minus line 2)	74,695	25 <b>,</b> 475		100,170
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs	22,555	3,444		25,999
zyben	7	Food and beverages	11,549	12,196		23,745
Direct Expenses		Entertainment		1,250		1,250
		Other direct expenses	46,625	20,397		67,022
	10	Direct expense summary	r. Add lines 4 through 9 in column (	d)		118,016 -17,846
P	******	Net income summary. Su III Gaming. Com	ubtract line 10 from line 3, column ( plete if the organization ans)	d) wered Yes" on Form 990, P	art IV, line 19, or reporte	ed more than
_	i -	\$15,000 on Fo	orm 990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
 	1	Gross revenue				
ses	١,					
	-	Cash prizes				
Expenses		Cash prizes  Noncash prizes				
Direct Expen	3					
	3 4	Noncash prizes		Voc. 94	Vas %	
	3 4 5	Noncash prizes	Yes %	Yes %	Yes %	
	3 4 5	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor		No	No	
	3 4 5 6	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summany	No	d)	No	
a 6 Direct	3 4 5 6 7 8 Er	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary  Net gaming income sum  nter the state(s) in which the the organization licensed	y. Add lines 2 through 5 in column ( mary. Subtract line 7 from line 1, content or organization conducts gaming activities in each	No d) clumn (d) ctivities: n of these states?	No b	Yes No

DAA

Scha	dule G (Form 990) 2021 VOLUNTEERS IN MEDICINE CLINIC 93-1276816		F	age 3
1	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
2	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	_	_	
-	formed to administer charitable gaming?		Yes	No
3	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%_
b	An outside facility	13b		%_
4	Enter the name and address of the person who prepares the organization's gaming/special events books and			
	records:			
	Name •		e) e	
	Address ►	*****	930	
15a	Does the organization have a contract with a third party from whom the organization receives gaming	_	7	<b>п.</b> .
	revenue?	200	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the			
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ►		na.	
	Address ▶			
16	Gaming manager information:			
	Name ►	F3-9-3		
	Gaming manager compensation > \$ Taxpayer Copy			
	Description of services provided ▶	1800		
	Director/officer Employee Independent contractor			
17	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а		27000	Yes	No
h	retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or			_
D	spent in the organization's own exempt activities during the tax year > \$			
P	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform	nd (v); nation.	and	
	See instructions.			
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Schedule G (Form 990) 2021

#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

**Noncash Contributions** 

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0074

2021

Open To Public Inspection

Name of the organization

Employer identification number 93-1276816 VOLUNTEERS IN MEDICINE CLINIC

Pa	rt I Types of Property			( ) T				
		(a)	(b)	(c) Noncash contribution	(d)  Method of determining			
		Check if	Number of contributions or items contributed	amounts reported on	noncash contribution amo			
		applicable	items contributed	Form 990, Part VIII, line 1g				
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	-						
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Qualified conservation		Taxpa	ver Conv	/			
	contribution — Other		I CANDO					
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory	X	25	390,883	FMV			
20	Drugs and medical supplies		23	333,333				
21	Taxidermy	-						
22 23	Historical artifacts Scientific specimens							
	Archeological artifacts							
24 25	Other > ( AUCTION ITEMS )	X	255	38,402	FMV			
26	Other ► (OTHER )	X	1	1,220	FMV			
27	Other ►(							
28	Other ►(							
29	Number of Forms 8283 received by	the organi	zation during the tax yea	ar for contributions for				
	which the organization completed F	orm 8283,	Part V, Donee Acknowle	edgement	29			
	·						Yes	No
30a	During the year, did the organization	n receive b	y contribution any prope	erty reported in Part I, lines 1	1 through			
	28, that it must hold for at least thre	e years fro	om the date of the initial	contribution, and which isn't	required			
	to be used for exempt purposes for					30a		X
b	If "Yes," describe the arrangement i							
31	Does the organization have a gift ac	cceptance	policy that requires the r	eview of any nonstandard				
•	contributions?				********************************	31	X	
32a	21, 1990	ird parties	or related organizations	to solicit, process, or sell n	oncash			1222
	contributions?					32a		X
b	If "Yes." describe in Part II.							
33	If the organization didn't report an a	mount in c	column (c) for a type of p	roperty for which column (a	) is checked,			
	describe in Part II.							

the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. SCHEDULE M - SUPPLEMENTAL INFORMATION ANY MEMBER OF THE VIM CLINIC BOARD OF DIRECTORS, OR ITS DESIGNEE, MAY ACCEPT AN OUTRIGHT, UNRESTRICTED CASH GIFT OF ANY AMOUNT, ON BEHALF OF THE VIM CLINIC. A NON-CASH GIFT MAY BE ACCEPTED BY THE EXECUTIVE DIRECTOR, OR MEMBERS OF THE BOARD, SUBJECT TO RATIFICATION BY THE BOARD OF DIRECTORS. SUCH RATIFICATION SHALL NOT BE NEEDED FOR IN-KIND CONTRIBUTIONS OR OTHER NON-CASH GIFTS NOT EXCEEDING \$10,000. THE VIM CLINIC WILL INVOLVE ITSELF ONLY IN RECOGNIZED LEGAL AND APPROVED FORMS OF PLANNED GIFTS WHICH ARE AUTHORIZED BY THE INTERNAL REVENUE CODE AND THAT ARE CONTROLLED BY SUBSEQUENT IRS REGULATIONS. FURTHER, THE VIM CLINIC WILL NOT ENGAGE IN DOUBTFUL ARRANGEMENTS WHICH COULD JEOPARDIZE THE DONOR'S TAX ADVANTAGE OR EXEMPT STATUS AND FINANCIAL STABILITY OF THE VIM Laxpayer Copy CLINIC. IN ALL GIFT ARRANGEMENTS, THE INTERESTS AND WISHES OF THE DONOR COME BEFORE THAT OF THE VIM CLINIC. REPRESENTATIVES OF THE VIM CLINIC WILL ASSIST DONORS IN MAKING GIFTS AND WILL ALWAYS URGE THE DONOR TO SEEK PROFESSIONAL FINANCIAL AND LEGAL COUNSEL FOR THEIR OWN SITUATION. LIKEWISE, ALL AGREEMENTS THAT INVOLVE AN ON-GOING RESPONSIBILITY ON THE PART OF THE VIM CLINIC WILL BE REVIEWED AND APPROVED BY ITS OWN LEGAL COUNSEL.

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether

#### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2021

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

VOLUNTEERS IN MEDICINE CLINIC

Employer identification number 93-1276816

FORM 990, PART I, LINE 6
PROFESSIONAL VOLUNTEERS CONSIST OF MEDICAL VOLUNTEERS WHO PROVIDE SERVICE
TO THE PATIENTS SEEN AT THE VOLUNTEERS IN MEDICINE CLINIC. THESE VOLUNTEERS
RANGE FROM PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, NURSES,
CNAS, PHARMACISTS, PHARMACY TECHNICIANS, PHLEBOTOMISTS AND SOME SPECIALTY
PROVIDERS. NON-PROFESSIONAL VOLUNTEERS CONSIST OF LAY POSITIONS THAT
PRIMARILY PROVIDE ADMINISTRATIVE OR SUPPORT FUNCTIONS AT THE CLINIC AND
CONSISTS OF FRONT OFFICE SCHEDULERS, ELIGIBILITY SCREENERS, RECEPTIONISTS,
MEDICAL RECORDS, SPECIAL EVENT WORKERS, CLERICAL INTERNS, THRIFT STORE
CLERKS AND CASHIERS, ETC.
Taxpayer Copy
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS
ADDED CHARTER FOR COMMUNITY ADVISORY BOARD.
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
ALL BOARD MEMBERS RECEIVE AN ELECTRONIC COPY FOR REVIEW AND APPROVAL BEFORE
IT IS FILED. THE RETURN IS REVIEWED FIRST BY THE BUSINESS MANAGER AND
EXECUTIVE DIRECTOR AND THEN SENT TO THE TREASURER, CHAIR OF THE BOARD, AND
SECRETARY FOR THE DETAILED REVIEW AS WELL AS THE BUDGET AND FINANCE
COMMITTEE. ONCE REVIEW IS COMPLETED AND TIME GIVEN FOR ALL BOARD MEMBERS TO
ASK QUESTIONS, IT IS APPROVED AND THEN FILED.
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
CONFLICTS OF INTEREST STATEMENTS ARE SENT ANNUALLY FOR REVIEW AND

Name of the organization
VOLUNTEERS IN MEDICINE CLINIC

Employer identification number 93-1276816

REVIEWED FOR ANY CONFLICTS OF INTEREST REPORTED. ANY REPORTED CONFLICTS OF INTEREST ARE REPORTED AT THE ANNUAL BOARD OF DIRECTORS' MEETING AND RECORDED IN THE MINUTES FROM THAT MEETING. EACH NEW BOARD MEMBER APPOINTED RECEIVES EXPLANATION OF THE PROCESS AND COMPLETES THE CONFLICT OF INTEREST FORM. BOARD MEMBERS KNOW THAT SHOULD THERE BE A CONFLICT OF INTEREST WITH ANY DISCUSSION OR MOTION BEING TAKEN, THEY ARE TO SPEAK UP AND DISCLOSE THE CONFLICT AND REMOVE THEMSELVES FROM THE VOTING PROCESS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

SALARY RANGES ARE CREATED FOR EACH POSITION WITHIN THE ORGANIZATION. THESE

RANGES ARE DETERMINED THROUGH MULTIPLE PROCESSES AND RESEARCH (OTHER

NONPROFIT ORGANIZATIONS, SIMILAR POSITIONS ON WEST COAST, OTHER MEDICAL

FACILITY RANGES) BASED ON THE SKILL SETS AND JOB DUTIES FOR EACH POSITION.

THE SALARY RANGES ARE REVIEWED BY A COMMITTEE OF THE BOARD (COMPENSATION

AND BENEFITS COMMITTEE) AND APPROVED BY THE GOVERNING BODY (BOARD OF

DIRECTORS). THE GOVERNING BODY (BOARD OF DIRECTORS) APPROVES ANY CHANGES TO

THE EXECUTIVE DIRECTOR'S SALARY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

SALARY RANGES ARE CREATED FOR EACH POSITION WITHIN THE ORGANIZATION. THESE
RANGES ARE DETERMINED THROUGH MULTIPLE PROCESSES AND RESEARCH (OTHER
NONPROFIT ORGANIZATIONS, SIMILAR POSITIONS ON WEST COAST, IN SERVICE AREA,
AND OTHER MEDICAL FACILITY RANGES) BASED ON THE SKILL SETS AND JOB DUTIES
FOR EACH POSITION. THE SALARY RANGES ARE REVIEWED BY A COMMITTEE OF THE
BOARD (COMPENSATION AND BENEFITS COMMITTEE) AND APPROVED BY THE GOVERNING
BODY (BOARD OF DIRECTORS). THE GOVERNING BODY (BOARD OF DIRECTORS) APPROVES
ANY CHANGES TO THE EXECUTIVE DIRECTOR'S SALARY.

PAGE 1 OF 2

Schedule O (Form 990) 2021	Employer ide	ntification number
Name of the organization VOLUNTEERS IN MEDICINE CLINIC	93-127	
VOLUNIEERS IN MEDICINE CHINIC		
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLO	SURE EXI	PLANATION
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CLINIC WEBSITE AS WELL AS TWO OTHER WEBSITES THAT DONOR	S VISIT	autora in incomina
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS	EXPLANA	ATION
DIRECT EVENT EXPENSES		
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