

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A For the 2021 calendar year, or tax year beginning** 07/01/2021 **and ending** 06/30/2022

<b>B</b> Check if applicable:	<input checked="" type="checkbox"/>	Address change	<b>C Name of organization</b> LAST MILE HEALTH			<b>D Employer identification number</b> 26-1401736	
	<input type="checkbox"/>	Name change					
	<input type="checkbox"/>	Initial return					
	<input type="checkbox"/>	Final return/terminated					
<input type="checkbox"/>	Amended return	<b>E Telephone number</b> (617) 880-6163			<b>G Gross receipts \$</b> 18,738,000.		
<input type="checkbox"/>	Application pending						
<b>F Name and address of principal officer:</b> LISHA MCCORMICK SAME AS "C" ABOVE			<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
							If "No," attach a list. See instructions.
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>J Website:</b> WWW.LASTMILEHEALTH.ORG		<b>H(c) Group exemption number</b> ▶		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 2012		<b>M State of legal domicile:</b> MA		

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: LAST MILE HEALTH SAVES LIVES IN THE WORLD'S MOST REMOTE COMMUNITIES.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	11
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	103
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	11
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	NONE
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	NONE	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	9	Program service revenue (Part VIII, line 2g)	24,477,901.	18,483,800.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	NONE	NONE
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	113,546.	47,765.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	NONE	206,435.
	12		24,591,447.	18,738,000.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE	NONE
	14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,832,158.	13,085,823.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,001,907.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,175,563.	13,200,213.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,007,721.	26,286,036.	
19	Revenue less expenses. Subtract line 18 from line 12	-1,416,274.	-7,548,036.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	21	Total liabilities (Part X, line 26)	29,516,883.	19,833,616.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,951,312.	2,815,501.
22		24,565,571.	17,018,115.	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	▶ Signature of officer	Date			
	▶ LISHA MCCORMICK Type or print name and title	PRESIDENT & CEO			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BRIAN VIGNEAULT		05/15/2023		P00540650
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶	13-5381590		
	Firm's address ▶ ONE INTERNATIONAL PLACE BOSTON, MA 02110	Phone no.	617-422-0700		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)