PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. C2978069

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For the	2007	' calendar year, or tax year beginning	á	and en	ding					
В	Check if applicab	le·	Please use IRS					D Emp	oloyer id	dentification numb	er
	Addre		label or CLINICA VERDE					2	6-02	275981	
	Name chang	, [type. Number and street (or P.O. box if mail is not do	elivered to street address)			Room/suite	E Tele	phone i	number	
	Initial return	5	Specific 109 CAMINO VISTA	,				7	07-9	963-2983	
	Termi ation		Instructions. City or town, state or country, and ZIP + 4				•	F Acco	unting meth	nod: Cash 2	Accrual
	Amen return	ı L	SAINT HELENA, CA 9457						Other (specify)	>	
	Applio pendi	cation ng	• Section 501(c)(3) organizations and 4947(a)(1) n	onexempt charitable trust	ts	Hand	d lare not app	licable	to sect	tion 527 organiza	ations.
			must attach a completed Schedule A (Form 990 o	1 990-EZ).		H(a)	Is this a group	return fo	or affiliat		X No
			WWW.CLINICAVERDE.ORG			H(b)	If "Yes," enter n	umber c			
_			1 type (check only one) \searrow 501(c) (3) \searrow (insert no.)		527		Are all affiliates (If "No," attach a		d? 1	N/A	No
			if the organization is not a 509(a)(3) supporting	-	3	H(d)	Ìs this a separa	te reťurr	i filed by	y an or-	
			normally not more than \$25,000. A return is not required	, but if the organization	ļ		ganization cove				X No
	cnoose	S to ti	le a return, be sure to file a complete return.				Group Exemption			N/A	
	0	!	tor Add lines Ch. Ob. Ob. and 10b to line 10	211,98	ا ء		Check ► ∟ Sch. B (Form 9			ion is not required	to attach
_	art I		ts: Add lines 6b, 8b, 9b, and 10b to line 12 ► evenue, Expenses, and Changes in Ne					90, 990	-EZ, UI S	990-27).	
P			entributions, gifts, grants, and similar amounts received:	ASSELS OF FUHU	Dala	nces	•				
	1,			I	1a						
	Ι.		rect public support (not included on line 1a)		1b		211,9	86.			
			direct public support (not included on line 1a)		1c		211,5	•			
		d Go	evernment contributions (grants) (not included on line 1a))	1d						
			tal (add lines 1a through 1d) (cash \$ 211)	1e	211	,986.
	2		ogram service revenue including government fees and co		93)				2		
	3		embership dues and assessments						3		•
	4	Int	erest on savings and temporary cash investments						4		
	5	Div	vidends and interest from securities						5		
	6 8		oss rents		6a			l			
	1	b Le	ss; rental expenses		6b						
ø	(c Ne	it rental income or (loss). Subtract line 6b from line 6a $_{\cdot\cdot}$						6c		
Revenue	7	Oth	her investment income (describe 🕨)	7		
ě	8 8		oss amount from sales of assets other	(A) Securities			(B) Other				
_		tha	an inventory		8a						
					8b						
			in or (loss) (attach schedule)		8c						
		d Ne	t gain or (loss). Combine line 8c, columns (A) and (B)				 7		8d		
	9		ecial events and activities (attach schedule). If any amou			>	_				
			ss revenue (not including \$ of contr ss: direct expenses other than fundraising expenses	ibutions reported on line 1b)	9a 9b						
			t income or (loss) from special events. Subtract line 9b f						9c		
			oss sales of inventory, less returns and allowances		10a				30		
			ss: cost of goods sold		10b						
			oss profit or (loss) from sales of inventory (attach sched			10a			10c		
	11		her revenue (from Part VII, line 103)	•					11		
	12	To	tal revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, a	nd 11					12	211	,986.
	13		ogram services (from line 44, column (B))						13		,000.
Expenses	14	Ma	anagement and general (from line 44, column (C))						14		603.
oen	15								15	6 ,	,000.
Ä	16	Pa	yments to affiliates (attach schedule)						16		
	17	To	stal expenses. Add lines 16 and 44, column (A)						17		,603.
	18		cess or (deficit) for the year. Subtract line 17 from line 12						18	199,	,383.
Net	19	Ne	t assets or fund balances at beginning of year (from line	73, column (A))					19		0.
~			her changes in net assets or fund balances (attach explai						20	100	0.
723	21 001		t assets or fund balances at end of year. Combine lines 1						21		, 383.
12-	27-07	LH/	A For Privacy Act and Paperwork Reduction Act Notice	ce, see the separate instr	uction	S.				Form 9	90 (2007)

Form 990 (2007) CLINICA VERDE 26-0275981 Page 2

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (A) organizations and section 4947(a)(1) propagation that it is but optional for others

	i) orga	4947	(a)(i) nonexempt charitable	e trusts but optional for oth	ti 5.
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds					
(attach schedule)					
(cash $$0 \cdot noncash 0					
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule					
(cash \$ 3,000 • noncash \$ 0 •					STATEMENT 1
If this amount includes foreign grants, check here	22b	3,000.	3,000.		
23 Specific assistance to individuals (attach		. ,	.,		
schedule)	23				
24 Benefits paid to or for members (attach	1				
schedule)	24				
25a Compensation of current officers, directors, key	24				
employees, etc. listed in Part V-A	25a	0.	0.	0.	0.
	25a	0.	0.	0.	0.
b Compensation of former officers, directors, key	امدا	0	0	0	0
employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included					
above, to disqualified persons (as defined under					
section $4958(f)(1)$) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26				
27 Pension plan contributions not included on					
lines 25a, b, and c	27				
28 Employee benefits not included on lines					
25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30	6,000.			6,000.
31 Accounting fees	31				
32 Legal fees	32	1,271.		1,271.	
33 Supplies	33	•		•	
34 Telephone	34				
35 Postage and shipping	35	218.		218.	
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	278.		278.	
00 T	39	270•		270•	
40 Conferences, conventions, and meetings	40				
, , , , , , , , , , , , , , , , , , , ,	41				
41 Interest42 Depreciation, depletion, etc. (attach schedule)	41				
, ,	42				
43 Other expenses not covered above (itemize):		1 450		1 450	
a INSURANCE	43a	1,450.		1,450.	
BANK/CREDIT CARD	43b	<i>C</i> 1		<i>C</i> 1	
c EXPENSES	43c	61.		61.	
d TAXES/LICENSES	43d	325.		325.	
e	43e				
f	43f				
g	43g				
44 Total functional expenses . Add lines 22a through					
43g. (Organizations completing columns (B)-(D),			_	_	_
carry these totals to lines 13-15)	44	12,603.	3,000.	3,603.	6,000.
Joint Costs. Check ▶ ☐ if you are following	SOP	98-2.			
Are any joint costs from a combined educational campai	gn an	d fundraising solicitation re	ported in (B) Program servi	ces? ▶ [Yes X No
If "Yes," enter (i) the aggregate amount of these joint cos			(ii) the amount allocated to		N/A ;
(iii) the amount allocated to Management and general \$	-		(iv) the amount allocated to		N/A
723011 12-27-07					Form 990 (2007)

Part III | Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	at is the organization's primary exempt purpose? ► SEE STATEMENT 2	Program Service
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ints served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	CREATE A REPLICABLE MODEL FOR THE CONSTRUCTION OF "GREEN"	
	ENVIRONMENTALLY SUSTAINABLE MEDICAL CLINICS IN LATIN	
	AMERICA. IMPROVE MATERNAL AND INFANT HEALTHCARE IN LATIN	
	AMERICA.	
	(Grants and allocations \$ 3,000.) If this amount includes foreign grants, check here	3,000.
b		
	(Grants and allocations \$) If this amount includes foreign grants, check here	
С		
	(Grants and allocations \$) If this amount includes foreign grants, check here	
d		
	(Grants and allocations \$) If this amount includes foreign grants, check here	
е	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,000.

Form **990** (2007)

26-0275981 CLINICA VERDE Form 990 (2007) Page 4 Part IV Balance Sheets (See the instructions.) Note: Where required, attached schedules and amounts within the description column **(A)** Beginning of year (B) End of year should be for end-of-year amounts only. Cash - non-interest-bearing 5,233. 45 45 46 Savings and temporary cash investments 46 47 a Accounts receivable 47a b Less: allowance for doubtful accounts 47b 47c 48 a Pledges receivable 48a b Less: allowance for doubtful accounts 48b 48c 194,150. 49 Grants receivable 50 a Receivables from current and former officers, directors, trustees, and key employees 50a

	b	Receivables from other disqualified persons	(as defined under section			
ţ		4958(f)(1)) and persons described in section	4958(c)(3)(B)		50b	
Assets	51 a	Other notes and loans receivable	51a			
ğ	b	Less: allowance for doubtful accounts	51b]	51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54 a	Investments - publicly-traded securities			54a	
		Investments - other securities			54b	
		Investments - land, buildings, and				
		equipment: basis	55a			
				1		
	b	Less: accumulated depreciation	55b		55c	,
	56	Investments - other	•		56	
		Land, buildings, and equipment: basis				
		Less: accumulated depreciation			57c	
	58	Other assets, including program-related investmen				
		(describe	,		58	
	59	Total assets (must equal line 74). Add lines	45 through 58	0.	59	199,383.
	60	Accounts payable and accrued expenses	<u> </u>		60	
	61	Grants payable			61	
	62	Deferred revenue			62	
es	63	Loans from officers, directors, trustees, and			63	
Liabilities		a Tax-exempt bond liabilities		64a		
iab		b Mortgages and other notes payable			64b	
_	65	Other liabilities (describe			65	
	00	Other habilities (describe	,		-00	
	66	Total liabilities. Add lines 60 through 65		0.	66	0.
	Orga	anizations that follow SFAS 117, check here	and complete lines			
"		67 through 69 and lines 73 and 74.				
č	67	Unrestricted			67	
llan	68	Temporarily restricted			68	
Ba	69	Permanently restricted			69	
or Fund Balances	Orga	anizations that do not follow SFAS 117, che				
Ę.		complete lines 70 through 74.				
s o	70	Capital stock, trust principal, or current fund	ls	0.	70	0.
set	71	Paid-in or capital surplus, or land, building, a	and equipment fund		71	0.
As	72	Retained earnings, endowment, accumulate	ed income, or other funds	0.	72	199,383.
Net Assets	73	Total net assets or fund balances. Add lines 67 t				
_		(Column (A) must equal line 19 and column (B) m	nust equal line 21)	0.	73	199,383.
	74	Total liabilities and net assets/fund balan		0.	74	199,383.
						Form 990 (2007)
						,

Pa	rt IV-A Reconciliation of Revenue per Audited Fina instructions.)	ncial Statements V	Vith	n Reven	ue p	er Re	eturn (S	ee the
a	Total revenue, gains, and other support per audited financial stateme	ents					a	N/A
b	Amounts included on line a but not on Part I, line 12:							
1	Net unrealized gains on investments		b1					
	Donated services and use of facilities		b2					
	Recoveries of prior year grants		b3					
	Other (specify):		b4					
	Add lines b1 through b4						b	
C	Subtract line b from line a						С	
d	Amounts included on Part I, line 12, but not on line a:							
1	Investment expenses not included on Part I, line 6b		d1					
	Other (specify):		d2				1	
	Add lines d1 and d2						d	
е	Total revenue (Part I, line 12). Add lines c and d					•	е	
Pa	Total revenue (Part I, line 12). Add lines c and d	ancial Statements	Wit	h Exper	ıses	per	Return	
a	Total expenses and losses per audited financial statements						а	N/A
b	Amounts included on line a but not on Part I, line 17:							
1	Donated services and use of facilities		b1					
2	Prior year adjustments reported on Part I, line 20		b2					
	Losses reported on Part I, line 20		b3					
	Other (specify):		b4					
	Add lines b1 through b4						b	
C	Subtract line b from line a						С	
	Amounts included on Part I, line 17, but not on line a:							
1	Investment expenses not included on Part I, line 6b		d1					
	Other (specify):		d2				1	
	Add lines d1 and d2						d	
е	Total expenses (Part I, line 17). Add lines c and d						е	
Pa	rt V-A Current Officers, Directors, Trustees, and K					s an of	fficer, dire	ector, trustee,
	or key employee at any time during the year even if they we							
	(A) Name and address	(B) Title and average hours per week devoted to position	s (C) Compens If not paid, -0)	enter	(D)Cor emplo plans compe	ntributions to byee benefit & deferred nsation plan	(E) Expense account and other allowances
				,				
SĒ	E STATEMENT 3				0.		0 .	0.
		1				l		

Form **990** (2007)

723161/12-27-07

membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

b Did the organization file Form 1120-POL for this year?

81 a Enter direct and indirect political expenditures. (See line 81 instructions.)

80a

81b

Form **990** (2007)

___ exempt **or** __

Х

b If "Yes," enter the name of the organization

Part VII Other Information (continued)		m 990 (2007) CLINICA VERDE		26-0275	981		age I
tess than fair rontal value? b If Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. 83 a Did the organization comply with the disclosure requirements for returns and exemption applications? 83a X x b Did the organization comply with the disclosure requirements from returns and exemption applications? 83b X b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83c X b Did the organization comply with the very solicitation an express statement that such contributions or gifts were not tax deductible? 83c X b Did the organization make only in house lobbying expenditures of \$2,000 or less? 83c X b Did the organization make only in house lobbying expenditures of \$2,000 or less? 83c X b Did the organization make only in house lobbying expenditures of \$2,000 or less? 83c X b Did the organization make only in house lobbying expenditures of \$2,000 or less? 83c X b Did the organization make only in house lobbying expenditures of \$2,000 or less? 83c X b Did the organization make only in house lobbying expenditures of \$2,000 or less? 83c X b Did the organization make only in house lobbying expenditures of \$2,000 or less? 83c X b Did the organization and the section \$3,000 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					1	Yes	No
b If Yes, *jour may indicate the value of these items here. Do not include this amount as revenue in Part II or as an expense in Part III. See instructions in Part IIII. Sa Did the organization comply with the glubbic inspection requirements for returns and exemption applications? 83a X b Did the organization comply with the disclosure requirements for returns and exemption applications? 83b X b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? 84a Did the organization include with every solicitation are xeryes statement that such contributions or gifts were not at a deductible? 84b X 84c X 84c X 84d	82 a		_	•	00-		v
## Special complete in Part I or as an expense in Part II. Special instructions in Part III. Spe					82a		Λ
88e instructions in Part III.) 87 a Did the organization comply with the public inspection requirements for returns and exemption applications? 88 b X 88 b X 88 b X 89 b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? 89 b If Yes, 16 the organization solicit any contributions or gifts that were not tax deductible? 89 b If Yes, 16 the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 80 b If Yes, 16 the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 80 b If Yes, 16 the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 80 b If Yes, 16 the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 80 b If Yes, 16 the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 80 b If Yes, 16 the organization make only in-house lobbying expenditures of \$2,000 or less? 81 b If Yes, 16 the organization make only in-house lobbying expenditures of \$2,000 or less? 82 b If Yes, 16 the organization elect to pay the section 6033(e)(13/d) dues notices 83 b If Yes, 16 the organization elect to pay the section 6033(e) tax on the amount on line 85? 83 b If Yes, 16 the organization elect to pay the section 6033(e) tax on the amount on line 85? 83 b If Yes, 16 the organization elect to pay the section 6035(e) tax on the amount on line 85? 83 b If Yes, 16 the organization elect to pay the section 6035(e) tax on the amount on line 85? 83 b If Yes, 16 the organization elect to pay the section 6035(e) tax on the amount on line 85? 84 b If Yes, 16 the organization elect to pay the section 6035(e) tax on the amount on line 85? 85 b If Yes, 16 the organization elect t	D						
83 a \ X b \ Did the organization comply with the public inspection requirements for returns and exemption applications? 83 b \ X b \ Did the organization comply with the disclosure requirements relating to quid prior quo contributions? 83 b \ X \ Did the organization comply with the disclosure requirements relating to quid prior quo contributions or gifts were not tax deductible? N/A 84 b \ X \ Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A 84 b \ Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A 85 b \ Did the organization make only in house lobbying expenditures of \$2,000 or less? N/A 85 b \ Did the organization make only in house lobbying expenditures of \$2,000 or less? N/A 85 b \ Did the organization make only in house lobbying expenditures of \$2,000 or less? N/A 85 b \ Did the organization make only in house lobbying expenditures of \$2,000 or less? N/A 85 b \ Did the organization make on the state of \$2,000 or less? N/A 85 b \ Did the organization make on the state of \$2,000 or less? N/A 85 b \ Did the organization or leave on the state of \$2,000 or less? N/A 85 b \ Did the organization or leave on the state of \$2,000 or less? N/A 85 b \ Did the organization or leave on the state of \$2,000 or less? N/A 85 b \ Did the organization or leave on the state of the state of \$2,000 or less? N/A 85 b \ Did the organization of the state of the organization or leave of the state of the organization or leave of the state of the organization or state		·	اممها	NT / 7\			
b Did the organization comply with the disclosure requirements relating to <i>quid pror quo</i> contributions? 84 a Did the organization solicit any contributions or gifts that were not tax deductible? 85 if 1'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not at a deductible? 85 a 507(c)/l, 6), or (6). Were substantially all dues nondeductible by members? 85 a 507(c)/l, 6), or (6). Were substantially all dues nondeductible by members? 85 b Did the organization make only in house lobbying expenditures of \$2,000 or less? 85 c N/A 85 b Did the organization make only in house lobbying expenditures of \$2,000 or less? 85 c N/A 85 b Did the organization make only in house lobbying expenditures of \$2,000 or less? 85 c N/A 86 b N/A 87 c N/A 88 c N/A 89 c Soticine 6036(e)(1)(A) dues notices were sent, does the organization opere to add the amount on line 85′ to 1st reasonable estimate of dues allocable to nondeductible lobbying and political expenditures or the following tax year? 89 c Soticine 6036(e)(1)(A) dues notices were sent, does the organization of the solices while the comparization of the solices while the comparization of the compari	02.				٠,,	v	
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84 b 1/2 Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85 a 50 fot(x)/6, (5), or (6). Were substantially all dues nondeductible by members? 85 a 50 fot(x)/6, (5), or (6). Were substantially all dues nondeductible by members? 85 b 1/4					_		
b If *Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not at a deductible? 846					-	_ ^	v
tax deductible? 8 x 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? 8 x 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? 8 x 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? 8 x 501(c)(4), (5), or (6). Were substantially all dues nondeductible of the property as the organization endeductible and a waiver for proxy tax owed for the prior year. 8 x 60 x 6					044		Λ
85 a SOTICI/(A), (5), or (6). Were substantially all dues nondeductible by members? b) Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A if Yes* was answered to either 85a or 35b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. c) Dues, assessments, and similar amounts from members. d) Section 162(e) lobbying and political expenditures e) Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices e) Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices f) Taxable amount of lobbying and political expenditures (line 85d less 85e) f) Taxable amount of lobbying and political expenditures (line 85d less 85e) h) If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to lits reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? f) SoTICI/O granizations. Enter: a linitiation fees and capital contributions included on line 12 b) Gross receipts, included on line 12, for public use of club facilities f) SoTICI/O granizations. Enter: a linitiation fees and capital contributions included on line 12 b) Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) a) At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If Yes, "omplete Part X! b) At any time during the year, did the organization engage in any section 4958 excess benefit transaction during the year ord did the organizations. Enter Amount of tax imposed on the organization during the year under sections 4912, 4955, and 4958 c) Enter: Amount of tax imposed on the organization engage in any section 4958 excess benefit transaction during the year ord did the org	U				84h		
b Did the organization make only inhouse lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a walver for proxy tax owed for the prior year. c Dues, assessments, and similar amounts from members d Section 162(e) lobbying and political expenditures (line 85d less 85e) 856	95 a	2 501/c)(/) (5) or (6) Ware substantially all dues pendeductible by members?		N / A	_		
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a walver for proxy tax owed for the prior year. C Dues, assessments, and similar amounts from members							
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d Enter: Amount of tax on line 89c, above, reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? g	C		•	0			
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f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 90 a List the states with which a copy of this return is filed ▶ CA b Number of employees employed in the pay period that includes March 12, 2007 90b 000 91 a The books are in care of ▶ KENNETH B • WEEMAN JR Telephone no. ▶ 707-963-2983 Located at ▶ 109 CAMINO VISTA, SAINT HELENA, CA 707-963-2983 At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No.					00-		v
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 90 a List the states with which a copy of this return is filed ▶ CA b Number of employees employed in the pay period that includes March 12, 2007 90b	e				_		
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90 a List the states with which a copy of this return is filed ▶CA b Number of employees employed in the pay period that includes March 12, 2007 91 a The books are in care of ▶ KENNETH B. WEEMAN JR Located at ▶ 109 CAMINO VISTA, SAINT HELENA, CA Telephone no. ▶ 707-963-2983 ZIP+4▶94574 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No	g				000		v
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Located at ► 109 CAMINO VISTA, SAINT HELENA, CA TIP + 4 ► 94574 To No. To					3-2	983	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over	σιd		reichingle				
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	J			•	91h	+	

N/A

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank

Form **990** (2007)

and Financial Accounts.

If "Yes," enter the name of the foreign country

723163 12-27-07

Sign Here Signature of officer Date	Pa	art XI Information Regarding Transfers To and F	rom Controlled	l Entiti	es. Complete only if the organiz	ation is a	!	
Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," Yes No		controlling organization as defined in section 512(b)(13)	N/A					
complete the schedule below for each controlled entity. A (8) Employer						[Yes	No
Name, address, of each controlled entity Residentification Description of transfer Descr	Totals Section							
Name, address, of each controlled entity Semiployer								
Totals Totals		` '	(B)	ver				
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Totals 107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes,"	D		. – – –					
Totals 107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes,"								
Totals 107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes,"	•							
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107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," Complete the schedule below for each controlled entity. (A) Name, address, of each controlled entity Employer Identification where the controlled entity Description of transfer						-		
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," Complete the schedule below for each controlled entity. (A) Name, address, of each controlled entity Employer Identification where the controlled entity Description of transfer		Totals						
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C	107	7 Did the reporting organization receive any transfers from a cont	rolled entity as defin	ed in sec	ction 512(b)(13) of the Code? If "			
C C C C C C C C C C			,			, ,		
Name, address, of each controlled entity Controlled entity Controlled entity Controlled entity Controlled entity		<u> </u>	(B)		(C)		D)	
Totals Totals Totals Totals		Name, address, of each	Employ	yer otion				of
Totals Totals Totals Totals Totals Totals Totals In a preparer's Signature of officer Type or print name and title Preparer's Use Only San Francisco, Ca 94108 Phone no. ► (415) 421-5757		controlled entity			transfer	tra	nsfer	
Totals Total								
Totals Totals	а							
Totals Totals								
Totals Totals								
Totals 108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? 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. Please Sign Here Pripe or print name and title Preparer's signature Preparer's signature Preparer's signature Preparer's signature CURTIS A. BURR Preparer's SSN or PTIN (See Gen. Inst. X) self-employed wours if self-employed, address, and 200 CALIFORNIA ST., SUITE 1300 SAN FRANCISCO, CA 94108 Phone no. ► (415) 421-5757	b							
Totals 108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? 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. Please Sign Here Pripe or print name and title Preparer's signature Preparer's signature Preparer's signature Preparer's signature CURTIS A. BURR Preparer's SSN or PTIN (See Gen. Inst. X) self-employed wours if self-employed, address, and 200 CALIFORNIA ST., SUITE 1300 SAN FRANCISCO, CA 94108 Phone no. ► (415) 421-5757								
Totals 108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? 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. Please Sign Here Pripe or print name and title Preparer's signature Preparer's signature Preparer's signature Preparer's signature CURTIS A. BURR Preparer's SSN or PTIN (See Gen. Inst. X) self-employed wours if self-employed, address, and 200 CALIFORNIA ST., SUITE 1300 SAN FRANCISCO, CA 94108 Phone no. ► (415) 421-5757								
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Date Please Sign Here Preparer's Signature of officer Use Only Preparer's Use Only Annuities Obscribed on Augustion have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? 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. Paid Preparer's signature of officer Paid Preparer's Signature Preparer's S		Totals						
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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. Please Sign Here Paid Preparer's Signature CURTIS A. BURR Preparer's Use Only Signature CURTIS A. BURR PILGER & MAYER, LLP Self-employed, address, and ZIP + 4 SAN FRANCISCO, CA 94108 Phone no. ► (415) 421-5757	108		August 17, 2006, co	vering th	ne interest, rents, royalties, and			
Please Sign Here Paid Preparer's Use Only Signature Type or print name (or yours if self-employed), address, and ZIP + 4 Signature And complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Date Check if self-employed employed preparer's SSN or PTIN (See Gen. Inst. X) CURTIS A. BURR Preparer's SSN or PTIN (See Gen. Inst. X) EIN Phone no. ► (415) 421-5757			accompanying schedules a	nd stateme	nts, and to the best of my knowledge and b	elief it is tr	ie corr	ect
Sign Here Signature of officer Date		and complete. Declaration of preparer (other than officer) is based on all information	tion of which preparer has	any knowle	dge.	onor, it io a c	ao, con	001,
Here Type or print name and title	Plea	ease L			1			
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Paid Preparer's Signature CURTIS A. BURR Self-employed Firm's name (or yours if self-employed), address, and ZIP + 4 SAN FRANCISCO, CA 94108 Self-employed Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no. ► (415) 421-5757		Dranarar's A	Date	ı		or PTIN (Se	e Gen.	Inst. X)
Preparer's Use Only Use Only Use Only San Francisco, CA 94108 Firm's name (or yours if self-employed), address, and ZIP + 4 San Francisco, CA 94108 Firm's name (or yours if self-employed), address, and ZIP + 4 Firm's name (or yours if self-employed), and ZIP + 4 Firm's name (or yours if self-employed), an		signature CIIRTIS A. BIIRR			self-			
Use Unity Self-employed), address, and ZIP + 4 SAN FRANCISCO, CA 94108 Phone no. ► (415) 421-5757		PARTER'S Firm's name (or BIRR PTLGER & MAYER	T.T.P					
SAN FRANCISCO, CA 94108 Phone no. ► (415) 421-5757	Use							
					Phone no ► (415) 421	L-5	757
		, , , , , , , , , , , , , , , , , , , ,	<u></u>		1. 110110 1101 F (220			

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number CLINICA VERDE 26 0275981 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (b) Litle and average hours (e) Expense account and other (a) Name and address of each employee paid employee benefit plans & deferred compensation per week devoted to (c) Compensation more than \$50,000 position allowances NONE Total number of other employees paid 0 over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II-A (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service NONE Total number of others receiving over \$50,000 for professional services 0 Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over 0 \$50,000 for other services

During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38, Part VI-A, organizations) (Must equal amounts on line 38, Part VI-A, organizations) (Must equal amounts on line 38, Part VI-A, organizations) (Must equal amounts on line 38, Part VI-A, organizations) (Must equal amounts on line 38, Part VI-A, organizations) (Must equal amounts on line 38, Part VI-A, organizations) (Must equal amounts on line 38, Part VI-A, organizations) (Must equal amounts on line 38, Part VI-A, organizations) (Must equal amounts on line 38, Part VI-A, organizations) (Must equal amounts on line 38, Part VI-A, organizations) (Must equal amounts on line 38, Part VI-A, organizations) (Must equal amounts on line 38, Part VI-A, organizations) (Must equal amounts on line 38, Part VI-A, organizations) (Must equal amounts on line 38, Part VI-A, organizations organizations on line 38, Part VI-A, organizations on line 38, Part VI-A, organization of the lobbying activities. 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated. 2 During the year, has the organization with view database organization with which any substantial contributors, trustees, directors, officers, creators, organization with which any substantial contributors, trustees, directors, officers, creators, organization with which any substantial contributors, organization with which any substantial contributors, trustees, directors, or	or 1		Х
line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) a Sale, exchange, or leasing of property? b Lending of money or other extension of credit? c Furnishing of goods, services, or facilities? d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? e Transfer of any part of its income or assets? 3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) b Did the organization have a section 403(b) annuity plan for its employees?			X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) a Sale, exchange, or leasing of property? b Lending of money or other extension of credit? c Furnishing of goods, services, or facilities? d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? e Transfer of any part of its income or assets? 3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) b Did the organization have a section 403(b) annuity plan for its employees?	1		X
 checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) a Sale, exchange, or leasing of property? b Lending of money or other extension of credit? c Furnishing of goods, services, or facilities? d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? e Transfer of any part of its income or assets? 3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) b Did the organization have a section 403(b) annuity plan for its employees? 			
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 c Furnishing of goods, services, or facilities? d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? e Transfer of any part of its income or assets? 3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) b Did the organization have a section 403(b) annuity plan for its employees? 	2b		X
 d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? e Transfer of any part of its income or assets? 3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) b Did the organization have a section 403(b) annuity plan for its employees? 	2c		Х
 3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) b Did the organization have a section 403(b) annuity plan for its employees? 	2d		Х
the organization determines that recipients qualify to receive payments.) b Did the organization have a section 403(b) annuity plan for its employees?	2e		Х
b Did the organization have a section 403(b) annuity plan for its employees?			
b Did the organization have a section 403(b) annuity plan for its employees?	За		X
Pid the executation vestion as held an executation as well as a second of the executation as			X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
and 4g	4a		X
b Did the organization make any taxable distributions under section 4966? N/A	4b		
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d Enter the total number of donor advised funds owned at the end of the tax year	▶	N/	A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	▶	N/	A
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	>		0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	▶		0.

Schedule A (Form 990 or 990-EZ) 2007

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)	
Sci	hedule A (Form 990 or 990-EZ) 2007

Pai	TIV-A Support Schedule (C Note: You may use the	complete only if you che e worksheet in the inst	ecked a box on line 10 ructions for converting), 11, or 12.) Use cash of from the accrual to th	n method of accorder cash method of	ounting. of account	ina.
Calen	dar year (or fiscal year ning in)		(b) 2005	(c) 2004	(d) 2003	1	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	(0) 2002	(=) ====	(-)	(2) 2222		(-)
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose						
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975						
19	Net income from unrelated business						
	activities not included in line 18 Tax revenues levied for the						
20	organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	0.	0.	0.		0.	0.
24	Line 23 minus line 17						
25	Enter 1% of line 23						
26	Organizations described on lines 1				1	26a	
b	Prepare a list for your records to sho		, ,	,			
	unit or publicly supported organization	,	•				0
	Do not file this list with your return					26b	0.
C	Total support for section 509(a)(1) t		(e)19		>	26c	
u	Add: Amounts from column (e) for li				_ \	26d	
۵	Public support (line 26c minus line 2					26e	
f	Public support percentage (line 26						9,
27	Organizations described on line 12						a list for your
	records to show the name of, and to	otal amounts received in early N/A	ach year from, each "disq	ualified person." Do not f i	ile this list with yo	ur return. E	Enter the sum of
b	For any amount included in line 17 th						
	and amount received for each year, t						
	described in lines 5 through 11b, as						
	the larger amount described in (1) o	r (2), enter the sum of the	ese differences (the exces	s amounts) for each year	: N/A		
	(2006)					3)	
C	Add: Amounts from column (e) for li	ines: 15		16			
	17	20		21		27c	N/A
d	Add: Amounts from column (e) for li 17 Add: Line 27a total	ar	d line 27b total			27d	N/A
е	Public support (line 27c total minus	line 27d total)				27e	N/A
f	Total support for section 509(a)(2) t	est: Enter amount on line	23, column (e)	► 27f	N/A		
g	Public support percentage (line 27					27g	N/A %
	Investment income percentage (lin					27h	N/A %
28 L	Inusual Grants: For an organization de how, for each year, the name of the co	escribed in line 10, 11, or ontributor, the date and a	12 that received any unu mount of the grant, and a	sual grants during 2003 to brief description of the n	through 2006, prepature of the grant.	pare a list fo	r your records to this list with your

3

723131 12-27-07

return. Do not include these grants in line 15.

NONE

Private School Questionnaire (See page 9 of the instructions.) Part V

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 1 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation to students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) 2 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 2 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 3 Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) 3 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 3 Students' rights	29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
Does the organization include a statement of its racially prondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 13 Poses the organization maintain the following: 2 Poses the organization maintain the following: 3 Records indicating the racial composition of the student body, faculty, and administrative stati? 3 Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 3 Records documenting that scholarships? 4 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4 Copies of all material used by the organization or on its behalf to solicit contributions? 5 If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) 4 Suddents' rights or privileges? 3 Students'			29		
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	35				
			35		

Schedule A (Form 990 or 990-EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007 CLINICA VERDE 26-0275981 Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) (To be completed **ONLY** by an eligible organization that filed Form 5768) Check ► a if the organization belongs to an affiliated group. Check ▶ b \square if you checked **"a"** and "limited control" provisions apply. (a) (b) **Limits on Lobbying Expenditures** Affiliated group To be completed for all totals electing organizations (The term "expenditures" means amounts paid or incurred.) N/A 36 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 **38** Total lobbying expenditures (add lines 36 and 37) 38 39 Other exempt purpose expenditures 39 40 Total exempt purpose expenditures (add lines 38 and 39) 40 41 Lobbying nontaxable amount. Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \dots \$100,000 plus 15% of the excess over \$500,000 41 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 42 Grassroots nontaxable amount (enter 25% of line 41) 42 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 43 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

		Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total			
45 Lobbying nontaxable amount					0			
46 Lobbying ceiling amount (150% of line 45(e))					0			
47 Total lobbying expenditures					0			
48 Grassroots nontaxable amount					0			
49 Grassroots ceiling amount (150% of line 48(e))					0			
Grassroots lobbying expenditures					C			

Part VI-B	Lobbying	ı Activitv b	Nonelecting	Public Charities
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(For reporting only by	y organizations tha	did not complete Par	rt VI-A) (See page ⁻	14 of the instructions.)
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N/A

Du	ing the year, did the organization attempt to influence national, state or local legislation, including any attempt to	Yes	No	Amount
infl	uence public opinion on a legislative matter or referendum, through the use of:	168	NU	Ainount
а	Volunteers			
b	Paid staff or management (Include compensation in expenses reported on lines c through h .)			
C	Media advertisements			
d	Mailings to members, legislators, or the public			
	Publications, or published or broadcast statements			
	Grants to other organizations for lobbying purposes			
	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
	Total lobbying expenditures (Add lines c through h .)			0.
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

12-27-07

Schedule A (Form 990 or 990-EZ) 2007

			CLINICA VERDE		26-02		1	Page 7
Par	t \				Relationships With Noncharit	able		
			zations (See page 14 of the instru	· · · · · · · · · · · · · · · · · · ·				
51			irectly or indirectly engage in any of t	•	•			
		, ,	section 501(c)(3) organizations) or in		litical organizations?	1	V	NI-
а			ganization to a noncharitable exempt	-		E40(1)	Yes	No
	•					51a(i)		X
						a(ii)		X
D		ner transactions:	to with a manabaritable avanat avanat	inaki na		b(i)		Х
								X
	(II (III)) Purchases of assets from a	ont or other accete			b(iii)		X
	(iii) Neillaí di iacililles, equipille A Raimhurcamant arrangama	unte			b(iv)		X
) Loans or loan guarantees				h/\s\		X
	•	,						X
С			mailing lists, other assets, or paid en					X
					lways show the fair market value of the			
ŭ			given by the reporting organization.					
	-		nent, show in column (d) the value of	-			N/A	
(a)	Ī	(b)	(c)	g,,	(d)		,	
Line n	10.	Amount involved	Name of noncharitable exe	mpt organization	Description of transfers, transactions, and s	haring ar	rangem	ents
	1							
	T							
	_							
	4							
	_							
	\dashv							
	4							
	\dashv							
50 0	le f	the organization directly or in	directly affiliated with or related to o	no or more tay exempt orga	I anizations described in section 501(c) of the			
		•	(3)) or in section 527?	, ,	` ,	Yes	x	No
		Yes," complete the following	schedule: N/A					
		(a Name of org) ganization	(b) Type of organization	(c) Description of relationsh	ip		
					l			

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

Schedule of Contributors

Supplementary Information for

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service line 1 of Form 990, 990-EZ, and 990-PF (see instructions) Name of organization

C	LINICA VERDE	26-0275981
Organization type (check of	one):	
Filers of:	Section:	
Form 990 or 990-EZ	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	
	is covered by the General Rule or a Special Rule . (Note: Only a section 501(c)(7), (8), or and a Special Rule-see instructions.)	r (10) organization can check boxes
General Rule-		
ŭ	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mol plete Parts I and II.)	ney or property) from any one
Special Rules-		
sections 509(a)(1)	(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of 1/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution cline 1 of these forms. (Complete Parts I and II.)	*
aggregate contrib	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any on outions or bequests of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scient or prevention of cruelty to children or animals. (Complete Parts I, II, and III.)	
some contribution \$1,000. (If this both charitable, etc., po	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any on as for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did x is checked, enter here the total contributions that were received during the year for an urpose. Do not complete any of the Parts unless the General Rule applies to this organi ligious, charitable, etc., contributions of \$5,000 or more during the year.)	not aggregate to more than exclusively religious, zation because it received
they must check the box in	at are not covered by the General Rule and/or the Special Rules do not file Schedule B (F in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certif B (Form 990, 990-EZ, or 990-PF).	
-	uction Act Notice, see the Instructions 990-EZ, and Form 990-PF.	B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

CLINICA VERDE

26-0275981

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$6,986.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

FORM 990 CASH GRANTS AND ALLOCATIONS APPROVED BUT NOT PAID BY FILING DE	ADLINE	STATEMENT 1
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CHARITABLE VIOLETA B DE CHAMORRO FUNDACION CC. PLAZA ESPANA EDIFICIO MALAGA, MODULO B-9, MANAGUA, NICARAGUA	UNRELATED	3,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B		3,000.
FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXE	MPT PURPOSE	STATEMENT 2

EXPLANATION

CLINICA VERDE IS A NONPROFIT CHARITABLE ORGANIZATION FORMED TO BUILD AND ASSIST SUSTAINABLE HEALTH CLINICS THAT IMPROVE MATERNAL AND INFANT HEALTHCARE IN LATIN AMERICA. THE ORGANIZATION PROMOTE SOCIALLY DESIGN AND GREEN TECHNOLOGIES IN THE DEVELOPING WORLD WHILE CREATING HEALTH PARTNERSHIPS WITH COMMUNITIES IN NEED.

	ST OF CURRENT OFFICERS, USTEES AND KEY EMPLOYEE		STATI	EMENT 3
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
SUSAN DIX LYONS 109 CAMINO VISTA ST. HELENA, CA 94574	CHAIRMAN 20.00	0.	0.	0.
KENNETH B. WEEMAN, JR. 109 CAMINO VISTA ST. HELENA, CA 94574	TREASURER 2.00	0.	0.	0.
MARY HUBER 109 CAMINO VISTA ST. HELENA, CA 94574	SECRETARY 5.00	0.	0.	0.
BILL BYLUND 109 CAMINO VISTA ST. HELENA, CA 94574	OFFICER 0.00	0.	0.	0.
ELQUIS M. CASTILLO 109 CAMINO VISTA ST. HELENA, CA 94574	OFFICER 0.00	0.	0.	0.
CRISTIANA M CASTILLO 109 CAMINO VISTA ST. HELENA, CA 94574	OFFICER 0.00	0.	0.	0.
DONALD E. FARRAR 109 CAMINO VISTA ST. HELENA, CA 94574	OFFICER 0.00	0.	0.	0.
MARGARITA GURDIAN 109 CAMINO VISTA ST. HELENA, CA 94574	OFFICER 0.00	0.	0.	0.
RAFAEL RIOS III 109 CAMINO VISTA ST. HELENA, CA 94574	OFFICER 0.00	0.	0.	0.
TIM LYONS 109 CAMINO VISTA ST. HELENA, CA 94574	OFFICER 0.00	0.	0.	0.
PETER STANLEY 109 CAMINO VISTA ST. HELENA, CA 94574	VICE-CHAIR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990	O, PART V-A	0.	0.	0.

FORM 990 EXPLANATION OF RELATIONSHIP STATEMENT 4
PART V-A, LINE 75B

INDIVIDUAL'S NAME TITLE OR ROLE
SUSAN DIX LYONS CHAIRMAN

INDIVIDUAL'S NAME TITLE OR ROLE
TIM LYONS OFFICER

EXPLANATION OF RELATIONSHIP

HUSBAND AND WIFE.