TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

December 31, 2015

Prepared for	
	Clinica Verde 512 PINE HILL ROAD ANGWIN, CA 94508
Prepared by	ZAINER RINEHART CLARKE, CPAS, PC 3510 UNOCAL PL, STE 350 SANTA ROSA, CA 95403
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 2978069

990 Form

Department of the Treasury

Internal Revenue Service

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.

Information about Form 990 and its instructions is at www.irs.gov/form990.



AF	or the	e 2015 calendar year, or tax year beginning and	ending					
B c	Check if Ipplicabl	e: C Name of organization		D Employer identifie	cation number			
	Addre							
	Name chang	e Doing business as		26-0	275981			
	Initial	, , , , , , , , , , , , , , , , , , , ,						
	Final	512 PINE HILL ROAD	707	707 967-5530				
	termir		G Gross receipts \$	301,335.				
	Amen	ANGWIN, CA 94500	H(a) Is this a group re					
		F Name and address of principal officer: SOSAN DIA LIONS	for subordinates	? Yes X No				
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
		empt status: 🗴 501(c)(3) 🗌 501(c) ()◀ (insert no.) 🗌 4947(a)(1) d	or 📃 527	If "No," attach a	list. (see instructions)			
		te: CLINICAVERDE.ORG		H(c) Group exemptio				
KF	orm of	organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2007	A State of legal domicile: CA			
Pa	art I	Summary						
Ð	1	Briefly describe the organization's mission or most significant activities: TO BI	UILD A	ND MAINTAIN				
anc		ENVIRONMENTALLY SUSTAINABLE HEALTH CLINIC	CS TO	MEET THE NE	EDS OF THE			
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	than 25% of its net as					
No.	3	Number of voting members of the governing body (Part VI, line 1a)		3	8			
യ യ	4	Number of independent voting members of the governing body (Part VI, line 1b)			8			
es	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		1				
viti	6	Total number of volunteers (estimate if necessary)	6	15 -110.				
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	tal unrelated business revenue from Part VIII, column (C), line 12					
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	-110.			
				Prior Year	Current Year			
ē	8	Contributions and grants (Part VIII, line 1h)		703,693.	280,335.			
Revenue	9	Program service revenue (Part VIII, line 2g)		27,635.	11,000.			
Sev.		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		32.	35. 9,965.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	II, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		675,734.	301,335.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		124,620.	22,027.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.			
ăX								
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		487,358.	339,227.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		611,978.	361,254.			
	19	Revenue less expenses. Subtract line 18 from line 12		63,756.	-59,919.			
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year			
set	20	Total assets (Part X, line 16)		1,529,395.	1,470,105.			
it As	21	Total liabilities (Part X, line 26)		1,145.	1,774.			
_		Net assets or fund balances. Subtract line 21 from line 20		1,528,250.	1,468,331.			
Pa	art II	Signature Block						

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

Sign Here	Signature of officer SUSAN DIX LYONS, CHAIR Type or print name and title	PERSON		Date						
Paid	Print/Type preparer's name LINDA KACHIU	Preparer's signature	Date	Check PTIN if self-employed P00134282						
Preparer	Firm's name ZAINER RINEHART	· · ·		Firm's EIN 94-2894256						
Use Only	Firm's address 3510 UNOCAL PL,	STE 350								
	SANTA ROSA, CA 95403 Phone no. 707-525-1163									
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)									
532001 12-1	332001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2015) CLINICA VERDE	26-0275981	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: TO BUILD AND MAINTAIN ENVIRONMENTALLY SUSTAINABLE HEALTH MEET THE NEEDS OF THE MEDICALLY UNDERSERVED IN LATIN AME (NICARAGUA).	H CLINICS TO	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 302,270. including grants of \$) (Revenue CREATE A REPLICABLE MODEL FOR THE CONSTRUCTION OF GREEN SUSTAINABLE MEDICAL CLINICS IN LATIN AMERICA (NICARAGUA) MATERNAL AND INFANT HEALTHCARE IN LATIN AMERICA (NICARAGUA)	ENVIRONMENT AND IMPROV	
	(Code:) (Expenses \$ 5,892. including grants of \$) (Revenue	11	000.)
4b		HEALTH OR	<u> </u>
	INTERNATIONAL STUDIES. STUDENTS LEARN MEDICAL SPANISH AN		
	(BASIC LIFE SUPPORT) CERTIFICATION BEFORE TRIP. 12 DAYS	ARE SPENT I	N
	BOACO, NICARAGUA WORKING AT CLINICA VERDE (A RURAL HEAL	FH CLINIC),	AT
	LOCAL SCHOOLS AND WITH OTHER NGOS.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue)	ue \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 308,162.		
		Form S	90 (2015)

Form	990	(201	15)

Form 990 (2015) CLINICA VERDE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	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 "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
iza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		<u> </u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(iii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
complete Schedule G. Part III		19		1 41

Form **990** (2015)

Form 990 (2015)	CLINICA	VERDE
Part IV	Checklist c	of Required Sch	edules (continued)

CLINICA VERDE

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
لم	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		
254	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	254		
	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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these 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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
04	contributions? If "Yes," complete Schedule M	30		_ A
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
52		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a		35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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 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 in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2015)

Form 990 (2015) CLINICA VERDE 26-0275 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a 4 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a 1 2a 1 1 1 1	1c 2b 3a 3b	Yes X X	No X			
1a 1a <td< th=""><th>2b 3a</th><th>x</th><th></th></td<>	2b 3a	x				
 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	2b 3a	x				
 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	2b 3a		x			
 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	2b 3a		x			
(gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2b 3a		x			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2b 3a		x			
	2b 3a	X	x			
filed for the calendar year ending with or within the year covered by this return 2a 2	2b 3a	X	x			
	3a	X	x			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			x			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			X			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		<u> </u>			
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O						
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X				
b If "Yes," enter the name of the foreign country: ► NICARAGUA						
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
any contributions that were not tax deductible as charitable contributions?	6a		X			
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
were not tax deductible?	6b					
7 Organizations that may receive deductible contributions under section 170(c).		x				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?						
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
to file Form 8282?	7c		X			
d If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
sponsoring organization have excess business holdings at any time during the year?	8					
9 Sponsoring organizations maintaining donor advised funds.	0-					
a Did the sponsoring organization make any taxable distributions under section 4966?	9a					
 b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 	9b					
 a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10a 	-					
11 Section 501(c)(12) organizations. Enter:	-					
a Gross income from members or shareholders						
b Gross income from other sources (Do not net amounts due or paid to other sources against	-					
amounts due or received from them.)						
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120					
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state?	13a					
Note. See the instructions for additional information the organization must report on Schedule O.						
 b Enter the amount of reserves the organization is required to maintain by the states in which the 						
organization is licensed to issue qualified health plans						
c Enter the amount of reserves on hand						
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	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 in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			•
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright CA$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - 707-738-3189			
	512 PINE HILL ROAD, ANGWIN, CA 94508			

Part VI 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 in Schedule O. See instructions.

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Form 990 (2015)

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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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)		(C)		(D)	(E)	(F)			
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is bot officer and a director/trus		is both an		compensation	compensation	amount of	
	week		cer an	ia a a I	recto	ector/trustee)		from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	fee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	rustee	trust		ee	npen		(00-2/1099-00130)		organization and related
	below	dual ti	tiona		nploy	st cor	-			organizations
	line)	ndivid	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			
(1) S. DIX LYONS	50.00			_	<u> </u>		_			
FOUNDER/CEO		x		x				20,000.	0.	0.
(2) P. STANLEY	2.00									
CHAIR		x		x				0.	0.	Ο.
(3) K. SMITH	2.00									
VICE-CHAIR		X		X				0.	0.	0.
(4) DR. D. WILSON	3.00									
BOARD MEMBER		X						0.	0.	0.
(5) B. O'NEILL	1.00									
SECRETARY TREASURER		Х		Х				0.	0.	0.
(6) N. BUMB	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) C. CHAMORRO	1.00									
BOARD MEMBER		х						0.	0.	0.
(8) J. WEGBREIT	2.00									_
BOARD MEMBER		X						0.	0.	0.
(9) M. GURDIAN	1.00									
BOARD MEMBER		X						0.	0.	0.
										·
								1		

	1 990 (2015) CLINICA N	/ERDE								26-027	598	1 р	age 8		
Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees			ghe	st C	Compensated Employe	es (continued)					
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than on box, unless person is both a officer and a director/truste		Average hours per week Positie (do not check mo box, unless perso officer and a dire		Position o not check more than on k, unless person is both a		(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	oi a	mpensa from th rganizat nd relat ganizati	e :ion :ed		
											_				
											_				
	Sub-total Total from continuation sheets to Part VI								20,000.).		0.		
	Total (add lines 1b and 1c)								20,000.	C).		0.		
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	io r	eceived more than \$100	0,000 of reportable			0		
3	Did the organization list any former officer,	,		,					0 1			Yes	No		
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	atior	n and	d ot		the organization	. 3		X X		
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv		. 5		x		
<u>Sec</u>	ction B. Independent Contractors Complete this table for your five highest co										nsatior	1 from			
	the organization. Report compensation for (A) (A) Name and business			endi DNE		vith	or w	ithir	n the organization's tax (B) Description of s			(C) ensatio	n		
								_							
2	Total number of independent contractors (ii \$100,000 of compensation from the organic	•	ot lii	mite	d to		se lis	stec	d above) who received n	nore than					

Ра	rt VII	Statement of Revenue					
_		Check if Schedule O contains a respon	se or note to any lin			(0)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a					
Gra	b	Membership dues 1b					
s, (Am		Fundraising events 1c					
Gift lar	d	Related organizations 11					
ini,	е	Government grants (contributions) 1e					
rior S	f	All other contributions, gifts, grants, and					
ibu		similar amounts not included above 1f	280,335.				
d C	g	Noncash contributions included in lines 1a-1f: \$	64,805.				
a C	h	Total. Add lines 1a-1f		280,335.			
			Business Code				
e	2 a	HIGHER	611600	11,000.	11,000.		
e vi	b						
enu Se	с						
an eve	d						
Program Service Revenue	е						
Ъ	f	All other program service revenue					
		Total. Add lines 2a-2f		11,000.			
	3	Investment income (including dividends, int	erest, and				
		other similar amounts)	►	35.			35.
	4	Income from investment of tax-exempt bond					
	5	Royalties	►				
		(i) Real	(ii) Personal				
	6 a	Gross rents					
	b	Less: rental expenses					
	с	Rental income or (loss)					
	d	Net rental income or (loss)	►				
	7 a	Gross amount from sales of (i) Securities	s (ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	с	Gain or (loss)					
	d	Net gain or (loss)	►				
e	8 a	Gross income from fundraising events (not					
nue		including \$ of					
leve		contributions reported on line 1c). See					
er F		Part IV, line 18	a				
Other Revenue	b	Less: direct expenses	b				
0	с	Net income or (loss) from fundraising events	s ►				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	a				
		Less: direct expenses					
	С	Net income or (loss) from gaming activities	<u>.</u>				
	10 a	Gross sales of inventory, less returns					
		and allowances					
	b	Less: cost of goods sold	b				
	с	Net income or (loss) from sales of inventory	►				
		Miscellaneous Revenue	Business Code				
		FOREIGN EXCHANGE GAIN	900099	10,075.	10,075.		
	b	·	900099	150.		150.	
	с	GROCERY BAG, NET	900099	134.		134.	,
	d	All other revenue	900099	-394.		-394.	,
	е	Total. Add lines 11a-11d	▶	9,965.			
	12	Total revenue. See instructions.		301,335.	21,075.	-110.	35.

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	Check if Schedule O contains a respons to tinclude amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	00 000			
	persons described in section 4958(c)(3)(B)	20,000.		20,000.	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	2,027.		2,027.	
1	Fees for services (non-employees):				
а	Management				
b	Legal	1,820.		1,820.	
с	Accounting	8,003.		8,003.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion	1,994.		1,994.	
3	Office expenses				
4	Information technology				
5	Royalties				
16	Occupancy				
7	Travel	956.		956.	
	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,558.		1,558.	
20	Interest			,	
.0 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	40,534.	40,534.		
3		6,568.	-,	6,568.	
4	Other expenses. Itemize expenses not covered			,	
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ADMIN EXPENSE	151,732.	151,732.		
a h	MEDICAL SUPPLIES	107,504.	107,504.		
5	HIGHER EXPENSES	5,892.	5,892.		
с d	OTHER FUNDRAISING EXPEN	3,904.	5,052.		3,904
		8,762.	2,500.	6,262.	5,50-
	All other expenses	361,254.	308,162.	49,188.	3,904
5	i i i i i i i i i i i i i i i i i i i	501,254.	500,102.		5,504
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

A	VERDE		
res	ponse or note to any line in this Part X	 	

		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			473,950.	1	435,985.
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		15,200.	3	200.	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ted en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	ied pe	rsons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing						
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
st		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
◄	8	Inventories for sale or use			352,421.	8	380,352.
	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	177,619.	687,824.	10c	653,568.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			1,529,395.	16	1,470,105.
	17	Accounts payable and accrued expenses		1,145.	17	1,774.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
Liat		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines				05	
	00	Schedule D		Γ	1,145.	25	1,774.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958		hk hora	1,143.	26	±,//±•
6		complete lines 27 through 29, and lines 33 an					
jce:	27	Unrestricted net assets			1,528,250.	27	1,468,331.
alar	28	Temporarily restricted net assets				28	2,100,0010
В	29					29	
ŭ	25	Organizations that do not follow SFAS 117 (As				25	
Е		and complete lines 30 through 34.	50 50				
ts o	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or eq				31	
ít A:	32	Retained earnings, endowment, accumulated in				32	
Ne	33	Total net assets or fund balances			1,528,250.	33	1,468,331.
	34	Total liabilities and net assets/fund balances			1,529,395.	34	1,470,105.
					· · ·		E 000 (001 E)

, 470, 105. Form **990** (2015)

Form 990 (2015)		CLINIC
Part X	Bala	ance Sheet	

Form	aan	(201	5
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	990 (2015) CLINICA VERDE	26-02	<u>75981</u>	Paç	ge 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	·····				
			301	2	35.	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			$\frac{55}{54}$.	
2	Total expenses (must equal Part IX, column (A), line 25)	2			$\frac{54}{19}$.	
3	Revenue less expenses. Subtract line 2 from line 1	3	1,528			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				50.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				~ 4	
_	column (B))	10	1,468	3,3	31.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				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 in Schedule	О.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2b		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
	Act and OMB Circular A-133?	-			Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b			
			_			

Form **990** (2015)

SCHEDULE /	Α
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(Form	990	or	990	-EZ
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

2015
Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

ation about Schedule A (Form 990 or 990	-EZ) and its instructions is at www.irs.gov/for

Interr	ternal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.									
Nan	ne of t	the organizat								identification number
			CLIN	ICA VERDE					2	6-0275981
Pa	nrt I	Reason	for Public	Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instructions.		
The	organ	nization is not a	a private found	lation because it is: (For lines 1 through 11, c	check only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and stat	te:							
5		An organizat	ion operated f	or the benefit of a co	llege or university owned	d or operat	ted by a g	overnmental uni	it describ	ed in
		section 170	(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, sta	ate, or local go	vernment or governn	nental unit described in a	section 17	70(b)(1)(A)	(v).		
7	X	An organizat	ion that norma	Illy receives a substa	ntial part of its support f	irom a gov	ernmental	unit or from the	e general	public described in
		section 170	(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	/ trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An organizat	ion that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membershi	p fees, a	nd gross receipts from
		activities rela	ated to its exer	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	in 33 1/3% of its	s support	from gross investment
		income and u	unrelated busi	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the orga	anization	after June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
10		An organizat	ion organized	and operated exclus	ively to test for public sa	afety. See s	section 50	09(a)(4).		
11		An organizat	ion organized	and operated exclus	ively for the benefit of, to	o perform t	the functio	ons of, or to carr	y out the	purposes of one or
		more publicly	y supported or	ganizations describe	ed in section 509(a)(1) o	r section &	509(a)(2).	See section 509	9(a)(3). C	heck the box in
		lines 11a thro	ough 11d that	describes the type o	of supporting organizatio	n and corr	nplete lines	s 11e, 11f, and 1	11g.	
а		Type I. A s	supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typ	oically by	giving
		the suppor	rted organizati	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or trustees	s of the s	upporting
	_	organizatio	on. You must o	complete Part IV, Se	ections A and B.					
b		Type II. As	supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organization((s), by ha	ving
		control or r	management c	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage	e the sup	ported
	_	organizatio	on(s). You mus	t complete Part IV,	Sections A and C.					
c		Type III fu	nctionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally	integrate	ed with,
	_	its support	ed organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
Ċ		Type III no	on-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its supporte	ed organiz	zation(s)
		that is not	functionally inf	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and a	an attenti	veness
		requiremer	nt (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V .		
e		Check this	box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type II,	, Type III	
				• •	nally integrated support	ing organiz	zation.			1
f			of supported							
<u> </u>				n about the supporte		(iv) to the e	rappization	((
	(i) Name of supp organization 		(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the or listed i	n your	(v) Amount of me support (se		(vi) Amount of other support (see
		organization			above (see instructions))	governing o		instruction		instructions)
						Yes	No		-,	

Total

Schedule A (Form 990 or 990 EZ) 2015 CLINICA VERDE

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	203,199.	954,400.	739,463.	703,693.	626,557.	3,227,312.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	203,199.	954,400.	739,463.	703,693.	626,557.	3,227,312.
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)						44,799.
6	Public support. Subtract line 5 from line 4.						3,182,513.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	203,199.	954,400.	739,463.	703,693.	626,557.	3,227,312.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	359.	97.	37.	32.	35.	560.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		2,043.	1,627.	-812.	-110.	2,748.
10	Other income. Do not include gain			-			
	or loss from the sale of capital						
	assets (Explain in Part VI.)		777.				777.
11	Total support. Add lines 7 through 10						3,231,397.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	-			-		
Sec	tion C. Computation of Publ		rcentage				
14	Public support percentage for 2015 (I	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	98.49 %
	Public support percentage from 2014					15	98.06 %
	33 1/3% support test - 2015. If the c					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2014. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	s >

Schedule A (Form 990 or 990 EZ) 2015 CLINICA VERDE

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

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(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization'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							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
ł	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							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	(-) =		(-,	(-,		/ · -	(-)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b							
	Net income from unrelated business activities not included in 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.)							
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(d	c)(3) organiz	ation,
	check this box and stop here	-			•			
Se	ction C. Computation of Publi	c Support Pe	ercentage					
15	Public support percentage for 2015 (li	ne 8. column (f) c	divided by line 13.	column (f))		15		%
	Public support percentage from 2014					16		%
	ction D. Computation of Inves					1.0		,,
17						17		%
	Investment income percentage from 2					18		%
	a 33 1/3% support tests - 2015. If the						and line 1	
.50	more than 33 1/3%, check this box an	-					.,	
k	33 1/3% support tests - 2014. If the						n 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization			•			•	
			· · · , · ·	. ,				

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) 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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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?
- 6 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.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in 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 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		
ou		
3b		
3c		
00		
4a		
4b		
40		
4c		
5-		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

			Yes	No
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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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		
Sec	tion C. Type II Supporting Organizations			-
			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		
Sec	tion D. All Type III Supporting Organizations			
			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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		,	
c	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. <i>Answer (a) and (b) below.</i>		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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			
		0-		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	٥Ŀ		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part V	20		
L.	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	26		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990 EZ) 2015 CLINICA VERDE

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Secti	on 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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
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 III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	on D - Distributions	Current Year				
1	Amounts paid to supported organizations to accomplish exe	empt purposes				
2	Amounts paid to perform activity that directly furthers exempt					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the	he organization is responsive	9			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2015 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
		(i)	(ii)	(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015		
	· · ·					
_1	Distributable amount for 2015 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2015					
	(reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2015:					
a						
b						
<u>с</u>						
	From 2013					
-	From 2014					
-	Total of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to 2015 distributable amount					
	Carryover from 2010 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2015 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2015 distributable amount					
-	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2015, if					
	any. Subtract lines 3g and 4a from line 2 (if amount					
6	greater than zero, see instructions). Remaining underdistributions for 2015. Subtract lines 3h					
6						
	and 4b from line 1 (if amount greater than zero, see					
7	instructions). Excess distributions carryover to 2016. Add lines 3j					
7						
8	and 4c. Breakdown of line 7:					
<u> </u>						
a b						
-	Excess from 2013					
-	Excess from 2013					
-						
e	Excess from 2015					

Schedule A (Form 990 or 990-EZ) 2015 CLINICA VERDE

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.					
	(See instructions.)					

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2015

Employer identification number

26-0275981

CLINICA	VERDE
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0	
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

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note**. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2015)
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Name of organization

26-0275981

CLINICA VERDE

A VERDE 26-02 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
1		\$20,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
2		\$7,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
3		\$ 8,682. Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
4		\$7,500. Person X Payroll Displayed Noncash Displayed (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
5		\$61,666. Person Payroll \$61,666. Noncash X (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
6		\$30,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)				

CLINI	CA VERDE		26	-0275981
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions		(d) Date received
	MEDICAL SUPPLIES			
5		\$61,6	66.	12/31/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions		(d) Date received
		\$		

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Page 3

Employer identification number

	A VERDE			26-0275981
art III	Exclusively religious, charitable, etc., contributor. Complete completing Part III, enter the total of exclusively religious	olumns (a) through (e) and the fol s, charitable, etc., contributions of \$1,000	owing line entry, For	(7), (8), or (10) that total more than \$1,000 for a comparizations
	Use duplicate copies of Part III if addition	al space is needed.		
a) No. from Part I –	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	Transferee's name, address, ar	(e) Transfer of g		hip of transferor to transferee
-			neiations	
a) No. From Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	Transferee's name, address, ar	(e) Transfer of g nd ZIP + 4		hip of transferor to transferee
a) No. From Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g		
-	Transferee's name, address, ar	nd ZIP + 4	Relations	hip of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, ar	nd ZIP + 4	Relations	hip of transferor to transferee
-				

SCHEDULE [)
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Department of the Treasury Internal Revenue Service

(Form 990)
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 Supplemental Financial Statements

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

 ▶ Attach to Form 990.

 ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Nam	e of the organization CLINICA VERDE		Employer identification number 26-0275981
Pa		d Funds or Other Similar Funds	
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year		
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	-	
	are the organization's property, subject to the organization's of		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor of		
Pa	1 1		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	ducation)	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year 🕨		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	•		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
	▶\$		C <i>Y</i>
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	l(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	-	
	conservation easements.		···· ···g······g····
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descril		
h	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art historical
	treasures, or other similar assets held for public exhibition, ec		
	relating to these items:		she colvice, provide the following allounts
	-		*
	(i) Revenue included on Form 990, Part VIII, line 1		
~			
2	If the organization received or held works of art, historical treat the following approximate required to be repeated under SEAC 4		a gain, provide
	the following amounts required to be reported under SFAS 1		
	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 💲

	-	
Schedule D	(Form 990) 2015

Sche	dule D (Form 990) 2015 CLINICA	VERDE				2	6-02	75981	L Page 2
Pa	t III Organizations Maintaining C	Collections of A	rt, Histori	cal Treasures,	or Oth	er Similaı	r Asse	ts (contin	ued)
3	Using the organization's acquisition, access	ion, and other record	ls, check an	y of the following th	nat are a s	ignificant us	se of its	collectior	n items
	(check all that apply):								
а	Public exhibition	d	I 🛄 Loai	n or exchange prog	rams				
b	Scholarly research	е	Oth	er					
с	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	n how they t	urther the organiza	tion's exe	mpt purpos	e in Par	XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, histor	ical treasures, or ot	her simila	r assets		_	
	to be sold to raise funds rather than to be m						L	Yes	No No
Pa	t IV Escrow and Custodial Arran		ete if the org	anization answered	l "Yes" or	n Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for con	tributions or other a	assets not	included	_	7	_
	on Form 990, Part X?						L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	e:					
								Amount	
С	Beginning balance					1c			
	Additions during the year								
е	Distributions during the year					1e			
f	Ending balance					1 f		1	
	Did the organization include an amount on F					• • • • • • • • • • • • • • • • • • • •	L	Yes	No No
_	If "Yes," explain the arrangement in Part XIII								
Pa	t V Endowment Funds. Complete	· · · · · · · · · · · · · · · · · · ·							<u> </u>
		(a) Current year	(b) Prior	year (c) Iwo ye	ars back	(d) Three yea	ars back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
c	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance		<i>(</i>), <i>d</i>						
2	Provide the estimated percentage of the cur	rrent year end baland		olumn (a)) held as:					
a	Board designated or quasi-endowment		_%						
a	Permanent endowment	%							
С	Temporarily restricted endowment	<u>%</u>							
0-	The percentages on lines 2a, 2b, and 2c sho		ation that an	a la al al ava al la alvairai a	have al fau d		+: - · -		
38	Are there endowment funds not in the posse	ession of the organiza	alion that ar	e neio ano aominis	lered for i	ne organiza	lion	Г	Yes No
	by: (i) unrelated organizations								Yes No
								3a(i)	
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organization	ations listed as requi						3a(ii) 3b	
1	Describe in Part XIII the intended uses of the							30	
Pa	t VI Land, Buildings, and Equipn			15.					
	Complete if the organization answere) Part IV lin	e 11a. See Form 9	0 Part X	line 10			
	Description of property	(a) Cost or o		b) Cost or other	1	ccumulated	<u> </u>	(d) Book	value
	Description of property	basis (investr		basis (other)		preciation			
19	Land			20,000				20),000.
	Buildings			743,895		119,02	4.		1,871.
	Leasehold improvements			0,000					-, •, ±•
	Equipment			57,217		50,93	8.	e	5,279.
	Other			10,075		7,65			2,418.
	Add lines 1a through 1e. (Column (d) must e		X column (i		1	.,			3,568.
				_,,			- 1		,

	-		11b. See Form 990, Part >	
	n of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market valu
Financial o	derivatives			
Closely-he	ld equity interests			
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII	nvestments - Program Related.	-		
	Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value		K, line 13. on: Cost or end-of-year market valu
(1)				-
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otol (Col (b) r	must aqual Form 000 Dart V and (D) line 12)			
	must equal Form 990, Part X, col. (B) line 13.)			
Part IX C	Other Assets.			/ line 15
Part IX	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part >	
Part IX C	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part >	
Part IX C C	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part >	(, line 15. (b) Book value
Part IX C C (1) (2)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part >	
Part IX C (1) (2) (3)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part >	
Part IX C (1) C (2) C (3) C	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part >	
Part IX C (1) C (2) C (3) C (4) C	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part >	
Part IX C (1) C (2) C (3) C (4) C (5) C (6) C	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part >	
Part IX C (1) C (2) C (3) C (4) C	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part >	
Part IX C (1) C (2) C (3) C (4) C (5) C (6) C	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part >	
Part IX C (1) C (2) C (3) C (4) C (5) C (6) C	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part >	
Part IX C (1) C (2) C (3) C (4) C (5) C (6) C (7) (8) (9) Ottal. (Column)	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) lin	Description	11d. See Form 990, Part >	
Part IX C (1) C (2) C (3) C (4) C (5) C (6) C (7) (8) (9) Otal. (Column)	Other Assets. Complete if the organization answered "Yes" (a)	Description	11d. See Form 990, Part >	
Part IX C (1) C (2) C (3) C (4) C (5) C (6) C (7) (8) (9) Ottal. (Column) Part X C	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes"	Description		(b) Book value
Part IX C (1) C (2) C (3) C (4) C (5) C (6) C (7) (8) (9) Ottal. (Column Ortal. (Column C	Dther Assets. Complete if the organization answered "Yes" (a) (b) (c) (c)	Description		(b) Book value
Part IX C (1) (2) (3) (4) (5) (6) (7) (8) (9) (5) otal. (Column	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes"	Description	11e or 11f. See Form 990,	(b) Book value
Part IX C (1) C (2) C (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X C (1) Federation	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a)	Description	11e or 11f. See Form 990,	(b) Book value
Part IX C (1) C (2) C (3) C (4) C (5) C (6) C (7) C (8) O (9) O Oart X C (1) Federa (2) C	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a)	Description	11e or 11f. See Form 990,	(b) Book value
Part IX C (1) (2) (3) (4) (5) (6) (7) (8) (9) (2) (1) Federation (1) Federation (1) Federation (2) (3)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a)	Description	11e or 11f. See Form 990,	(b) Book value
Part IX C (1) (2) (3) (4) (5) (6) (7) (8) (9) (2) Otal. (Column Part X C (1) Federa (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a)	Description	11e or 11f. See Form 990,	(b) Book value
Part IX C (1) (2) (3) (4) (5) (6) (7) (8) (9) (2) (1) Federa (1) Federa (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a)	Description	11e or 11f. See Form 990,	(b) Book value
Part IX C (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) otal. (Column Part X C (1) Federa (2) (3) (1) Federa (2) (3) (4) (5) (6) (6)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a)	Description	11e or 11f. See Form 990,	(b) Book value
Part IX C (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) otal. (Column (7) (1) Federa (2) (3) (1) Federa (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a)	Description	11e or 11f. See Form 990,	(b) Book value
Part IX C (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) otal. (Column Part X C (1) Federa (2) (3) (1) Federa (2) (3) (4) (5) (6) (6)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a)	Description	11e or 11f. See Form 990,	(b) Book value

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

		Form 990) 2015 CLINICA VERDE	26-	0275981	Page 4
Par	t XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturi	າ.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total r	evenue, gains, and other support per audited financial statements	1		

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	_ 4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	_ 2 a		
b	Prior year adjustments	_ 2b		
С	Other losses	_ 2c		
d	Other (Describe in Part XIII.)	. 2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	_ 4a		
b	Other (Describe in Part XIII.)	. 4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE	F
(Form 990)	

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 Attach to Form 990.

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2015
ZUIJ
Open to Public
Inspection

Name of the organization

26	-02	759	81

Employer identification number

CLINICA VERDE

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3	Activities per Region.	The following Part I,	line 3 table can be duplicated	if additional space is needed.)
---	------------------------	-----------------------	--------------------------------	---------------------------------

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
		integion		EMPLOYEES AND CONTRACTORS USED TO ASSIST IN RUNNING THE	
CENTRAL AMERICA	1	12	PROGRAM SERVICES	OPERATIONS OF	194,432.
3 a Sub-total	1	12			194,432.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	12			194,432.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

CLINICA VERDE

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								

_				

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(d) Amount of

cash grant

(e) Manner of

cash disbursement

(c) Number of

recipients

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2015

(a) Type of grant or assistance

(b) Region

(f) Amount of

non-cash

assistance

(g) Description of

non-cash assistance

Page **3**

(h) Method of valuation (book, FMV, appraisal, other)

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: EMPLOYEES AND CONTRACTORS USED

TO ASSIST IN RUNNING THE OPERATIONS OF ENVIRONMENTALLY SUSTAINABLE HEALTH

CLINICS TO MEET THE NEEDS OF THE MEDICALLY UNDERSERVED IN LATIN AMERICA

(NICARAGUA).

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2015

Open To Public

Department of the Treasury Internal Revenue Service

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

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

Name of the organization CLI

INICA	VERDE	

	CLINICA VERD	Ξ			26-0	275	981	
Pa	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	s
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 contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory			<u> </u>			_ ~	
20	Drugs and medical supplies	Х	290	64,805.	COMPARABLE	COS	гs	
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by		• • • •		-			
	must hold for at least three years from the date							37
	exempt purposes for the entire holding period?	•				30a		X
	If "Yes," describe the arrangement in Part II.							v
31	Does the organization have a gift acceptance p				utions?	31		X
32a	Does the organization hire or use third parties of		-					v
						32a		X
b	If "Yes," describe in Part II.							

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA	For Paperwork Reduction	Act Notice, see	the Instructions	for Form 990.
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Schedule M (Form 990) (2015)

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

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

CLINICA VERDE

Employer identification number 26 - 0275981

OMB No 1545-0047

Open to Public

Inspection

5

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MEDICALLY UNDERSERVED IN LATIN AMERICA (NICARAGUA).

FORM 990, PART VI, SECTION B, LINE 11:

A COPY OF FORM 990 WAS PROVIDED TO ALL VOTING MEMBERS OF THE ORGANIZATION'S

BOARD OF DIRECTORS BEFORE THE RETURN WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD OF DIRECTORS DISCUSSES AND VOTES UPON DETERMINATION OF CONFLICT OF

INTEREST WHILE INTERESTED PERSON IS NOT PRESENT IN THE BOARD MEETING AS

OUTLINED IN THE ORGANIZATION'S BYLAWS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES AVAILABLE ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY AND FINANCIAL STATEMENTS TO THE PUBLIC VIA THE

ORGANIZATION'S WEBSITE.

Carbon Pool Section Pool Pool Pool Pool Pool Pool Pool Po	Form	990-T	Exempt Organization Business Income Tax Retur (and proxy tax under section 6033(e))	n	OMB No. 1545-0687
Department Network with Nature Note in the Network of Network					2045
Notestimular based De one enter SSR unmbers on this form as it may be made publicit your organization is a 501(c)(3). Definition of the set			, and offening	— ·	ZU I J
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Image: Solution (13) Image: Solution (14) Image: Solution (14) <t< th=""><td>Α</td><td></td><td>Name of organization (Check box if name changed and see instructions.)</td><td>DEmp (Emp</td><td>loyer identification number loyees' trust, see</td></t<>	Α		Name of organization (Check box if name changed and see instructions.)	DEmp (Emp	loyer identification number loyees' trust, see
□ 4000 □ 220(e) The bits of or point one take or pointer, country, and 2/P or foreing postal code 722210 □ 528(a) ■ 528(a) ■ 528(a) ■ 722210 □ 4000 (a) 0 (b) 0 (b) 0 (b) 0 (b) □ 4000 (a) 10 (b) 10 (b) 0 (b) 0 (b) □ 4000 (b) 10 (b) 10 (b) 10 (b) 0 (b) 0 (b) □ 4000 (b) 10 (b)	B Ex	kempt under section	Print CLINICA VERDE	2	6-0275981
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1.7470,105. a Check organization type IX 151(c) corporation 501(c) trust 401(a) trust Other trust H Describe the organizations primary unrelated business activity. > SALE OF MERCHAND1SE Unrelated with trust Other trust Using the tax year, was the corporation a subsidiary ord a parent-subsidiary controlled group? > U Yes IX 100 If Yes, "enter the name and identifying number of the parent corporation. > Totephone number 707-738-3189 Part1 Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receips or sales 284. 284. 284. 284. 2 cost of goods sold (Schedule A, line 7) 2 2 284. 284. 3 Gross profit. Subtract tite 2 from line It 3 284. 284. 284. 284. 4 a Capital gain net income (stach Schedule D) 4a]529(a)		722	210
IP Describe the organization's primary unrelated business activity. ► SALE OF MERCHANDISE During the tax year, was the corporation is subsidiary in an affiliated group or a parent subsidiary controlled group. The second state of the parent cooperation. Image: Second S	C Bo	ok value of all assets			
During the tax year, was the corporation a subsidiary in an affiliated group or a parent subsidiary controlled group? ↓ Tyes ↓ No If the system the name and identifying number of the parent corporation. Telephone number 707-738-3189 Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net I Gross regists or sales 284. 284. (C) Net 2 Cost of goods soll (Schedule A) In 7) (A) (A) Income (B) Expenses (C) Net 3 Gross spoil. Subtlact line 2 from line to 2 3 284. 284. 284. 3 Long (S) (Gron 737, 2rt 1), line 17) (tatch Form 4797) (A) (A) <t< th=""><td></td><td></td><td></td><td></td><td>Other trust</td></t<>					Other trust
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8 Interest, anulities, royalties, and rents from controlled organizations (Sch.F). 8 9 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule 6) 9 9 10 Logital control (Schedule 1) 10 10 11 Interest, annulities, control (Schedule 1) 10 10 12 Other income (Schedule 1) 11 11 11 12 Interest, annulities, a through 12. 13 284. 284. Part III Deductions Not Taken Elsewhere (See instructions on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 15 16 18 17 16 Interest (attach schedule) 18 19 17 Interest (attach schedule) 18 19 18 Interest (attach schedule) 20 20 19 23 24 22 20 21 22 22 21 22 23 24 22 Ess depreciation clai		,			
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 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 34 -110. 					
line 32				33	1,000
		line 32	• •	34	110.

Form 990-T (20	15) CLINICA VERDE	26-0275	981		Page 2
Part III	Tax Computation				
35 Org	ganizations Taxable as Corporations. See instructions for tax computation.				
Cor	ntrolled group members (sections 1561 and 1563) check here 🕨 🗔 See instructions and:				
a Ent	er your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):				
(1)	\$ (2) \$ (3) \$				
	er organization's share of: (1) Additional 5% tax (not more than \$11,750) \$				
	Additional 3% tax (not more than \$100,000)				
	ome tax on the amount on line 34	►	35c		Ο.
36 Tru	Ists Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from	:			
	Tax rate schedule or Schedule D (Form 1041)		36		
37 Pro	bxy tax. See instructions		37		
	ernative minimum tax		38		
39 Tot	tal. Add lines 37 and 38 to line 35c or 36, whichever applies		39		0.
	Tax and Payments				
	eign tax credit (corporations attach Form 1118; trusts attach Form 1116)				
	er credits (see instructions)				
c Ger	neral business credit. Attach Form 3800				
d Cre	edit for prior year minimum tax (attach Form 8801 or 8827) 40d				
	tal credits. Add lines 40a through 40d		40e		
41 Sut	htract line 10e from line 20		41		0.
42 Oth	btract line 40e from line 39 her taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other	(attach schedule)	42		<u> </u>
			43		0.
40 TO	tal tax. Add lines 41 and 42 yments: A 2014 overpayment credited to 2015 44a	120.	40		<u> </u>
		120.			
D 20					
u lax d For	(deposited with Form 8868 44c				
	eign organizations: Tax paid or withheld at source (see instructions) 44d				
e Bat	ckup withholding (see instructions) 44e				
	edit for small employer health insurance premiums (Attach Form 8941) 44f				
	er credits and payments: □ Form 2439 Form 4136 □ Other Total ► 44g				
		_		1	20.
45 Tot	tal payments. Add lines 44a through 44g		45	T	20.
	imated tax penalty (see instructions). Check if Form 2220 is attached ▶		46		
	x due. If line 45 is less than the total of lines 43 and 46, enter amount owed		47	1	20.
	erpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		48		$\frac{20}{20}$
	ter the amount of line 48 you want: Credited to 2016 estimated tax Statements Regarding Certain Activities and Other Information (see instru-	efunded	49	<u> </u>	20.
			unt (hanla	Vec	
	ime during the 2015 calendar year, did the organization have an interest in or a signature or other authority o			Yes	No
	es, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreig			x	
ACCOUN 2 During th	ts. If YES, enter the name of the foreign country here NICARAGUA e tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? ee instructions for other forms the organization may have to file.			~	X
	e amount of tax-exempt interest received or accrued during the tax year				
	A - Cost of Goods Sold. Enter method of inventory valuation ► N/A	i	_		
	ry at beginning of year 1 6 Inventory at end of year		6		
2 Purchas	······································		-		
	labor 3 from line 5. Enter here and in Part I, li		7		
	al section 263A costs (att. schedule) 4a 8 Do the rules of section 263A (with res			Yes	No
	osts (attach schedule) 4b property produced or acquired for res	sale) apply to			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle	o the best of my knowledge.	edge and belief, it is	true,	
Sign Here		May	the IRS discuss this	s return v	vith
nere	Signature of officer Date CHAIRPERSON		reparer shown belo	·	1
	Signature of officer Date Title		uctions)? X Ye	S	No
	Print/Type preparer's name Preparer's signature Date	Check if	PTIN		
Paid		self- employed			
Prepare	r LINDA KACHIU	-	P00134		
Use Only	\mathbf{v} Firm's name \blacktriangleright ZAINER RINEHART CLARKE, CPAS, PC	Firm's EIN 🕨	94-289	425	ь
•	3510 UNOCAL PL, STE 350				
	Firm's address 🕨 SANTA ROSA, CA 95403	Phone no. 70	7-525-1	163	

Form 990-T (2015) CLINICA VERDE

26-0275981

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

(1) 20 (3) (4) (4) (5) (5) (4) (6) (5) (7) (6) (8) (6) (9) (7) (1) (1) (2) (1) (3) (1) (2) (1) (3) (1) (4) (1) (5) (1) (2) (1) (3) (1) (4) (1) (5) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (2) (3) (2) (1) (2) (1) (2) (1) (2) (1) (2) (2) (2) (3) (2) (4) (2) (5) (2) (6) (2) (7) (2) (3) (2	1. Description of property										
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(a) . Teal 0. (b) Total 0. (c) Total Index, Add totals of columns 2(a) and 2(b). Enter here and on page 1. Part 1, line 6, columns 3(b) 0. Schedule E - Unrelated Debt-Financed Income (see instructions) 0. For year and on page 1. 0. 1. Description of debt-financed property 2. Coess licome for one state 1. 0. 0. For year and property 1. 0.	(1)										
(4) Instruction Instruction (1)<	(2)										
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(e) Total income. Add totals of columns 2(a) and 2(b). Enter there and on page 1, Part 1, line 6, columns 4(a) There and on page 1, Part 1, line 6, columns 4(a) There and on page 1, Part 1, line 6, columns 4(a) There and on page 1, Part 1, line 6, columns 4(a) There and on page 1, Part 1, line 6, columns 4(a) There and on page 1, Part 1, line 6, columns 4(a) There and on page 1, Part 1, line 6, columns 4(a) There and on page 1, Part 1, line 6, column 8(a) There and on page 1, Part 1, line 6, column 8(a) There and on page 1, Part 1, line 6, column 8(a) There and on page 1, Part 1, line 6, column 8(a) There and on page 1, Part 1, line 6, column 8(a) There and on page 1, Part 1, line 6, column 8(a) There and on page 1, Part 1, line 6, column 8(a) There and on page 1, Part 1, line 7, consection directly connected with or allocable to distingthere and on page 1, Part 1, line 7, consection and there are column 6(a) There are and on page 1, Part 1, line 7, consection and there are column 6(a) There are and the page 1, Part 1, line 7, consection are column 8(a) and 26(a) There are and there are and there are and there are column 8(a) and 26(a) There are and there are and there are and there are and the page 1, Part 1, line 7, consection are column 6(a) and 26(a) There are and there are and there are and the page 1, Part 1, line 7, column 6(a) There are and there are and there are and there are and the page 1, Part 1, line 7, column 6(a) There are and there are and there are and the page 1, Part 1, line 7, column 6(b) There are and there are an are and there are are and the page 1, Part 1, line 7, column 6(b) There are and there are are and the page 1, Part 1, line 7, column 6(b) There are and there are are and 1, Part 1, line 7, column 6(b) There are are and 1, Part 1, line 7, column 6(b) There are are and 1, Part 1, line 7, column 6(b) There are are and 1, Part 1, line 7, column 6(b) There are are and 1, Part 1, line 7, column 6(b) There are are an are 1, Part 1, line 7, column 6(b) There are are are are are are 1, P											
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1. Description of debt financed property or allocable to debt- financed property (a) Straight the depreciation attach schedule) (b) Other deductions (attach schedule) (1)						2. Gross inc	come from				
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	Totals								0.		0.

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26-0275981

Page 4

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)							
(2)							
(3)							
(4)							
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.	
Totals 🕨	0.	Ο.				0.	
Schedule I - Advertising Income (assingtructions)							

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		rculation come	6.	Readership costs	7. Excess readership costs (column 6 minu: column 5, but not mor than column 4).	s
(1)									
(2)									
(3)									
(4)									
Totals from Part I	0.	0.	,						0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).						Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5)	0.	0.						(0.
Schedule K - Compensatio	n of Officers,	Directors, an	d Trustees (see ir	nstructio	ns)				
1. Name			2. Title		3. Percer time devot busines	ted to		eensation attributable related business	
(1)						%			
(2)						%			
(3)						%			
(4)						%			
Total. Enter here and on page 1, Part II, I	ine 14	•				🕨			0.

FOOTNOTES STATI	ement 1

CLINICA VERDE IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REG. SEC. 1.263(A)-1(F) FOR THE YEAR ENDED 12/31/15

26-0275981

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FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
SUPPLIES		394.
TOTAL TO FORM 990-T, PA	GE 1, LINE 28	394.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/14	812.	0.	812.	812.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	812.	812.