Form **990** 

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

and ending

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

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

Open to Public Inspection

<b>B</b> c	Check if upplicable	C Name of organization		D Employer identifi	cation number
	Addre	CLINICA VERDE			
H	Name chang			<del></del>	81
	Initial return		Room/si		
	Final	512 DINE HILL DOAD	1100111/30	707 967-	
	⊣return termir ated		l	G Gross receipts \$	483,108.
	Amen	ded ANGWIN CA 9/508	5	H(a) Is this a group r	
	Applic			for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates i	
	Гах-ех	empt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a	a)(1) or		list. See instructions
		te: CLINICAVERDE ORG	/(/	H(c) Group exemption	
		f organization: X Corporation Trust Association Other	LY		M State of legal domicile: CA
	art I	Summary			<u> </u>
_	1	Briefly describe the organization's mission or most significant activities: ${f TC}$	BUILD	AND MAINTAIN	
Activities & Governance		ENVIRONMENTALLY SUSTAINABLE HEALTH CLI	NICS T	O MEET THE NE	EDS OF THE
r	2	Check this box  if the organization discontinued its operations or c	disposed of n	nore than 25% of its net a	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
<u>م</u>		Number of independent voting members of the governing body (Part VI, line			10
es 8	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	1
Ϋ́Ε	6	Total number of volunteers (estimate if necessary)		6	2
<b>₹</b>	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		344,360.	483,043.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
3e		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		84.	65.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12)	344,444.	483,108.
	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.	
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5		162,269.	
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ϋ́	1	Total fundraising expenses (Part IX, column (D), line 25)		100 251	100 550
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		182,351.	
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		344,620.	
	19	Revenue less expenses. Subtract line 18 from line 12		-176.	129,251.
ts o ince		T		Beginning of Current Year	End of Year
Net Assets or und Balances	20	Total assets (Part X, line 16)		881,360. 15,129.	973,517. 14,035.
net Pet	21	Total liabilities (Part X, line 26)		866,231.	959,482.
<u>_</u>	ızz art II	Net assets or fund balances. Subtract line 21 from line 20		000,231.	757,402.
		alties of perjury, I declare that I have examined this return, including accompanying sch	redules and sta	tements, and to the hest of m	y knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information			iy kilowloago alla bolloi, it io
ii uo,	, 001100	and complete. Decidation of property (called alian emost) is based on an information	i or willon prop	aror nao arry knowledge.	
Sigi	n	Signature of officer		Date	
Her		SUSAN DIX LYONS, CHAIRPERSON			
1101	C	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	i	LINDA KACHIU LINDA KACHIU		06/01/21 if self-employ	P00134282
	parer	Firm's name PISENTI & BRINKER LLP		Firm's EIN	94-1585562
	Only	Firm's address 3562 ROUND BARN CIRCLE, SUITE	300	7 11111 0 2111	
	-	SANTA ROSA, CA 95403-0180	-	Phone no. (7	07) 542-3343
May	, the II	RS discuss this return with the preparer shown above? See instructions		1:	X Ves No

Form	990 (2020) CLINICA VERDE 26-0275981 Page 2
Pai	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 CLINICS TO
	MEET THE NEEDS OF THE MEDICALLY UNDERSERVED IN LATIN AMERICA
	(NICARAGUA).
	\(\text{\text{HICHMICOH}}\)
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	CREATE A REPLICABLE MODEL FOR THE CONSTRUCTION OF GREEN ENVIRONMENTALLY
	SUSTAINABLE MEDICAL CLINICS IN LATIN AMERICA (NICARAGUA) AND IMPROVE
	MATERNAL AND INFANT HEALTHCARE IN LATIN AMERICA (NICARAGUA).
4b	(Code:) (Expenses \$
	A SUMMER MEDICAL EXPERIENCE FOR STUDENTS INTERESTED IN HEALTH OR
	INTERNATIONAL STUDIES. STUDENTS LEARN MEDICAL SPANISH AND GET BLS
	(BASIC LIFE SUPPORT) CERTIFICATION BEFORE TRIP. 12 DAYS ARE SPENT IN
	BOACO, NICARAGUA WORKING AT CLINICA VERDE (A RURAL HEALTH CLINIC), AT
	LOCAL SCHOOLS AND WITH OTHER NGOS.
4c	(Code:) (Expenses \$
	A PRENATAL NUTRITION PROGRAM - USING INTERACTIVE LESSONS TO DELIVER A
	10-WEEK SOCIO-BEHAVIORAL CHANGE CURRICULUM, THE ORGANIZATION TEACHES
	PREGNANT MOTHERS ABOUT THE STAGES OF FETAL DEVELOPMENT, WAYS TO CARE
	FOR THEIR CHILD IN THE WOMB, AND NUTRITION DURING THE ANTENATAL AND
	POSTNATAL PERIODS AND DURING THE FIRST FIVE YEARS OF THEIR CHILDREN'S
	LIVES, WHILE PROVIDING SUPPORT AND SPACE TO BUILD A COMMUNITY OF NEW
	MOTHERS WHO SUPPORT EACH OTHER. ALL MOTHERS ENROLLED IN THE PROGRAM AND
	THEIR BABIES ARE FOLLOWED AFTER CONCEPTION WITH REGULAR CHECK-UPS AND
	TRAINING PROVIDED BOTH IN-COMMUNITY AND AT CLINICA VERDE.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	221 020
	Form <b>990</b> (2020)

26-0275981 Page **3** 

# Form 990 (2020) 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		X
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Schedule D, Part III	8		Х
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 donor-restricted endowments	-		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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,		v	
	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		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of 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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<del></del> -
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		Х

032003 12-23-20

Part IV	Checklist of Required Schedules (continued)

				T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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	04-		X
h	Schedule K. If "No," go to line 25a	24a 24b		21
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) 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):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete	31		1
OZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l <u> </u>
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
D	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?	330		
•	If "Yes," complete Schedule R, Part V, line 2	36		Х
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?		37	
Pai	Note: All Form 990 filers are required to complete Schedule 0 It V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Chook is Contouring a response of note to any line in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		. 55	1.10
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

032004 12-23-20

26-0275981

# Form 990 (2020) CLINICA VERDE Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	:	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	📑	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<u>L</u> :	3b		
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).				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b -		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		ا ۔		x
<b>L</b>	any contributions that were not tax deductible as charitable contributions?	·····	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	١,	6b		
7	Were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	·····	OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pa	vor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	[			
	to file Form 8282?	•	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	·	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
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.				
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?	<u>                                </u>	9b		
10	Section 501(c)(7) organizations. Enter:				
a b	Initiation fees and capital contributions included on Part VIII, line 12	-			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders				
	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?	1	I2a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	1	I3a		
	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				
	Enter the amount of reserves on hand				v
	Did the organization receive any payments for indoor tanning services during the tax year?		l4a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<u>  1</u>	l4b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		<u>,</u>		X
	excess parachute payment(s) during the year?	<u> </u>	15		$\vdash^{\Delta}$
16	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		Х
10	If "Yes," complete Form 4720, Schedule O.	····			
	in 196, Complete Committee, Communication		Form	990	/2020

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 on Schedule O. See instructions.

	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	10			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	10			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		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					
	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	X	
b	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 on Schedule O		9		X
Sec	etion 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
b	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 fo	orm?	11a	X	
b	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	X	
b			12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	г	13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
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		X
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 ►CA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5	01(c)(3)	s only	) avail	able
	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 on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	licy, and	d finar	ncial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records	·			
	THE ORGANIZATION - 707-738-3189				
	512 PINE HILL ROAD. ANGWIN. CA 94508				

# 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization r		orga	aniza			mpe	nsat			
(A)	(B)			Pos	C)			(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per	box offi	, unle cer ar	ss pe	rson	is bot or/trus	h an tee)	compensation	compensation	amount of
	week	-					Ė	from the	from related organizations	other compensation
	(list any hours for	direct						organization	(W-2/1099-MISC)	from the
	related	3e Or	stee			ısate		(W-2/1099-MISC)	(** 2/ 1000 1/1100)	organization
	organizations	truste	al tru		yee	ımpeı				and related
	below	Individual trustee or director	Institutional trustee	je je	Key employee	Highest compensated employee	ie.			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) YOLANDA PAREDES-GAITAN (LEFT 10	40.00								_	_
EXECUTIVE DIRECTOR				Х				36,000.	0.	0.
(2) SUSAN DIX LYONS	8.00								_	_
CHAIR		Х		Х				0.	0.	0.
(3) PAIGE PRESTON	1.00			7						
SECRETARY	1 00	Х		X				0.	0.	0.
(4) DR. DOUG WILSON	1.00					ľ				
BOARD MEMBER	1 00	Х						0.	0.	0.
(5) NIKHIL BUMB	1.00									•
BOARD MEMBER	1 00	X						0.	0.	0.
(6) ALANNA HOUCK	1.00	3,7							0	•
BOARD MEMBER	1 00	X						0.	0.	0.
(7) DAVID DAVIDOVIC	1.00	.,		37					0	•
TREASURER	1 00	Х		Х		_		0.	0.	0.
(8) JAN NISSEN	1.00	x		x				0.	0.	0
VICE CHAIR	1.00	^		^				0.	0.	0.
(9) ALICIA HARDY BOARD MEMBER	1.00	x						0.	0.	0.
(10) DR. MAJD ZAYZAFOON	1.00	^						0.	0.	0.
BOARD MEMBER	1:00	X						0.	0.	0.
BOARD MEMBER						$\vdash$		0.	0.	0.
		1								
		1								
		1								
		1								
		1								
		1								
		1								

Par	T VII Section A. Officers, Directors, Trus		ploy	ees/			ighe	st C					
	(A)	(B)			() Pos	C) ition	,		(D)	(E)		(F)	
	Name and title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation		Estima amour	
		week					or/trus		from	from related		othe	
		(list any	ector						the	organizations		ompen	sation
		hours for related	or din	98			ated		organization	(W-2/1099-MISC)		from	
		organizations	rustee	l trust		ee	nbens		(W-2/1099-MISC)			organiz and rel	
		below	Individual trustee or director	Institutional trustee	 	Key employee	Highest compensate employee	er				organiza	
		line)	Indiv	Instit	Officer	Key e	High empl	Former					
			-			_	-				+		
			1										
											$\top$		
											+		
			-										
											+		
			1										
								7					
								Ц					
			-										
								$\overline{}$			+		
			1										
1b	Subtotal								36,000.	C	).		0.
С	Total from continuation sheets to Part V	II, Section A		(	<i></i> .			<b>&gt;</b>	0.	_	).		0.
	Total (add lines 1b and 1c)								36,000.		) .		0.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed al	bov	e) wł	no r	eceived more than \$100	0,000 of reportable			0
	compensation from the organization		₹									Yes	
3	Did the organization list any <b>former</b> officer,	director, trust	ee, l	key e	emp	loye	e, or	r hic	hest compensated emp	oloyee on			
	line 1a? If "Yes," complete Schedule J for s										3	3	Х
4	For any individual listed on line 1a, is the st								•	the organization			
	and related organizations greater than \$15										. 4	1	X
5	Did any person listed on line 1a receive or					-			_	idual for services			X
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	ipiete Scriedur	e J i	or st	JCH	pers	SOII .				<u>.   5</u>	5	
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of compe	ensatio	on from	<u> </u>
	the organization. Report compensation for		-							· · · · · · · · · · · · · · · · · · ·			
	(A)				_				(B)		_	(C)	
	Name and business	address	N	INC	<u> </u>			4	Description of s	ervices	Com	pensat	lion
								$\dashv$					
								_					
								$\dashv$					
2	Total number of independent contractors (	including but n	ot li	mite	d to	tho	se lis	stec	d above) who received n	nore than			
	\$100,000 of compensation from the organ						0						
											Fo	rm <b>990</b>	(2020)

032008 12-23-20

26-0275981 Page **9** 

Form 990 (2020)

CLINICA VERDE

Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response or n	note to any lin	e in this Part VIII			
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue		( <b>D)</b> Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	similar amounts not included above If 48 Noncash contributions included in lines 1a-1f 1g \$	33,043.	483,043.			
0 (0	n	Total. Add lines 1a-1f	siness Code	403,043.			
Program Service Revenue	2 a b c d e f						
		Total. Add lines 2a-2f	<b></b>				
Other Revenue	3 4 5	Investment income (including dividends, interest, other similar amounts)  Income from investment of tax-exempt bond proc Royalties	and > _ eeds >	65.			65.
		Gross rents (i) Real (i) Real (i) Less: rental expenses (b) (ii) Real (iii) Real (iiii) Real (iii) Real (iii)	i) Personal				
	7 a	Net rental income or (loss)	(ii) Other				
	d	and sales expenses	<b>&gt;</b>				
	С	Part IV, line 18 8a Less: direct expenses 8b	<b>&gt;</b>				
	С	Less: direct expenses 9b	<b>&gt;</b>				
		Less: cost of goods sold 10b					
Miscellaneous Revenue	11 a		usiness Code				
cella ever	b						
Mis		All other revenue					
	<u>е</u> 12	Total. Add lines 11a-11d  Total revenue. See instructions		483,108.	0.	0.	65.

032009 12-23-20

26-0275981 Page **10** 

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising 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,	36,000.	36,000.		
_	trustees, and key employees	30,000.	30,000.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	114,720.	114,720.		
7	Other salaries and wages	114,/40•	114,740.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
c	`````````````````````````````	7,679.	7,679.		
9 10	Other employee benefits	2,908.	2,908.		
11	Payroll taxes  Fees for services (nonemployees):	2,500.	2,500.		
	. ` ' ' '	1			
a b		177.		177.	
C		11,263.		11,263.	
d		22,200			
e	D ( ' 1( 1 ' ' ' O D ' N' I' 47				
f	Investment management fees				
g	//CII 44				
9	column (A) amount, list line 11g expenses on Sch O.)	13,407.	9,936.		3,471
12	Advertising and promotion	1,800.	1,694.	106.	·
13	Office expenses	4,418.	4,403.	15.	
14	Information technology	1,607.		1,607.	
15	Royalties				
16	Occupancy	7,792.	7,792.		
17	Travel	12,970.	12,820.	150.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	35,410.	35,410.		
23	Insurance	3,815.	188.	3,627.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а		95,748.	95,673.	75.	
b	MISCELLANEOUS-NIC	2,616.	2,616.		
С	OTHER FUNDRAISING EXPEN	948.			948
d	PAYROLL SERVICE	579.		579.	
е					
25	Total functional expenses. Add lines 1 through 24e	353,857.	331,839.	17,599.	4,419
26	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

26-0275981 Page **11** Form 990 (2020)
Part X Balance Sheet CLINICA VERDE

га	ILA	Charlet Calcadala Carataina anno ann a		But the Alex Don CM			
		Check if Schedule O contains a response or no	ote to an	y line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			281,300.	1	317,507.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3	10,000		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	contributor, or 35%				
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe				6	
şt	7	Notes and loans receivable, net			12 722	7	101 001
Assets	8	Inventories for sale or use			43,722.	8	124,391
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		0.50 7.40			
		basis. Complete Part VI of Schedule D		868,748.	FF6 (220		E01 610
	b	Less: accumulated depreciation		347,129.	556,338.	10c	521,619
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			001 260	15	072 517
	16	Total assets. Add lines 1 through 15 (must equ			881,360.	16	973,517
	17	Accounts payable and accrued expenses			15,129.	17	14,035
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or for					
≣		trustee, key employee, creator or founder, sub-				00	
Ē.	00	controlled entity or family member of any of the				22	
	23 24	Secured mortgages and notes payable to unre				23 24	
	25	Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, p				24	
	25	parties, and other liabilities not included on line					
		of Schedule D	5 17-24,	. Complete Fart A		25	
	26	Total liabilities. Add lines 17 through 25			15,129.	26	14,035
	20	Organizations that follow FASB ASC 958, ch			23,223	20	22,000
es		and complete lines 27, 28, 32, and 33.	COR HO				
and	27	Net assets without donor restrictions			866,231.	27	918,482
Bal	28	Net assets with donor restrictions				28	41,000
n D		Organizations that do not follow FASB ASC					,
ī		and complete lines 29 through 33.	,				
S O	29	Capital stock or trust principal, or current funds	3	ľ		29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			866,231.	32	959,482
_	33	Total liabilities and net assets/fund balances			881,360.	33	973,517

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  1  1  1  1  1  1  1  1  1  1  1  1  1	48 35 12 86	3,1 3,8 9,2 6,2	57. 51. 31.
9	Other changes in net assets or fund balances (explain on Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	95	9,4	82.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
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 O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis			v
b	Were the organization's financial statements audited by an independent accountant?	. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 on Schedule O.			
	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?	. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	. 3b		

## Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**2020** 

Name of the organization

CLINICA VERDE

26-0275981

Organization type (check one):										
Filers of:	ilers of: Section:									
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization									
	4947(a)(1) nonexempt charitable trust <b>not</b> 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									
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .									
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										
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.									
Special Rules										
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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; line 1. Complete Parts I and II.									
contributor, during literary, or education	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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.									
year, contributions is checked, enter h purpose. Don't col	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \bigsim \\$ \									
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-FZ, 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) (2020)

Name of organization Employer identification number

CLINICA VERDE 26-0275981

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 14,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 13,406.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions  \$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Plante, addition, and Ell TT	\$ 55,750.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 6	raine, audi 655, and £ir + 4	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CLINICA VERDE

26-0275981

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$ 10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 85,148.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Name of organization

CLINICA VERDE

26-0275981

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	MEDICAL DRUGS AND SUPPLIES		
2		\$\$	12/31/20
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	MEDICAL DRUGS AND SUPPLIES		
9		\$ 85,148.	06/29/20
(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
		\$	

Employer identification number

Name of organization

LINIC	CA VERDE		26-0275981
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	through <b>(e) and</b> the following line ent charitable, etc., contributions of <b>\$1,000 or</b>	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the try. For organizations less for the year. (Enter this info. once.)
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of giff	Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	t  Relationship of transferor to transferee
No. com art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CLINICA VERDE

**Employer identification number** 26-0275981

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	de or Accounts Complete if the
Fai			ds of Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(b) Funds and other accounts
		(a) Donor advised funds	(b) Fullus and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n 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 str		
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-		
	year ▶		
4	Number of states where property subject to conservation ear	sement is located	_
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	vation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial state	ments that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	t and balance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	d balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

3 Ising the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection times (check all that apply):  a Public exhibition	Par	rt III   Organizations Maintaining C	Collections of A	rt, Histo	orical Tr	easures, d	or Othe	er Simila	r Asse	<b>ts</b> (contir	nued)	
a Public exhibition d	3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t make s	significant ι	ise of its			
b Scholarly research   e												
c Peaservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parl XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Parl IV, line 9, or reported an amount on Form 990, Parl X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Parl X2.  1b If "Yes," explain the arrangement in Parl XIII and complete the following table:  1 Ending balance 2 Biginning balance 3 Additions during the year 4 Ending balance 5 Ending balance 6 Distributions during the year 7 Ending balance 9 Distributions during the year 1 Ending balance 9 Distributions during the year of the organization answered "Yes" on Form 990, Parl X, line 10.  1 Ending balance 9 Distributions during the year 1 Ending balance 9 Distributions during the year of the organization has been provided on Parl XIII.  1 Distributions during the year of the organization balance (line 1g, column (a)) held as: 1 Beginning of year balance 1 Ending balance 1 Distributions during the year of the organization of the organization that are held and administered for the organization of year balance organizations 9 End of year balance 1 Distributions during the organizations of the organization should be organization or the organization or the organization organizations 1 Howell organizations during the organization answe	а	Public exhibition	d	<u>                                   </u>	oan or exc	hange progra	am					
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds at their than to be maintained as part of the organization's collection?  Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  □ Beginning balance □ Armount	b	Scholarly research	е	o	ther							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solf to raise funder stather than to be maintained as part of the organization's collection?	С	Preservation for future generations										
To be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explai	n how the	ey further t	he organizati	on's exe	mpt purpos	se in Parl	XIII.		
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or report an amount on Form 990, Part IV, line 10.    The service of the service of the complete if the organization answered service of the complete if the organization and part (line 1) and the service of the complete if the organization on Form 990, Part IV, line 10.    The service of the service of the complete if the organization answered service of the complete if the organization include an amount on Form 990, Part X. line 21, for escrow or custodial account liability?   Yes   No   If "Yes" explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII   Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Beginning of year balance   (a) Current year   (b) Prior year   (c) Iwo years back   (d) Thirde years back   (e) Four years	5	- · · · · · · · · · · · · · · · · · · ·							_	-	_	_
reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 10.  c Beginning balance  d Additions during the year  1a Distributions during the year  1 Ending balance  2 Distributions during the year  1 Ending balance  2 Distributions during the year  1 Endowment Funds. Complete if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the explanation has been provided on Part XIII  1 Beginning of year balance  2 Distributions  1 Administrative expenses  2 End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ %  5 The percentages on lines 2a, 2b, and 2c should equal 100%:  3a Are there endowment ▶ %  1 Part V I Interest the endowment I was percentage on the endowment I was percentage on the endowment I was percentage on lines 2a, 2b, and 2c should equal 100%:  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  5 If Yes in line 3a(i), are the related organizations isted as required on Schedule R?  3a (iii) Related organizations  5 If Yes in line 3a(ii), are the related organizations endowment funds.  Part V I in line 3a(ii), are the related organizations endowment funds.  Description of property  (a) Cost or other basis (investment) basis (order) depreciation  2 Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  2 Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  2 Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  2 Comp									L			<u>No</u>
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b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶  b Permanent endowment ▶  c Term endowment ▶  f The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other) depreciation  1a Land  20,000 • 20,000 • 40 Book value despendents  c Leasehold improvements d Equipment  c Leasehold improvements d Equipment  94,778 • 69,250 • 25,528 • 60 + 60 + 60 + 60 + 60 + 60 + 60 + 60		Decimalization of control below as	(a) Current year	(b) Pri	or year	(c) Two year	IS Dack	(a) Tillee ye	ars Dack	(e) Four	years	Dack
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment    b Permanent endowment    c Term endowment    w    the percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) basis (other) depreciation  1a Land 20,000.  b Buildings 743,895. 267,804. 476,091. c Leasehold improvements d Equipment 94,7778. 69,250. 25,528. e Other 10,075. 10,075.				-								
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a Board designated or quasi-endowment ▶			ront year and balanc	o (lino 1a	column (c	)) hold as:						
b Permanent endowment ▶			rent year end baland	رااا او این مد	, coluitiit (a	ij) Helu as.						
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Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land  20,000  Buildings  C Leasehold improvements  d Equipment  e Other  Other  Other  1a Land  1a Land  20,000	b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sc	hedule R?							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation			The state of the s									
Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation	Par											
ta Land         basis (investment)         basis (other)         depreciation           b Buildings         743,895         267,804         476,091           c Leasehold improvements         94,778         69,250         25,528           e Other         10,075         10,075         0		Complete if the organization answere	d "Yes" on Form 990	), Part IV,	line 11a. S	See Form 990	), Part X,	line 10.				
1a Land       20,000.       20,000.         b Buildings       743,895.       267,804.       476,091.         c Leasehold improvements       94,778.       69,250.       25,528.         e Other       10,075.       10,075.       0.		Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulated	ı L	(d) Boo	k valu	е
b Buildings       743,895.       267,804.       476,091.         c Leasehold improvements       94,778.       69,250.       25,528.         e Other       10,075.       10,075.       0.			basis (investr	nent)		` '						
b Buildings       743,895.       267,804.       476,091.         c Leasehold improvements       94,778.       69,250.       25,528.         e Other       10,075.       10,075.       0.	1a	Land										
c Leasehold improvements       94,778.       69,250.       25,528.         e Other       10,075.       10,075.       0.					74	3,895.		267,80	4.	47	6,0	91.
d Equipment       94,778.       69,250.       25,528.         e Other       10,075.       10,075.       0.												
e Other 10,075.										2	5,5	28.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					1	0,075.		10,07	5.			0.
	Total	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, columi	n (B), line 1	0c.)			<b></b>	52	1,6	19.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 CLINICA VER	DE	26-	-0275981 <sub>Page</sub> 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	11c. See Form 990. Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)	` '		,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		•	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	on Form 000 Port IV line 1	11d Con Form 000 Port V line 15	
Complete if the organization answered "Yes"	Description	Tid. See Form 990, Fart X, line 15.	(b) Book value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total, (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	<b>•</b>	

Schedule D (Form 990) 2020

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Pai	rt XI Reconciliation of Revenue per Audited Financia		per Return.	
	Complete if the organization answered "Yes" on Form 990, Par	· · · · · · · · · · · · · · · · · · ·		
1	Total revenue, gains, and other support per audited financial statemen	nts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		- I	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
_C	Add lines 4a and 4b			
5 <b>D</b> 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lirt XII   Reconciliation of Expenses per Audited Financi			
Га		-	es per neturn.	
_	Complete if the organization answered "Yes" on Form 990, Par			
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:	2a		
a	Donated services and use of facilities			
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII.)		20	
е 3	•			
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			
тa	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
c			4c	
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I,			
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4: Part IV. lines 1b and 2b: Par	t V. line 4: Part X. line 2: Part	XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-		, , , , ,	,
		•		

#### 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.

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

QMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization

Employer identification number

<b>T</b>	o or the organization					Employer lacitus	ioution number			
CL:	INICA VERDE					26-027598	31			
Pa	rt I General Info	rmation on A	ctivities Out	tside the United States. Comple	ete if the organ	ization answered "	Yes" on			
	Form 990, Part IV	/, line 14b.								
1				ds to substantiate the amount of its gra						
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance?	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. (II	ne following Part (b) Number of		an be duplicated if additional space is r (d) Activities conducted in the region		vity listed in (d)	(f) Total			
	(a) negion	offices	employees,	(by type) (such as, fundraising, pro-		gram service,	expenditures			
		in the region	employees, agents, and independent	gram services, investments, grants to		specific type	for and			
			contractors	recipients located in the region)		(s) in the region	investments in the region			
			in the region		EMPLOYEES A	ND				
					CONTRACTORS					
					ASSIST IN F					
ENT	RAL AMERICA	1	22		OPERATIONS		260,998.			
							1			
3 a	Subtotal	1	22				260,998.			
	Total from continuation						<u> </u>			
	sheets to Part I	0	0				0.			
С	Totals (add lines 3a									
	and 3h)	1	22				260 998.			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2020

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
							3	
					<u>S</u>			
			A.C.					
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	recognized as charities by the or counsel has provided a sec	ction 501(c)(3) ed	quivalency letter	<b>&gt;</b>		•

Schedule F (Form 990) 2020

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. Part III can be duplicated if additional space is needed

CLINICA VERDE

Part III can be duplicated if a	dditional space is neede	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
				103			
		0					
	1						lula F (Farma 000) 0000

Page 3

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? If "Yes," 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; don't file with Form 990)	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? If "Yes," 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)	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; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

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.

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

Name of the organization CLINICA VERDE Employer identification number 26-0275981

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributions	(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		items contributed	Tomm 390, rant vini, line rg				
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	X	14	00 554	COMPARABLE	COC	mс	
20	Drugs and medical supplies	Λ	14	90,554.	COMPARABLE	COS	15	
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24 25	Archeological artifacts  Other ( )							
26	Other (							
27	Other (							
28	Other (							
29	Number of Forms 8283 received by the organi	zation durin	a the tax vear for o	contributions				
	for which the organization completed Form 82	~	•					
		, ,	•	,			Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	utions?	31		X
32a	Does the organization hire or use third parties							
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							
1 1 1 1	For Denominant Dedication Act Notice and			_	Cabadula N			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

Part	is	s repor	tinc	in P	art I	, colu	mn (b	), the	numb	de the in per of co	nfor	mation requi	red by I numbe	Part I, r of ite	lines 30 ems rece	b, 32b, an eived, or a	nd 33, ar combin	nd whether the orgation of both. Also	ganization o complete
SCHI	EDUL	E M	,	PA	RT	I,	CC	LUI	4N	(B):									
THE	NUM	BER	0	F	COI	NTR	IBU	JTIC	ONS	WAS	D	ETERMI	NED	вч	THE	DATE	THE	DONATION	WAS
RECO	ORDE	D I	N	TH:	E S	SCH	EDU	JLE	OF	DON	LΑ	CIONS R	ECE	EVEI	o.				
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# **SCHEDULE 0**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# 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 ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

CLINICA VERDE

**Employer identification number** 26-0275981

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MEDICALLY UNDERSERVED IN LATIN AMERICA (NICARAGUA). FORM 990, PART VI, SECTION B, LINE 11B: 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 B, LINE 15A: THE ORGANIZATION HIRED AN EXECUTIVE DIRECTOR AND CONDUCTED THEIR OWN RESEARCH ON COMPARABILITY. THE CANDIDATE WAS INTERVIEWED AND CONSIDERED FOR THE POSITION BY VOTES FROM 3 OF THE MEMBERS OF THE BOARD OF DIRECTORS. 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	ine Unadjus Cost Or E	ed Bus asis % Exc	Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS													
13	BUILDING * 990 PAGE 10 TOTAL	01/15/12	SL	25.00	1					743,895.			29,756.	
	BUILDINGS MACHINERY & EQUIPMENT					743,8	95.			743,895.	238,048.		29,756.	267,804.
10	MEDICAL EQUIPMENT	07/15/11	200DB	5.00	нү1	7 36,6	12.		A	36,612.	36,612.		0.	36,612.
11	FETAL DOPPLERS (2)	07/26/11	200DB	5.00	нү1	7 1,1	73.			1,173.	1,173.		0.	1,173.
12	SIGNAGE	12/31/11	200DB	7.00	нү1	7 2	21.			221.	221.		0.	221.
14	PROJECTOR	10/19/12	200DB	5.00	ну1	7 7	32.		366.	366.	366.		0.	366.
15	TIGER DIRECT	08/16/12	200DB	5.00	HY1	7 6	48.		324.	324.	324.		0.	324.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					39,3	86.		690.	38,696.	38,696.		0.	38,696.
	LAND													
5	LAND	08/29/08	L			20,0	00.			20,000.			0.	
	* 990 PAGE 10 TOTAL LAND					20,0	00.			20,000.	0.		0.	0.
	PROGRAM SERVICES													
18	SOLAR INSTALLATION	04/01/14	200DB	5.00	нү1	7 10,0	75.		5,038.	5,037.	5,037.		0.	5,037.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES					10,0	75.		5,038.	5,037.	5,037.		0.	5,037.
	MACHINERY & EQUIPMENT													
16	NIC EQUIPMENT	06/30/12	200DB	5.00	ну1	7 5,6	58.		2,829.	2,829.	2,829.		0.	2,829.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
17	NIC EQUIPMENT	06/30/13	200DB	5.00	нү17	5,017.			2,509.	2,508.	2,508.	·	0.	2,508.
19	NIC EQUIPMENT	06/30/14	200DB	5.00	ну17	878.			439.	439.	439.		0.	439.
26	NIC EQUIPMENT	06/30/15	200DB	5.00	ну17	6,278.			3,139.	3,139.	2,958.		181.	3,139.
27	NIC EQUIPMENT	06/30/16	200DB	5.00	НУ17	4,375.			2,188.	2,187.	1,809.		252.	2,061.
28	NIC EQUIPMENT	06/30/18	SL	5.00	16	3,301.				3,301.	990.		660.	1,650.
29	NIC 4X4 TOYOTA AND EQUIPMENT	06/30/19	SL	5.00	16	15,731.				15,731.	1,573.		3,146.	4,719.
31	NIC EQUIPMENT	06/30/20	SL	5.00	16	14,154.				14,154.			1,415.	1,415.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					55,392.			11,104.	44,288.	13,106.		5,654.	18,760.
	* 990 PAGE 10 TOTAL -					868,748.			16,832.	851,916.	294,887.		35,410.	330,297.
	* GRAND TOTAL 990 PAGE 10 DEPR					868,748.			16,832.	851,916.	294,887.		35,410.	330,297.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE	71				854,594.			16,832.	837,762.	294,887.			328,882.
	ACQUISITIONS					14,154.			0.	14,154.	0.			1,415.
	DISPOSITIONS/RETIRED				П	0.			0.	0.	0.			0.
	ENDING BALANCE					868,748.			16,832.	851,916.	294,887.			330,297.
	ENDING ACCUM DEPR										347,129.			
	ENDING BOOK VALUE										521,619.			

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

### - CURRENT YEAR FEDERAL - CLINICA VERDE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
	BUILDING * 990 PAGE 10 TOTAL BUILDINGS MACHINERY &	011512	SL	25.00	16	743,895. 743,895.		0.	743,895. 743,895.			29,756. 29,756.
	EQUIPMENT											
10	MEDICAL EQUIPMENT	071511	200DB	5.00	17	36,612.			36,612.	36,612.		0.
11	FETAL DOPPLERS (2)	072611	200DB	5.00	17	1,173.			1,173.	1,173.		0.
12	SIGNAGE	123111	200DB	7.00	17	221.			221.	221.		0.
14	PROJECTOR	101912	200DB	5.00	17	732.		366.	366.	366.		0.
15		081612	200DB	5.00	17	648.		324.	324.	324.		0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					39,386.		690.	38,696.	38,696.		0.
	LAND											
5		082908	Ь			20,000.			20,000.			0.
	* 990 PAGE 10 TOTAL LAND					20,000.		0.	20,000.	0.		0.
	PROGRAM SERVICES											
18	SOLAR INSTALLATION	040114	200DB	5.00	17	10,075.		5,038.	5,037.	5,037.		0.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES MACHINERY &					10,075.		5,038.	5,037.	5,037.		0.
	EQUIPMENT											
16	NIC EQUIPMENT	063012	200DB	5.00	17	5,658.		2,829.	2,829.	2,829.		0.

### - CURRENT YEAR FEDERAL - CLINICA VERDE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
17	NIC EQUIPMENT	063013	3200DB	5.00	17	5,017.		2,509.	2,508.	2,508.		0.
19	NIC EQUIPMENT	063014	1200DB	5.00	17	878.		439.	439.	439.		0.
26	NIC EQUIPMENT	063015	200DB	5.00	17	6,278.		3,139.	3,139.	2,958.		181.
27	NIC EQUIPMENT	063016	200DB	5.00	17	4,375.		2,188.	2,187.	1,809.		252.
	-	063018	BSL	5.00	16	3,301.			3,301.	990.		660.
	NIC 4X4 TOYOTA AND EQUIPMENT	063019	SL	5.00	16	15,731.			15,731.	1,573.		3,146.
31		063020	SL	5.00	16	14,154.			14,154.			1,415.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					55,392.		11,104.	44,288.	13,106.		5,654.
	* 990 PAGE 10 TOTAL -					868,748.		16,832.	851,916.	294,887.		35,410.
	* GRAND TOTAL 990 PAGE 10 DEPR					868,748.		16,832.	851,916.	294,887.		35,410.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					854,594.		16,832.	837,762.	294,887.		
	ACQUISITIONS					14,154.		0.	14,154.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					868,748.		16,832.	851,916.	294,887.		

- NEXT YEAR FEDERAL -

CLINICA VERDE

Asset No.	Description	Date Acquir		Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS									
		01 15	12	SL	25.00	743,895.		743,895.		
	* 990 PAGE 10 TOTAL BUILDINGS					743,895.		743,895.	267,804.	29,756.
	MACHINERY & EQUIPMENT				- 00	26 642		0.5 .51.0	26.612	
				200DB		36,612.		36,612.		
				200DB		1,173.		1,173.		
				200DB		221.		221.		
				200DB		732.				
-		08 16	12	200DB	5.00	648.	324.	324.	324.	0.
	* 990 PAGE 10 TOTAL MACHINERY &									
	EQUIPMENT					39,386.	690.	38,696.	38,696.	0.
	LAND									
-		08 29	908	L		20,000.		20,000.		0.
	* 990 PAGE 10 TOTAL LAND					20,000.		20,000.	0.	0.
	PROGRAM SERVICES									
			14	200DB	5.00	10,075.	5,038.	5,037.	5,037.	0.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES									
						10,075.	5,038.	5,037.	5,037.	0.
	MACHINERY & EQUIPMENT									
				200DB		5,658.				
17				200DB		5,017.				
19				200DB		878.	439.	439.	439.	0.
26	NIC EQUIPMENT	0630	15	200DB	5.00	6,278.	3,139.	3,139.	3,139.	0.
27				200DB	5.00	4,375.	2,188.	2,187.	2,061.	126.
28	NIC EQUIPMENT	0630	18	SL	5.00	3,301.		3,301.	1,650.	660.
29	NIC 4X4 TOYOTA AND EQUIPMENT	0630	19	SL	5.00	15,731.		15,731.	4,719.	3,146.
31	NIC EQUIPMENT	0630	20	SL	5.00	14,154.		14,154.	1,415.	2,831.
	* 990 PAGE 10 TOTAL MACHINERY &									
	EQUIPMENT					55,392.	11,104.	44,288.	18,760.	6,763.
	* 990 PAGE 10 TOTAL -					868,748.				
	* GRAND TOTAL 990 PAGE 10 DEPR					868,748.				
						,		•		

<sup>(</sup>D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- CURRENT YEAR STATE -

CLINICA VERDE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
13	BUILDING	011512	SL	25.00	16	743,895.			743,895.	238,048.		29,756.
10	MEDICAL EQUIPMENT	071511	200DB	5.00	17	36,612.			36,612.	36,612.		0.
11	FETAL DOPPLERS (2)	072611	200DB	5.00	17	1,173.			1,173.	1,173.		0.
12	SIGNAGE	123111	200DB	7.00	17	221.			221.	221.		0.
14	PROJECTOR	101912	200DB	5.00	17	732.			732.	732.		0.
15	TIGER DIRECT	081612	200DB	5.00	17	648.			648.	648.		0.
5	LAND	082908	L			20,000.			20,000.			0.
18	SOLAR INSTALLATION	040114	200DB	5.00	16	10,075.			10,075.	1,914.		0.
16	NIC EQUIPMENT	063012	200DB	5.00	17	5,658.			5,658.	5,658.		0.
17	NIC EQUIPMENT	063013	200DB	5.00	17	5,017.			5,017.	5,017.		0.
19	NIC EQUIPMENT	063014	200DB	5.00	16	878.			878.	805.		0.
26	NIC EQUIPMENT	063015	200DB	5.00	17	6,278.			6,278.	5,916.		362.
27	NIC EQUIPMENT	063016	200DB	5.00	17	4,375.			4,375.	3,619.		504.
		063018	SL	5.00	16	3,301.			3,301.	990.		660.
	NIC 4X4 TOYOTA AND EQUIPMENT	063019	SL	5.00	16	15,732.			15,732.	1,573.		3,146.
31	• =	063020	SL	5.00	16	14,154.			14,154.			1,415.
	TOTAL FORM 199 DEPRECIATION					868,749.			868,749.	302,926.	0.	35,843.
	TOTALS FOR CALIFORNIA					868,749.			868,749.	302,926.	0.	35,843.

- NEXT YEAR STATE -

CLINICA VERDE

Asset No.	Description	Date Acquir		Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDING	01 15			25.00	•		743,895.		29,756.
	MEDICAL EQUIPMENT			200DB		36,612.		36,612.		
	FETAL DOPPLERS (2)			200DB		1,173.		1,173.		0.
	SIGNAGE			200DB		221.		221.		0.
	PROJECTOR			200DB		732.		732.		0.
	TIGER DIRECT			200DB	5.00	648.		648.	648.	0.
_	LAND	08 29				20,000.		20,000.		0.
	SOLAR INSTALLATION			200DB		10,075.		10,075.		0.
	NIC EQUIPMENT			200DB		5,658.		5,658.		0.
	NIC EQUIPMENT	0630	13	200DB	5.00	5,017.		5,017.		0.
	NIC EQUIPMENT			200DB		878.		878.	805.	0.
	NIC EQUIPMENT			200DB		6,278.		6,278.		0.
	NIC EQUIPMENT	0 6 3 0	16	200DB		4,375.		4,375.		252.
	NIC EQUIPMENT	0630			5.00	3,301.		3,301.		660.
	NIC 4X4 TOYOTA AND EQUIPMENT	0630			5.00	15,732.		15,732.		
31		0630	20	SL	5.00	14,154.		14,154.		
	TOTAL FORM 199 DEPRECIATION					868,749.		868,749.		
	TOTALS FOR CALIFORNIA					868,749.		868,749.	338,769.	36,645.
			Ш							