

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 2978069

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury

Here

Paid

Preparer

Use Only

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

A For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change CLINICA VERDE Name change 26-0275981 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 707 967-5530 512 PINE HILL ROAD 340,460. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 94508 ANGWIN, CA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SUSAN DIX LYONS for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) (4947(a)(1) or) ◀ (insert no.) If "No," attach a list. See instructions J Website: ► CLINICAVERDE.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > Year of formation: 2007 **M** State of legal domicile: CA Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO BUILD AND MAINTAIN **Activities & Governance** ENVIRONMENTALLY SUSTAINABLE HEALTH CLINICS TO MEET THE NEEDS OF THE if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 Number of voting members of the governing body (Part VI, line 1a) 3 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Current Year Prior Year** 340,357. 483,043 Contributions and grants (Part VIII, line 1h) 8 0. 0 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 65. 103. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0 11 483,108. 340,460 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 161,307. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 113,889. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 192,550. 197,780. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 353,857. 311,669. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 129,251. 28,791. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 973,517. 994,011 20 Total assets (Part X, line 16) 14,035. 26,663. 21 Total liabilities (Part X, line 26) 三年 959,482. 967,348 22 Net assets or fund balances. Subtract line 21 from line 20 ... Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign SUSAN DIX LYONS, CHAIRPERSON

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SANTA ROSA, CA 95403

Firm's name ▶ PISENTI & BRINKER LLP

May the IRS discuss this return with the preparer shown above? See instructions

Firm's address 3562 ROUND BARN CIRCLE,

Type or print name and title

Print/Type preparer's name

LINDA KACHIU

Form 990 (2021)

PTIN

Firm's EIN ▶ 94-1585562

Phone no. (707) 542-3343

P00134282

X Yes

Check

05/20/22 self-employed

Preparer's signature

LINDA KACHIU

SUITE 200

Date

	Check if Schedule O contains a response or note to any line in this Part III	٦
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).	_
		_
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.	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Ю
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No.	ı
3	If "Yes," describe these changes on Schedule O.	U
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	(Code:) (Expenses \$ 262,035. including grants of \$) (Revenue \$)
	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 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.	_
4c	(Code:) (Expenses \$	_)
		_
		_
		_
		_
		_
		_
	·	
		_
4d	Other program services (Describe on Schedule O.)	
4 -	(Expenses \$ including grants of \$) (Revenue \$) Total program convice expenses \$ 291 150.	_
/10	LOTAL PROGRAM CONJUCT OVPONECE	

Form **990** (2021)

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Form 990 (2021) 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? See instructions	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			
	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 Rev. Proc. 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	<u> </u>		
	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,	Ť		
•	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? <i>If</i> "Yes," <i>complete</i>	-		
0				X
^	Schedule D, Part III	8		
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			37
	or in 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	<u> </u>
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			
	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		Х
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	L	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	Х	
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	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		Х
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,	_ 		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		
.0		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		 ^ `
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
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	_		_V
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form **990** (2021)

Form	990 (2021) CLINICA VERDE 26-027	75981	В	1000
	t IV Checklist of Required Schedules (continued)	73301	<u>F</u>	age
	- (sortands)		Yes	No
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		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			
	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			
	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			
	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			l
	Schedule L, Part I	. 25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			١,,
	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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			٦,
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			٠,
	"Yes," complete Schedule L, Part IV		77	X
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			, v
0.4	contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		┝≏
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
20	Schedule N, Part II	. 32		_^
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		X
2F ~	Part V, line 1			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u> </u>
b	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?		1	
55	To the field of the first of the organization make any transfers to an exempt norronalitable related organization?	- 1	1	1

Note: All Form 990 filers are required to complete Schedule O 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						
					Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	5				
b	Enter the number of Forms W-2G included on 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		

If "Yes," complete Schedule R, Part V, line 2

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

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Form **990** (2021)

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Form	990 (2021) CLINICA VERDE	26-0275	981	Р	age 5					
Par	tV 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	2a 0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	3								
			3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			37						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a	Х						
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 Activities to the control of the control o	counts (FBAR).	5a		Х					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5b		X					
	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	e organization solicit	C -		X					
L	any contributions that were not tax deductible as charitable contributions?	no or eithe	6a							
D	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tox deductible?	-	6h							
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b							
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sen	vices provided to the payor?	7a	Х						
a b	If IIV as II all it has a consideration or at its the plant of the control of the		7b	X						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	e required	7.0							
·	to file Form 8282?	s required	7c		x					
ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	•	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f							
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8										
	sponsoring organization have excess business holdings at any time during the year?	-,	8							
9										
а	Did the appropriate and a second control of the first the second control of the second c		9a							
b			9b							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
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	12b								
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?		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	1								
	organization is licensed to issue qualified health plans	13b								
C	Enter the amount of reserves on hand	13c								
			14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		-					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				🕶					
	excess parachute payment(s) during the year?		15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.				v					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X					
4 -	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

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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			
	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			
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, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
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		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		21
	(Inis Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b		10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b		1 Ia	21	
		12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X	
b		120	- 21	
С	1 7 11 756, 4333.125	12c	Х	
10	on Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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?	45.		v
	The organization's CEO, Executive Director, or top management official	15a		X
D	Other officers or key employees of the organization	15b		^
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
ıva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х
1.	taxable entity during the year?	16a		
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	401		
Soc	exempt status with respect to such arrangements? tion C. Disclosure	16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed CA	I - V		-1-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	avallat	oie
	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 policy, and	tinano	ial	
••	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			

Form **990** (2021)

Form 990 (2021) CLINICA VERDE 26-0275981 Page 7

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss per	son i	s both	an	compensation	compensation	amount of
	week		Cei ai	iu a u		n/u uS	(30)	from	from related	other
	(list any hours for	Individual trustee or director		4				the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			nsatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	Institutional trustee		yee	om per		1099-NEC)	10001120)	and related
	below	idual	tution	er	Key employee	est co loyee	. Jer			organizations
	line)	Indiv	Instil	Officer	Key	Highest compensated employee	Former			
(1) SUSAN DIX LYONS	8.00									
CHAIR		Х		X				0.	0.	0.
(2) PAIGE PRESTON	1.00									
SECRETARY		X		Х				0.	0.	0.
(3) DR. DOUG WILSON	1.00									
BOARD MEMBER	1 00	X						0.	0.	0.
(4) NIKHIL BUMB	1.00	ļ								
BOARD MEMBER	1 00	Х						0.	0.	0.
(5) ALANNA HOUCK	1.00	٠,,							_	
BOARD MEMBER	1 00	Х						0.	0.	0.
(6) DAVID DAVIDOVIC	1.00	·		77				_	_	
TREASURER (7) JAN NISSEN	1.00	Х		Х				0.	0.	0.
VICE CHAIR	1.00	х		х				0.	0.	0.
(8) ALICIA HARDY	1.00							0.	<u></u>	<u> </u>
BOARD MEMBER	1.00	х						0.	0.	0.
(9) DR. MAJD ZAYZAFOON	1.00	1								•
BOARD MEMBER		Х						0.	0.	0.
		1								
		<u> </u>								
]								
		<u> </u>								
		1								
		<u> </u>	_			_				
		1								
										Form 990 (2021)

Form 990 (2021)

	990 (2021) CLINICA V									26-02	275	981	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	1	oloy	ees,			ghes	t C		l ' '				
	(A)	(B)			(C Posi		,		(D)	(E)		_	(F)	
	Name and title	Average hours per		not c	heck r	more	than		Reportable Reportable				timate nount (
		week			ss per nd a di				compensation compensati			an	other	OI
		(list any	tor						the	organization		com	pensa	tion
		hours for	r direc				pg		organization	(W-2/1099-MIS			om the	
		related	stee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		org	anizati	ion
		organizations	al trus	nal tr		loyee	comp		1099-NEC)				d relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
		iiiie)	ii.	Ĕ	JJ0	Ke	를 등 등	요						
			ł											
			ł											
					4									
			ł					М						
								V						
			ł											
								4						
							ľ							
			$oxed{oxed}$											
	Subtotal							▶	0.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	•			^
	compensation from the organization												1	0
											1		Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	еу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su			-					•	-				
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om a	any	unre	elate	ed organization or individ	dual for services				
	rendered to the organization? If "Yes, " com	plete Schedule	J f	or su	ıch r	oers	on					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con										ensat	ion fro	om	
	the organization. Report compensation for t	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin		ear.				
	(A)	addraga	37/		_				(B)	. am daga	_	()		_
	Name and business	address	ИС	ONE	5				Description of s	services		ompe	nsatior	11
								\dashv						
	7							\dashv						
	<u> </u>													
								\dashv						
2	Total number of independent contractors (in	ncludina hut n	ot lin	niter	t ot b	thos	se lie	ted	above) who received ma	ore than				
-	\$100,000 of compensation from the organization	•	J. 111		۱ ت،	(.54		J. J				
	T. 13,000 of componication from the organiz						-					Form	990 ₍₂	2021)

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		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			,	(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	h	Membership dues 1b					
9 9		Fundraising events 1c					
fts, r Ai	6	Related organizations 1d					
igia Bila	-	Government grants (contributions)	15,000.				
Sin	f	All other contributions, gifts, grants, and	23,000				
uti Je	•		325,357.				
흕		Noncash contributions included in lines 1a-1f 1g \$	26,183.				
on Pud	e h	Total. Add lines 1a-1f		340,357.			
<u> </u>		Totali / Ida iiiico Ta 11	Business Code	020/00/			
•	2 a						
vice	_ b						
Ser	c						
m S	d						
gra	е						
Program Service Revenue		All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
		other similar amounts)		103.	`		103.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
<u>e</u>		and sales expenses 7b					
eni	c	Gain or (loss) 7c					
Be∖		Net gain or (loss)					
her Revenue		Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses9b					
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
- 4		and allowances10a					
Ì	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory					
Ø			Business Code				
Miscellaneous Revenue	11 a						
lan	b						
Sev	C						
Mis	d	All other revenue					
	е	Total. Add lines 11a-11d		240 460	^		100
	12	Total revenue. See instructions		340,460.	0.	0.	103.

Form 990 (2021) CLINICA VERDE Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must cor	mplete column (A).	
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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		4		
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				
	persons described in section 4958(c)(3)(B)	112 222	112 000		
7	Other salaries and wages	113,889.	113,889.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
	Legal	11,180.		11 100	
	Accounting	11,100.		11,180.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	26,033.	25,208.	175.	650.
12	Advertising and promotion	1,310.		669.	
13	Office expenses	5,030.	4,944.	86.	
14	Information technology	2,653.	,	2,653.	
15	Royalties	•		,	
16	Occupancy	8,398.	8,398.		
17	Travel	8,473.	8,323.	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	37,265.	37,265.		
23	Insurance	3,630.		3,630.	
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.)				
a b	OTHER OPERATING EXPENSE	93,808.	92,482.	378.	948.
С					
d					
е	All other expenses	244 662	004 452	10 001	4 500
25	Total functional expenses. Add lines 1 through 24e	311,669.	291,150.	18,921.	1,598.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2021)
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Form 990 (2021)
Part X Balance Sheet

CLINICA VERDE

art X	Balance Sneet					
	Check if Schedule O contains a response or n	ote to any lin	e in this Part X		<u> </u>	
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			317,507.	1	380,463
2	Savings and temporary cash investments			027,0073	2	000,200
3	Pledges and grants receivable, net			10,000.	3	(
4	Accounts receivable, net				4	
5	Loans and other receivables from any current					
"	trustee, key employee, creator or founder, sub					
	controlled entity or family member of any of th		5			
6	Loans and other receivables from other disqua	•				
"	under section 4958(f)(1)), and persons describ		6			
7	Notes and loans receivable, net			7		
8	Inventories for sale or use			124,391.	8	121,73
8 9	5				9	
	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D		876.207.			
b	Less: accumulated depreciation		384,394.	521,619.	10c	491,81
11	Investments - publicly traded securities		· ·	4	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				15	
16	Total assets. Add lines 1 through 15 (must ed			973,517.	16	994,01
17	Accounts payable and accrued expenses			14,035.	17	9,15
18	Grants payable			==/:::::	18	, , , , ,
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
00	Loans and other payables to any current or for					
	trustee, key employee, creator or founder, sub					
22	controlled entity or family member of any of th				22	
23	Secured mortgages and notes payable to unre	* -			23	
24	Unsecured notes and loans payable to unrelat	-			24	
25	Other liabilities (including federal income tax, p					
	parties, and other liabilities not included on lin	-				
	of Schedule D	– .,		0.	25	17,50
26	Total liabilities. Add lines 17 through 25			14,035.	26	26,66
	Organizations that follow FASB ASC 958, cl			•		·
	and complete lines 27, 28, 32, and 33.	•				
27				918,482.	27	967,34
28	Net assets with donor restrictions			41,000.	28	
	Organizations that do not follow FASB ASC			·		
	and complete lines 29 through 33.	,				
29	Capital stock or trust principal, or current fund	s			29	
30	Paid-in or capital surplus, or land, building, or				30	
31	Retained earnings, endowment, accumulated				31	
27 28 29 30 31 32	Total net assets or fund balances			959,482.	32	967,34
	Total liabilities and net assets/fund balances			973,517.	33	994,01
1			······	/		Form 990 (2

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			0,4			
2	Total expenses (must equal Part IX, column (A), line 25)	2				69.		
3	Revenue less expenses. Subtract line 2 from line 1	3		28	3,7	<u>91.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		959,482 -26,424				
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8		ļ	5,4	99.		
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10		96'	7,3	48.		
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 on Schedule O.							
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							
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 Sche	edule (o.					
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?			За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	dit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

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

Organization type (check	one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
, ,	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or by one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1 contributor, durin	on 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), Part II, line 13, 16a, or 16b, and that received from any one get 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; Z, line 1. Complete Parts I and II.
contributor, durin	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one of the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering (b) instead of the contributor name and address), II, and III.
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the as 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., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ble, etc., contributions totaling \$5,000 or more during the year
	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must
	ne 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 ng requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

CLINICA VERDE

26-0275981

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ 14,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ 8,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4	Total contributions \$ 24,013.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$8,500.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$ 7,500.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$10,000.	Person X Payroll

Schedule B (Form 990) (2021)

Name of organization

CLINICA VERDE

26-0275981

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) Total contributions	(d) Type of contribution
7		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP ± 4	(c) Total contributions	(d) Type of contribution
9		\$10,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions \$ 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
11	Nume, additess, and Eir T T	\$ 26,183.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Name, audi ess, dilu ZIF + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization

CLINICA VERDE

26-0275981

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No. 13	Name, address, and ZIP + 4	\$ 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
14	Name, address, and Zir + 4	\$ 15,000.	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
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll 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
140.	Humo, addi 635, and Eif T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page •

Name of organization Employer identification number

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		
11			
		\$ 26,183.	_06/29/21_
(a)	4)	(c)	4.0
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
		\$	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(Coo mon denomen,	
ł			
		\$	
(a)		(a)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I			
	[
	-		
		\$	
123453 11-11	1-21		Schedule B (Form 990) (2021

Schedule B (Form 990) (2021) Page **4**

Name of organization **Employer identification number** CLINICA VERDE 26-0275981 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift from (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and 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 Inspection

Name of the organization

CLINICA VERDE

Employer identification number 26-0275981

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, I		ccounts. Complete if the
	organization answered fes on Form 990, Fait IV, i	(a) Donor advised funds	(b) Funds and other accounts
	Tatal as makes at an electronic	1,1	(b) I dilas 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 Did the organization inform all donors and donor advisors in		ado.
5	are the organization's property, subject to the organization's	-	
6			
0	Did the organization inform all grantees, donors, and donor for charitable purposes and not for the benefit of the donor		
		or donor advisor, or for any other purpose conten	
Par	rt II Conservation Easements. Complete if the conservation		
1	Purpose(s) of conservation easements held by the organiza		· , iii · · · ·
•	Preservation of land for public use (for example, recre	· · · · · · · · · · · · · · · · · · ·	torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of a c	onservation 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			2b
С			2c
d			
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		nization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the policy	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing conservati	ion easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservation e	asements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserva	·	
	balance sheet, and include, if applicable, the text of the foo	tnote to the organization's financial statements the	hat describes the
Dai	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of	of Art Historical Treasures or Other	Similar Assats
ı aı	Complete if the organization answered "Yes" on Form		olilliai Assets.
			Janes shoot wayle
ıa	If the organization elected, as permitted under FASB ASC 9 of art, historical treasures, or other similar assets held for pu	•	
		· · · · · · · · · · · · · · · · · · ·	ance of public
ь	service, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 9		co shoot works of
D	art, historical treasures, or other similar assets held for publ	•	
	provide the following amounts relating to these items:	ic exhibition, education, or research in furtherance	ce of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
2	If the organization received or held works of art, historical tr		
-	the following amounts required to be reported under FASB		, p. 545
а		-	> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2021

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

a Public exhibition d	Par	t III Organizations Maintaining Co	llections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	(contir	nued)	
a Public exhibition d	3	Using the organization's acquisition, accession	n, and other records	s, check	any of the f	following that	t make siç	gnificant u	se of its			
b Scholarly research c Preservation for Nuture generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Purpose of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assals and included on Form 990, Part XX, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assals and included on Form 990, Part XX, line 21. Is is the organization included an amount on Form 990, Part XX, line 21. C Beginning balance C Beginning balance I C Additions during the year I E e listributions during the year I E plaints beginning of year balance I C West organization include an amount on Form 990, Part X, line 21, for escrevior or sustodial account liability? I West organization include an amount on Form 990, Part X, line 21, for escrevior or sustodial account liability? I West organization include an amount on Form 990, Part X, line 21, for escrevior or sustodial account liability? I West organization include an amount on Form 990, Part X, line 21, for escrevior or sustodial account liability? I West organization with the organization inserved "Yes" on Form 990, Part X, line 10. I West organization with the organization in liab bein provided on Part XIII Beginning of year balance I C West organization and line in the organization that are held and administered for the organization organization lines 22, 25, and 25 chould equal 100%. A Are there endowment 1 Mest only in the presence of the organization with the organization with the organization or Schedule P7. C Part Will Land, Buildings, and Equipment. Complete the organization answered "Yes" on Form 990, Part IV, line 11a. Se		collection items (check all that apply):										
c Preservation for future generations 4 Provide a description of 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's collection? Part IV Excorw and Custodial Arrangements. Part IV Excorw and custodial Arrangements are sold to represent the organization answered Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ia is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Beginning balance Beginning balance Additions during the year I Ending balance I En	а	Public exhibition	d		Loan or exc	hange progra	am		7 🗡			
4 Provide a description of the organization's collections and explain how they further the organization's severely Lurpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar afseets to be solid to raise funds a father than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or severe did an amount on Form 990, Part IV, line 9, or severe did an organization and severe did an organization or specific and point on Form 990, Part IV, line 9, or severe did an organization or specific and point or form 990, Part IV, line 9, or severe did an organization and severe did and severe did an organization and severe did an organization and severe did an organization and severe did and severe did and severe did an organization and severe did and s	b	Scholarly research	е		Other							
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's collection?	С	Preservation for future generations										
To be sold for raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's col	lections and explair	how the	ey further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves	5	During the year, did the organization solicit or	receive donations of	of art, his	storical treas	sures, or othe	er similar	assets				_
Test												No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves	Par			ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV, I	ine 9, or		
on Form 990, Part X? or Fee, "explain the arrangement in Part XIII and complete the following table: Amount		reported an amount on Form 990, Part	X, line 21.									
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a			•						_		_
C Beginning balance 1c									L	Yes		_ No
c Beginning balance 1c	b	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	lowing ta	able:						_	
d Additions during the year Distributions during the year 16 16 17 16 17 16 17 16 17 17										Amoun	<u>t</u>	
e Distributions during the year 1												
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes												
ab Did the organization include an amount on Form 990, Part X, line 21, for secrow or dustodial account liability	е											
b 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 organizations answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a) Beginning of year balance 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 ▶										7		
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		_						ty?		」Yes	F	_ No
Calculation												
1a Beginning of year balance 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 ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment tunds 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 (iii) Related organizations (iv) Part Vii Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 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 (b) Cost or other (c) Accumulated depreciation buildings 743,895. 297,560. 446,335. c Leasehold improvements d Equipment 0 102,237. 76,759. 25,478. e Other 10,075. 10,075. 0.	ı uı	Endowment runds: Complete in		_					pare hack	(a) Four	· veare	hack
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 Permanent endowment Separate or quasi-endowment Separate or quasi-endow	4.	Paginning of year balance	(a) Current year	(5)1	noi yeai	(C) TWO you	13 Dack	(d) Tilled y	cars back	(e) i oui	yours	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												
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: 8 Board designated or quasi-endowment	D											
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	C											
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 ▶												
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 ▶ % 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 3a(i) 3a(ii) 3a(ii	е											
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ % Fermanent endowment ▶ % 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 3a(i) 3a(ii)						1						
Part VI	'											
a Board designated or quasi-endowment ▶			nt year and balance	(line 1e	column (a)	// hold as:						
b Permanent endowment			nt year end balance		j, Column (a))) Held as.						
Term endowment ▶			06									
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 3a(i)												
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 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 (investment) basis (other) 1a Land 20,000. 4 Description of property (b) Cost or other basis (other) 1a Land 20,000. 20,000. 446,335. c Leasehold improvements d Equipment d Equipment Other Other Other	·		ĺ									
Second S	За		•	tion that	t are held ar	nd administer	red for the	e organiza	tion			
(ii) Unrelated 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) 1a Land 20,000. 5 Buildings 743,895. 297,560. 446,335. c Leasehold improvements d Equipment d Equipment 102,237. 76,759. 25,478. e Other	-		oron or the organiza		c are mora ar	ia aariiiiiotoi	04 101 111	o organiza			Yes	No
(ii) 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 (investment) 1a Land 20,000. 20,000. b Buildings 743,895. 297,560. 446,335. c Leasehold improvements d Equipment e Other 102,237. 76,759. 25,478. e Other										3a(i)		
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 (investment) 1a Land 20,000. 5 Buildings 743,895. 102,237. 102,759. 25,478. e Other										<u> </u>		
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 743,895 297,560 446,335 c Leasehold improvements d Equipment e Other Other 10,075 10,075 0	b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requir	ed on So	chedule 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												
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 20,000. 20,000.	Par											
basis (investment) basis (other) depreciation 1a Land 20,000. 20,000. b Buildings 743,895. 297,560. 446,335. c Leasehold improvements 102,237. 76,759. 25,478. e Other 10,075. 10,075. 0.		Complete if the organization answered	"Yes" on Form 990	, Part IV	, line 11a. S	See Form 990	, Part X, I	ine 10.				
1a Land 20,000. 20,000. b Buildings 743,895. 297,560. 446,335. c Leasehold improvements 102,237. 76,759. 25,478. e Other 10,075. 10,075. 0.		Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	d	(d) Boo	k valu	ie
b Buildings 743,895. 297,560. 446,335. c Leasehold improvements 102,237. 76,759. 25,478. e Other 10,075. 10,075. 0.							dep	reciation				
b Buildings 743,895. 297,560. 446,335. c Leasehold improvements 102,237. 76,759. 25,478. e Other 10,075. 10,075. 0.	1a	Land								2	0,0	00.
c Leasehold improvements 102,237. 76,759. 25,478. e Other 10,075. 10,075. 0.	b				74	3,895.	2	97,56	50.	44	6,3	35.
d Equipment 102,237. 76,759. 25,478. e Other 10,075. 10,075. 0.												
e Other 10,075. 10,075. 0.	d				10	2,237.				2.	5,4	78.
Total Add lines 1a through 1e. (Column (d) must equal Form 900. Part V. column (P), line 10c.)					1	0,075.		10,07	75.			
Total: Add lines 18 through 16. [Column ld] must edual Form 990, Part A. Column (B), line 100.]	Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, colum	nn (B), line 1	0c.)				49	1,8	13.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 CLINICA VERD	Œ	26	-0275981 Page
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-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" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-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.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	•	
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	TOTH 990, Part IV, IINE	THE OF THE SEE FORM 990, PART X, IINE 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			200
(2) SHORT TERM LOAN			200
(3) ACCRUED EXPENSES			17,307
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2021

17,507.

(7) (8) (9)

Par	rt XI	Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per R	leturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b		ted services and use of facilities			
С		veries of prior year grants			
d		(Describe in Part XIII.)			
е	Add li	nes 2a through 2d		2e	
3	Subtr	act line 2e from line 1		3	
4		ints included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes 4a and 4b		4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial States		Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1				1	
2		ints included on line 1 but not on Form 990, Part IX, line 25:			
а		ted services and use of facilities		_	
b	Prior	year adjustments		_	
С		losses		_	
d		(Describe in Part XIII.)			
е		ines 2a through 2d		2e	
3		act line 2e from line 1		3	
4		ints included on Form 990, Part IX, line 25, but not on line 1:			
a		tment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)		-	
		ines 4a and 4b		4c	
5 Pai	rt XIII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.		5	
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV lines 1b and 2b; Bort V line	1. Dort V line 2. F	Oort VI
		descriptions required for Part II, lines 3, 3, and 3, Part III, lines 1a and 4, Part III, lines		: 4, Fait A, III le 2, F	art Ai,
111103	Zu and	a 45, and rait All, lines 2d and 45. Also complete this part to provide any ac	ditional 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.

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

2021
Open to Public Inspection

Name of the organization

Employer identification number

CLINICA VERDE				26-027598	1
Part I General Inf	ormation on A	ctivities Out	side the United States. Compl		
Form 990, Par					
1 For grantmakers. Do	oes the organization	n maintain record	ds to substantiate the amount of its gra	ants and other assistance,	
the grantees' eligibilit	y for the grants or a	assistance, and t	he selection criteria used to award the	grants or assistance?	Yes No
2 For grantmakers. De United States.	escribe in Part V the	e organization's _l	procedures for monitoring the use of its	s grants and other assistance outsi	de the
	(The following Part	t Lline 3 table ca	an be duplicated if additional space is r	peeded)	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		(f) Total
() 3	offices	employees, agents, and independent	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region	independent	gram services, investments, grants to	describe specific type	for and investments
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region
				EMPLOYEES AND	
				CONTRACTORS USED TO	
				ASSIST IN RUNNING THE	
CENTRAL AMERICA	1	19	PROGRAM SERVICES	OPERATIONS OF	226,245.
4 /					
3 a Subtotal	1	19			226,245.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	1	19			226,245.

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2021

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 r	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)
					75			
					X			
			(5)	4				
			recognized as charities by the forcounsel has provided a sect			•		
skempt ou floylor orge		22 graintee	s. ssanosinas providos a soci	55 . (5)(5) 591				

3 Enter total number of other organizations or entities .

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. (g) Description of noncash assistance (h) Method of valuation (book, FMV, appraisal, other) (e) Manner of cash disbursement (c) Number of (d) Amount of (f) Amount of (a) Type of grant or assistance (b) Region recipients cash grant noncash assistance

Page 4

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) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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.

Employer identification number CLINICA VERDE 26-0275981

Pai	rt I Types of Property							
		(a)	(b) Number of	(c) Noncash contribution	(d)			
		Check if applicable	contributions or	amounts reported on	Method of de noncash contribu		•	9
		аррпоавто	items contributed	Form 990, Part VIII, line 1g	Tioriodori cortanda	- Cioii ai		
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							
20	Drugs and medical supplies	X	14	26,183.	COMPARABLE	COS	rs_	
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 organization	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledge	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?					30a	\longrightarrow	X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	-	·	•	ions?	31		X
32a	Does the organization hire or use third parties of	r related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection **Employer identification number**

CLINICA VERDE 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:
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.
FORM 990, PART XI, LINE 8:
PRIOR PERIOD ADJUSTMENT DUE TO CHANGE IN TRANSLATION RATES UNACCOUNTED
FOR IN PRIOR RETURN.