(Rev January 2020)

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

Department of the Treasury

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

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

Open to Public

_		2019 cal	endar year, or tax year be	eginnıng			nd ending	•		
		applicable		LA CLINICA	DEL PUEBLO			D Employe	r identifi	cation number
$\overline{}$			Doing business as	TNICE	DEH LOLDBO	<u>DL 1(10 / 1</u>	-1	1 ' 1		
ש'	Address	cnange	Number and street (or P O	box if mail is not i	telivered to street address	ss) Room/su	ite	85-0209	Q 1 5	
۱□	Name cha	ange	,	200		,		E Telephor		
<u>—</u> .			P O BOX 250 City or town		State	ZIP code		1		
"ש	nitial retu	urn	•	NIM 07575	Olate	Zii code		575 - 588	- 7252	
F	inal return	/terminated	TIERRA AMARILLA Foreign country name		ovince/state/county	Foreign p	ostal code	1		
\Box	Amended	t roturn	1 oreign country name	i orcigii pi	Ovincerstate/oodinty	r oronger p	.00101 0000	G Gross re	ceipts \$	4625405.
Ξ΄	Antenuec	return								
	Application	on pending	F Name and address of princ	cipal officer TOM	AS CAMPOS		H(a) Is	this a group return	for subordin	ates? Yes X No
			P O BOX 250 1	<u> TIERRA AMA</u>	RI NM 87575			re all subordina	ites includ	led?Yes No
	Tax-exe	mpt status	X 501(c)(3) 501(c)	() ◀(insert no) 4947(a)(1) or 5	1 1 (kg	"No," attach a	list (see i	nstructions)
		·		<u> </u>	<u> </u>	-	—	roup exemption	number	•
	Website					-1				
ĸ	Form of	organizatioi	X Corporation Tru	ıst Associati	on Other ▶	1 1	L Year of for	mation 196	9 M Si	tate of legal domicile NM
Р	art I	Sui	nmary							_
	1	Briefly d	escribe the organization	n's mission or r	nost significant acti	vities <u>C</u>	INUMMO	TY HEALT	H CEN	TER
Governance		PROVII	ING HEALTH AND	OUTREACH S	ERVICES TO U	NDERSERV	/ED IN	NORTHERN		
nar		NEW ME	XICO						- -	
Je.	2	Check ti	nis box ▶ ☐ if the org	anization disc	ontinued its operation	ons or disp	osed.of.m	ore than 25	% of its	net assets
ő	3	Number	of voting members of th	ne governing b	ody (Part VI line 1:	a) — inter	HAT TOPE	Part III	J. 3	9
	4	Number	of voting members of the of independent voting number of individuals emp	nembers of the	anverning hody (F	Part VRince	aiked nz	Bank US) 	9
es	1	Tatal	mber of individuals emp	devod in colon	der voor 2010 (Por	41. V1, 1110	ຸ'ິາ: 33	18	5	
Activities &	5	. 0.0	p	,	, (,	_	6	10
ŧ	6		mber of volunteers (esti				NUV (51	J)2020		10
⋖	7a		related business revenu			12		2	7a	
	<u> b</u>	Net unre	lated business taxable	income from F	orm 990-1, line 39	<u> </u>		<u> </u>	7b	
							Oggier	Prior Year	200	Current Year
ě	8		tions and grants (Part V	-		•	. • 3			3153366.
ē	9		service revenue (Part)		· · · · · · · · · ·			1649		1408953.
Revenue	10		ent income (Part VIII, co				·		512.	452.
Œ	11		venue (Part VIII, columr						435.	62634.
	12		enue—add lines 8 through					3971	307.	4625405.
	13	Grants a	ind similar amounts paid	d (Part IX, colu	mn (A), lines 1-3).					
	14	Benefits paid to or for members (Part IX, column (A), line 4)								
Ś	15	Salaries,	other compensation, emp	oloyee benefits (Part IX, column (A), I	ines 5–10)		2418	522.	2482006.
Expenses	16a	Professi	onal fundraising fees (P	art IX, column	(A), line 11e) .					
be	b	Total fur	ndraising expenses (Par	rt IX, column ([0), line 25) ▶					
ŭ	17		penses (Part IX, colum					1376	178.	1725338.
	18		penses. Add lines 13-1					3794		4207344.
	19		e less expenses Subtra					176	607.	418061.
- Se		. 10 70110					Begin	ning of Curre		End of Year
Net Assets or Fund Balances	20	Total as	sets (Part X, line 16).				3.2		495.	2937472.
Ass. Bal	21		pilities (Part X, line 26).						916.	302830.
r Se	22		ets or fund balances Su		rom line 20			2231		2634642.
			nature Block	abtract into 21	TOTAL INTO 20					
Unde	rt II	ies of perior	y, I declare that I have examin	ed this return incli	iding accompanying sch	edules and sta	atements, an	d to the best of	my know	ledae
and	belief, it i	is true, corr	ect, and complete Declaration	of preparer (other	than officer) is besed on	all information	which pr	eparer has any	knowledg	je
				mas	De Mule	Mit	1		01/20	
Sig			Signature of officer	1		32-	<i></i>	Date		
He	re		TOMAS CAMPOS			L	RESIDE	NΤ		
			Type or print name and title				1,00100			
	-	Prin	/Type preparer's name	I p	reparer's a gnature		Da	ate		PTIN
Pai	hi	[' '"'	, po proporor o numo	['	//	//			Check	
		. RAN	DIE HATLEY		Kuli k	ike	11	701/2020	self-empl	oyed P01224053
	eparer	· -	's name ► RANDIE HA	ATLEY CPA		- 4		Firm's EIN	•	
Us	e Only	y —			EE CLOVIS	NI NI	м 88101			799-7834
			's address ► 1900 WES				50101	~[FIIOHE NO	5,5-	
Ma	y the IF	RS discus	s this return with the pre	eparer shown	above? (see instruc	tions).	•		<u> </u>	X Yes No
_										Earm 990 (2010)

Form 9	990 (2019) LA CLINICA DEL PUEBLO DE RIO A	85-0209845	Page 2
Pa	rt III Statement of Program Service Accomplishments		_
_	Check if Schedule O contains a response or note to any line in this Part III .		. [_]
1	Briefly describe the organization's mission		
	COMMUNITY HEALTH CENTER PROVIDING MEDICAL, DENTAL, BEHAVIORAL HEALTH AND OUTREACH SERVICES TO THE UNDERSERVED IN NORTHERN NEW MEXICO		
	AND COTABACH CHAVIOLO TO THE CANDENGENVED IN MONTHERN MEN THERTOO		
2	Did the organization undertake any significant program services during the year which were not listed on		<u>гл</u>
	the prior Form 990 or 990-EZ?	· L 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 service		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	allocations to other	rs,
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 3061816. including grants of \$) (Revenue	e\$ 462540	05.)
	COMMUNITY HELTH CENTER PROVIDING MEDICAL, DENTAL, BEHAVIORAL HEAKTH		
	AND OUTREACH SERVICES TO THE UNDERSERVED IN NORTHRN NEW MEXICO		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	e \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenu	e\$)
			
		<u> </u>	
4d	Other program services (Describe on Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses > 3061816.		

4e Total program service expenses

A D D D Page 1

arı	Checklist of Required Schedules			
	1. II		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 (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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	:		
	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, Part VI	11a	х	
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
C	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		v
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
12a	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	120		
D	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	,		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	46		v
47		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 (see instructions).	17		Х
18	- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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

Par	Checklist of Required Schedules (continued)		T.,	т
22	Did the assessment was then \$5,000 of events or other applicance to as for democitic individuals on		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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	<u> </u>		 ^
	organization's current and former officers, directors, trustees, key employees, and highest compensated		İ	
	employees? If "Yes," complete Schedule J	23		Х
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		l	
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Щ
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			l
	to defease any tax-exempt bonds?	24c	L	<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			۱
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	ľ		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	256		l ,
26	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		
	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	1	 	
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			1
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	If"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	ļ	X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	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	20		
24	conservation contributions? If "Yes," complete Schedule M	<u>30</u> 31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		 ^
32	If "Yes," complete Schedule N, Part II	32	ĺ	x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	<u> </u>	^
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	1		
	III, or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		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	<u> </u>	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		١	1
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	Щ.
Par	Statements Regarding Other IRS Filings and Tax Compliance			\Box
	Check if Schedule O contains a response or note to any line in this Part V	• •		닏
	Establishan and the Day 2 of Francisco Fater 2 of Fater 2 of Fater 2		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		ĺ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		ł
С	gaming (gambling) winnings to prize winners?	1c		
	garning (garnoning) withings to prize without	v		Λ

Form 9	90 (2019) LA CLINICA DEL PUEBLO DE RIO A	85-02098	345	Р	age 5
Par	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				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s? <u>2</u>	b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s) <u></u>		14	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>. 3</u>	a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 <u> 3</u>	b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other ac				
	a financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	a		X
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FI	3AR). 🏥			
5a	Trad the digamental a party to a promotion tax entered the management of the same of the s	_	a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	}	ic		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	į			
	organization solicit any contributions that were not tax deductible as charitable contributions?	—	a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or	- 1		l
	gifts were not tax deductible?	· · · <u>6</u>	b		28477.00
7	Organizations that may receive deductible contributions under section 170(c).	· · · · · · · ·	4		120
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go				4
	and services provided to the payor?		a	\longrightarrow	—
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			,	İ
	required to file Form 8282?		C 2.5	961	5-00 ACC 25-07
d	If "Yes," indicate the number of Forms 8282 filed during the year	- J. Spirit	نالاسكا	1 100	1.45.00
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor		'е		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		/f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	required /	g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a F	Omi 1096-C/ /	h	will his	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	·		Segray	X
•	sponsoring organization have excess business holdings at any time during the year?		B	ridorbit Lieki j	
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		a	.136 t.f	X
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		b		X
b	Section 501(c)(7) organizations. Enter	<u> </u>		L 28 4:	
10	Initiation fees and capital contributions included on Part VIII, line 12	2			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
ь 11	Section 501(c)(12) organizations. Enter	II	200		
''a	Gross income from members or shareholders		20) (Aug A	
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)			M)Pri	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10412 1	2a		
u	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1	\$2.51 -18.5.	v. (800)	7.2
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		\$7. 20.1		
а	Is the organization licensed to issue qualified health plans in more than one state?	1	3a		
	Note: See the instructions for additional information the organization must report on Schedule O.			Sir.	
b	Enter the amount of reserves the organization is required to maintain by the states in which	in the second			
	the organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				2.1163
14a	Did the organization receive any payments for indoor tanning services during the tax year?		4a	_	_
— b-	If "Yes;" has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		4b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera				l
•	excess parachute payment(s) during the year		5		x
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	J	6		X
10	If "Ves " complete Form 4720. Schedule O		- -		¥ X 0

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	00 (2019) LA CLINICA DEL PUEBLO DE RIO A 85-02			Page 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions
	Check if Schedule O contains a response or note to any line in this Part VI		Siluci	X
Sect	on A. Governing Body and Management		<u> </u>	<u> </u>
<u> </u>	OHYR GOVERNING BOAY CITE MERCEGOTION		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9	\$7.48°	1 SAN EMP	37. 4.67
	If there are material differences in voting rights among members of the governing body, or	新沙縣		120
	if the governing body delegated broad authority to an executive committee or similar	\$ 100 m		The control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co
	committee, explain on Schedule O.	2.495	4.4	
b	Enter the number of voting members included on line 1a, above, who are independent <u>1b</u> 9			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1.0	
	any other officer, director, trustee, or key employee?	2	<u> </u>	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	-	ł	ł
	supervision of officers, directors, trustees, or key employees to a management company or other person?.	3	ļ	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	ļ	X
6	Did the organization have members or stockholders?	6	Х	ــــــ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			ĺ
	one or more members of the governing body?	7a	↓	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		
_	stockholders, or persons other than the governing body?	7b	22 TV	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1000	3.1	激減
_	the year by the following	Antika O o		
a	The governing body?	8a 8b	X	├
9	Each committee with authority to act on behalf of the governing body /	80	X	╁
3	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		'	
000	on b. 1 onotes (Thio desiren b requeste information about policide net required by the internal revenue t	<u> </u>	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 form?	11a	+	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	รัฐสาราสาร เรียก เกิด	1 71 TE	100 m
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	ļ
14	Did the organization have a written document retention and destruction policy?	14	X	1.001
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?		2000	
а	The organization's CEO, Executive Director, or top management official.	15a	Х	—
ь	Other officers or key employees of the organization	15b	inne-vase	X
4	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		Sheware	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	32.00	1000	33.50
	with a taxable entity during the year?	16a	# 100EP 100	X
þ	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?	46L	فتحك اللهد	\$500 Secure
Saat		16b		
<u>3ect</u> 17	on C. Disclosure List the states with which a copy-of this-Form 990 is required to be filed ▶			
- ' <i>'</i> 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Sect	ion 50	1(c)	
.0	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	.5.1 50	.(5)	
	Own website Another's website X Upon request Other (explain on Schedule C))		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interes		/ .	
	and financial statements available to the nublic during the tay year		•	

State the name, address, and telephone number of the person who possesses the organization's books and records

LA CLINICA DEL PUEBLO DE RIO A 575-588-7252
PO BOX 250 TIERRA AMARILLA NM 87575

85-	020	9845	Page 7
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Form 990 (2010)	TΛ	CLINICA	DET.	DITERIO	DE	D.T.C.	Δ
rorm 990 (2019)	LΑ	CTINICA	עבע	POPPIO	IJĿ	KIU	_

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 nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer individual or dire						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	/ employee	Highest compensated employee	mer	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) TOMAS CAMPOS	5	×		x				0	0	
PRESIDENT (2) SCOTT FLURY VICE PRESIDENT	2			x				0	0	0
(3) PAULA`MARTINEZ SECRETARY	2	Х		х				0	0	0
(4) MARY MARTINEZ TREASURER	2	х		x				0	0	0
(5) AGAPITO CANDEL MEMBER	1	х						0	0	0
(6) RICHARD MARCH MEMBER	1	х						0	0	0
(7) DAVID MARTINEZ MEMBER	1	х						0	0	0
(8) JUDY MARTINEZ MEMBER	1	х						0	0	0
(9) CHRISTINE MONT MEMBER	1	х						0	0	0
(10) ANTHONY CASADA MEMBER	1	х						0	0	0
(11)										
(12)		-	-			-				
(13)										
(14)										

Part VI Section A. Officers, Directors, T	rustees, Key Ei	mplo	yee	s, a	nd	High	est	Compensated	Employees (co	ntınue	d)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Ďοx,	unle er an	Pos heck ss pe	ersor	e to solution in the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	con f orgai	(F) ated amount of other of other of other of other of other of other of other of other of other other of other other other other other other other other other other other other other other other other other other other o	on and
(15)							 					
(16)												
(17)												
(18)				_			-		- 4			
(19)		-										
(20)		-										
(21)												
(22) LLOYD MERINO PHYSICIAN ASST	40				x			114275.				
(23) LEVI MAES DOCTOR	40			x	x	x		269130.				
(24) JODI CASADOS M DOCTOR	40				x			223207.				
(25) DARREN DEYAPP EXECUTIVE DIR	40			х	х			105859.				
1b Subtotal	Section A		 				> > >	712471.				
2 Total number of individuals (including but not reportable compensation from the organization)		listed	l ab	ove) wł	no red	ceiv	ed more than \$1	00,000 of			
3 Did the organization list any former officer, d employee on line 1a? If "Yes," complete Sche	rector, trustee, l									3	Yes	No X
4 For any individual listed on line 1a, is the sum the organization and related organizations graindividual										4		X
5 Did any person listed on line 1a receive or ac												
for services rendered to the organization? If ' Section B. Independent Contractors	res, complete	SCHE	uuie	; ; ;	UI S	ucn j	Jers	<u> </u>	. ,	5		Х
Complete this table for your five highest components on from the organization. Report of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the comp										n's tax	vear.	
(A) Name and business ad			<u> </u>	-				(B) Description of ser		(C) Compen		-
PHILLIP ON 87533 NM ESP	ANOLA						PRO	OJECT MANAG	ER		1596	22.
Total number of independent contractors (including than \$100,000 of compensation from the contractors).	_		to ti	nose	e lıs	ted a	bov	e) who received			*	
more than wrongers or compensation from the	- Jigainzation v						_				200	

85-0209845 Page 9 Form 990 (2019) LA CLINICA DEL PUEBLO DE RIO A Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. (D) Total revenue Related or exempt Unrelated Revenuè éxcluded function revenue business revenue from tax under sections 512-514 Federated campaigns . . 1a 1a Grants Similar Amounts 1b Membership dues . b 1c 14552 Fundraising events . . C Gifts, 89119. 1d Related organizations . . . 3049695 e Government grants (contributions). . 1c Contributions, All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g Total. Add lines 1a-1f Business Code 1408953. 621400 1408953. Program Service All other program service revenue . . . Participates and Service Resolution for the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Confedence of the Conf Total, Add lines 2a=2f Investment income (including dividends, interest, and 452. 452. Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (n) Personal 6a Gross rents . . 6a 20251. b Less rental expenses. 6b c Rental income or (loss) 6c 20251 20251. 20251 d Net rental income or (loss). 7a Gross amount from (ii) Other sales of assets other than inventory . . . 7a b Less cost or other basis Other Revenue and sales expenses 7b 7c c Gain or (loss) d Net gain or (loss). 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18. . 8a 8b h Less direct expenses. . c Net income or (loss) from fundraising events. 9a Gross income from gaming activities. See Part IV, line 19 . . 9a b Less direct expenses 9b c Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances. b Less cost of goods sold. 10b c Net income or (loss) from sales of inventory Business Code Miscellaneous 900099 42383.

11a OTHER REVENUE

All other revenue . .

Total. Add lines 11a-11d

Total revenue. See instructions

42383.

42383. 4625405.

1472039

`

Dart IY	Statement of Functional Evnences	

Secti	on 501(c)(3) and 501(c)(4) organizations must complete a	ll columns All other	r organizations mus	st complete column	(A)						
	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 7b, 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		-								
	domestic governments See Part IV, line 21	-		144 TABAS							
2	Grants and other assistance to domestic				and the second						
	ındıvıduals. See Part IV, line 22	, ,									
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above to disqualified		,								
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)			-							
7	Other salaries and wages	2001004.	1500753.	500251.							
8	Pension plan accruals and contributions (include										
-	section 401(k) and 403(b) employer contributions)	36936.	27702.	9234.							
9	Other employee benefits	302078.	226558.	75520.							
10	Payroll taxes	141988.	106491.	35497.							
11	Fees for services (nonemployees)										
а	Management										
b	Legal	9471.		9471.							
C	Accounting	24853.		24853.	,						
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										
9	(A) amount, list line 11g expenses on Schedule O.)	140001.	105003.	34998.							
12	Advertising and promotion			,	İ						
13	Office expenses										
14	Information technology	75273.	56455.	18818.							
15	Royalties										
16	Occupancy	231294.	173470.	57824.							
17	Travel										
18	Payments of travel or entertainment expenses	-									
. •	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	79111.	59333.	19778.							
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	90597.		90597.							
23	Insurance	82365.	61774.	20591.							
24	Other expenses Itemize expenses not covered	100 Sept. 200 Sept. 100 Se		4 2.25							
- '	above (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column		STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE	make a namanggang salah ta baga							
	(A) amount, list line 24e expenses on Schedule O.)	dininininininininininininininininininin	ijiiniininimmaaliinahhhhht Tarabe een suunii moodeleen								
а	SUPPLIES	355447.	266585.	88862.							
b	WY CORT I ANDOUG	195341.	146503.	48838.							
c											
_ d	CONTRACT PROVIDERS	441585.	331189.	110396.							
	All other expenses		3322331								
25	Total functional expenses. Add lines 1 through 24e	4207344.	3061816.	1145528.							
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										
	following SOP 98-2 (ASC 958-720)										

LA CLINICA DEL PUEBLO DE RIO A 85-0209845 Form 990 (2019) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X. . . (A) Beginning of year End of year 363521. 401052. 1 Cash—non-interest-bearing . . . 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 45749. 80847. 3 244575 355024 4 Loans and other receivables from 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net . . . 32041. 8 32041. Inventories for sale or use 11111. 9 15496. Prepaid expenses and deferred charges. 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 4320799. 10b 2119807. 2200992 1819518. 10c **b** Less accumulated depreciation 11 11 Investments—publicly traded securities Investments-other securities See Part IV, line 11 12 12 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 . . . 15 15 2664495. 2937472. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 406672. 273816. 17 17 Accounts payable and accrued expenses . 18 18 Grants payable . . 19 19 Deferred revenue . . 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 48 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons . 26244. 29014. Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete 25 432916. 302830 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check her▶ | X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2231579. 27 2634642 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds . . . 30 Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances . . .

Total liabilities and net assets/fund balances.

31

32

2634642.

31

32

2231579.

2664495.

Form:	990(2019) LA CLINICA DEL PUEBLO DE RIO A	85-	0209845	Page 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	625405.
2	Total expenses (must equal Part IX, column (A), line 25).	2	42	207344.
3	Revenue less expenses. Subtract line 2 from line 1	3		418061.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22	231579.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	2	649640.
Part				
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. </u>
				Yes No
1	Accounting method used to prepare the Form 990 Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		641	322
	Schedule O.		36	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		. <u>2a</u>	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 X 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	X
	If the organization changed either its oversight process or selection process during the tax year, explain or	า		
	Schedule 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?		. 3a	х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			T
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	x
			Form	990 (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization LA CLINICA DEL PUEBLO DE RIO ARRIBA

Employer identification number 85-0209845

	7	Decree for Dublic Char	A. CA-A /All are		malata th	na# \	Can instructions	
Par								
	orga	anization is not a private founda						
1	닖	A church, convention of church						\sim
2	Ц	A school described in section	170(b)(1)(A)(ii). (A	ittach Schedule E (Foi	rm 990 or	990-EZ).)	()
3	Ш	A hospital or a cooperative hos	spital service organ	ization described in s	ection 17	'0(b)(1)(A)(iii).	
4		A medical research organization	on operated in conju	unction with a hospital	describe	dın sect i	ion 170(b)(1)(A)(iii)	. Enter the
		hospital's name, city, and state)					
5		An organization operated for the section 170(b)(1)(A)(iv). (Cor		ge or university owner	d or opera	ited by a (governmental unit d	escribed in
6		A federal, state, or local gover	nment or governme	ental unit described in	section '	170(b)(1)(A)(v).	
7	X	An organization that normally indescribed in section 170(b)(1	receives a substant)(A)(vi). (Complete	ial part of its support f Part II.)	rom a gov	/ernmenta	I unit or from the ge	eneral public
8		A community trust described in			rt II.)			
9	Ħ	An agricultural research organ				ited in cor	nunction with a land	l-grant college
J		or university or a non-land-gra university	nt college of agricul	lture (see instructions)	. Enter th	e name, c	ity, and state of the	college or
10		An organization that normally in receipts from activities related support from gross investment acquired by the organization a	to its exempt function income and unrela	ons—subject to certainted business taxable	n exception	ons, and (ess sectio	 no more than 33 511 tax) from bus 	1/3% of its
11		An organization organized and	l operated exclusive	ely to test for public sa	fety See	section	509(a)(4).	
12	Ħ	An organization organized and	operated exclusive	ely for the benefit of, to	perform	the functi	ons of, or to carry o	ut the purposes
		of one or more publicly suppor Check the box in lines 12a thro	ted organizations d	lescribed in section 5	09(a)(1)	or section	509(a)(2). See sec	ction 509(a)(3).
а		Type I. A supporting organi the supported organization(organization. You must co	s) the power to reg mplete Part IV, Se	ularly appoint or elect ctions A and B.	a majority	of the du	rectors or trustees o	of the supporting
b		Type II. A supporting organ control or management of the organization(s). You must	he supporting orgar	nization vested in the s	ction with same pers	its suppor	ted organization(s), control or manage t	by having he supported
С		Type III functionally integ	rated. A supporting	organization operated	d in conne	ection with	i, and functionally in	tegrated with,
d		Type III non-functionally integ	ntegrated. A suppo	orting organization ope	erated in d	connection	with its supported	organization(s) attentiveness
		requirement (see instruction						
е		Check this box if the organi functionally integrated, or T					a Type I, Type II, T	Type III
f		Enter the number of supported						
g		Provide the following information			r: . 			
	(1)	Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)				-	163	140		
(D)				-				
(B)							-	
								
(C)								
(D)				-				
(E)								-
Tota								
· Jua			1			1		

85-0209845 Schedule A (Form 990 or 990-EZ) 2019 LA CLINICA DEL PUEBLO DE RIO ARRIBA ' Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received (Do not 1828937. 2057344. 2333036. 2290328. 3158366. 11668011. include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 2333036 2290328. 3158366. Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 11668011 6 Public support. Subtract line 5 from line 4 Section B. Total Support (e) 2019 (b) 2016 (c) 2017 (d) 2018 (f) Total Calendar year (or fiscal year beginning in) (a) 2015 11668011. 1828937. 2057344 2333036 2290328 3158366 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 627 2921 1051 512 452 5563. similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets 73520 63401 24027 31435 57634 (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 97.86% 14 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 15 96.83% 15 Public support percentage from 2018 Schedule A, Part II, line 14 16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b-10%-facts-and-circumstances-test—2018.-If-the organization-did-not-check-a-box-on line-13, 16a; 16b,-or-17a, and line-

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

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			Employer iden	uncation number
LA	CLINICA DEL PUEBLO DE RIO A	RRIBA		85-0209	845
	Organizations Maintaining Donor Ad	vised Funds or Ot	her Similar Fu		
	Complete if the organization answered	"Yes" on Form 990	Part IV. line 6		
	Complete in the organization and works	(a) Donor advise			Funds 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 writing th	at the assets hel	d in donor ad	wised
3	funds are the organization's property, subject to	the organization's evi	di ille assets nei	rol?	Yes No
6	Did the organization inform all grantees, donors,				
O	only for charitable purposes and not for the bene				
	· · · · · · · · · · · · · · · · · · ·				
	conferring impermissible private benefit?			· · ·	Yes No
Par	Conservation Easements.	W	D . D		
	Complete if the organization answered			•	
1	Purpose(s) of conservation easements held by the				
	Preservation of land for public use (for example,	recreation or education)	Preservation	on of a histori	cally important land area
	Protection of natural habitat		Preservation	on of a certifie	ed historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization	held a qualified cons	ervation contribu	tion in the for	m of a conservation
_	easement on the last day of the tax year.	noid a quamica cono	orvanorr commod	DEACS	
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easeme			<u> </u>	
	Number of conservation easements on a certifie				
c d	Number of conservation easements included in				
u	historic structure listed in the National Register.			ľ	
3	Number of conservation easements modified, tra				the organization during
•	the tax year	,	J ,	,	3
4	Number of states where property subject to cons	ervation easement is	located		
5	Does the organization have a written policy rega			on, handling o	 of
_	violations, and enforcement of the conservation				
6	Staff and volunteer hours devoted to monitoring, inspe				
•	>	g,	,		
7	Amount of expenses incurred in monitoring, inspecting	handling of violations.	and enforcing cons	servation easen	nents during the year
•	► \$, rianding or violations,	and amaramy com		Tomo daming and year
8	Does each conservation easement reported on I	ine 2(d) above satisfy	the requirement	ts of section 1	70(h)(4)(B)(ı)
•					. Yes No.
9	In Part XIII, describe how the organization report				
3	balance sheet, and include, if applicable, the tex				
	organization's accounting for conservation easer		organization o	manolal state	ments that describes the
Dar	III Organizations Maintaining Collection		l Treasures o	r Other Sim	ilar Assets
Гаі	Complete if the organization answered				mai Assets.
1a	If the organization elected, as permitted under F.				at and balance sheet
ıa	works of art, historical treasures, or other similar				
	public service, provide in Part XIII the text of the	•			
L	If the organization elected, as permitted under F.				
D	works of art, historical treasures, or other similar				
			, exhibition, educ	Januin, Or 1686	arch in furtherafice Of
	public service, provide the following amounts rel				► ¢
	(i) Revenue included on Form 990, Part VIII, line (ii) Assets included in Form 990, Part X	\$ I			• •
_	(II) Assets included in Form 990, Part X				- b
2	If the organization received or held works of art,				cial gain, provide the
	following amounts required to be reported under				. .
а	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X.				\$
b	Assets included in Form 990, Part X				▶ \$

Part	III Organizations Maintaining C	ollec	tions of A	rt. Histo	rical Tre	asures, or 0	Other	Similar Asset	s (contin	ued)	
3	Using the organization's acquisition, a	ccessi	on, and other	er record	s, check a	nv of the follow	wing th	at make signific	ant use c	f its	
	collection items (check all that apply)		,					•			
а	Public exhibition			αГ	Loan or	exchange pro	ogram				
	=			_	=	= -	_				
b	Scholarly research			e							
С	Preservation for future generation										
4	Provide a description of the organizati XIII.	on's c	ollections an	nd explair	how they	further the or	rganıza	tion's exempt pi	ırpose in	Part	
5	During the year, did the organization sassets to be sold to raise funds rather	olicit o	or receive do to be mainta	onations on ined as p	of art, histo art of the o	orical treasure organization's	es, or of collect	ther similar tion?	Ye	s 🔲	No
Part	IV Escrow and Custodial Arran	geme	ents.	·	-						
	Complete if the organization a	nswe	red "Yes" c	n Form	990, Parl	t IV, line 9, o	r repo	rted an amour	t on For	m	
	990, Part X, line 21						•				
1a	Is the organization an agent, trustee,	custod	lan or other	ıntermed	iary for co	ntributions or	other a	issets not	-		
٠	included on Form 990, Part X?								Υe	s 🗀	No
b	If "Yes," explain the arrangement in Pa									_	
			•		•				Amount		
С	Beginning balance						10	;			
d	Additions during the year						10	1	_		
е	Distributions during the year						16				
f	Ending balance										
2a	Did the organization include an amou	nt on F	Form 990. Pa	art X. line	21. for es	crow or custo	dial ac	count liability?	ΠYε	s X	No
_	If "Yes," explain the arrangement in P.									Ħ	
b		art Am	Check her	e ii tiie e	xpiariation	nas been pro	, viaca (- are xiii .	<u>· · · </u>		
Part					000 0-4	NIV lime 10					
	Complete if the organization a					1	ho eli	(d) Three years bac	k (a) 5a	ur years	haak
4.	Decrease of control belongs	(a) (Current year	(6) F	nor year	(c) Two years	DACK	(u) Three years bac	(e) F0	ui yeais	Dack
1a	Beginning of year balance			<u> </u>							
b	Contributions			 		-					
С	Net investment earnings, gains,					-					
	and losses					-					
d	Grants or scholarships						+		<u> </u>		
е	Other expenditures for facilities										
_	and programs			 			+				
f	Administrative expenses		<u> </u>	 	.		+				
g	End of year balance Provide the estimated percentage of t	h a a	ront voor on	d bolono	o (luno 1a	column (a)) h	old ac				
2	Board designated or quasi-endowmer				e (iiiie ig,	column (a)) ii	ieiu as				
a				2 _ /0							
D		- :.	00%								
С	Term endowment ► 0.00 The percentages on lines 2a, 2b, and		ould oqual 1	nn%							
3a	Are there endowment funds not in the				ation that s	re held and a	dminis	tered for the			
Ja	organization by	posse	3331071 07 1170	organiza	acion triac c	ino mora ama a		.0.00 10, 11.0		Yes	No
	(i) Unrelated organizations								3a(i)		
	•			• •			•		3a(ii)		
h	If "Yes" on line 3a(ii), are the related of		zations listed	tas requ	red on Scl	hedule R?			3b		
4	Describe in Part XIII the intended use										
Part	VI Land, Buildings, and Equip										
ı aı ı	Complete if the organization a			n Form	990 Par	t IV line 11a	See	Form 990, Par	t X. line	10.	
			(a) Cost or o			or other basis		Accumulated		ook valu	
. –	Description of property		(investr			(other)	(0)	lepreciation	(4) 0	. J., Valu	-
1a	Land				†						
b	Buildings	•	3,403,	810.	1		1.2	02,818.	2,200	0,99	2.
C	Leasehold improvements	•	-, -, -, -,		1		_,		,		
d	Equipment	•	916.	989.	1		9	16,989.			
e	Other	_	<u> </u>		1				-		
	Add lines 1a through 1e. (Column (d)	must	egual Form	990. Par	t X. colum	n (B), line 10d	2)	🕨	2,200	0,99	2.

SCHEDULE O (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.

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service
Name of the organization

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

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LA CLINICA DEL PUEBLO DE RIO ARRIBA 85-0209845 FORM 990, PART VI, LINE 11A THE 990 TAX RETURN IS PREPARED BY CPA AND REVIEWED BY MANAGEMENT.IT IS THEM EMAILED TO ALL BOARD MEMBERS FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING. FORM 990, PART VI, LINE 12C BOARD MEMBERS ARE REQUIRED TO UPDATE THEIR CONFLICT OF INTERESTS FORMS ANNUALLY. THESEDISCLOSURE FORMS ARE AUDITED AS PART OF FEDERAL REQUIREMENTS. FORM 990, PART VI, LINE 19 OUR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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2019

OMB No 1545-0047

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

Employer identification number 85-0209845 (f) Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income Legal domicile (state or foreign country) Primary activity (a) i dadress, and EIN (if applicable) of disregarded entity LA CLINICA DEL PUEBLO DE RIO ARRIBA (9) Name of the organization (2) Part I Part II (L) (5) (6) 4

one or more related tax-exempt organizations during the tax year.	uring the lax year.						1
(a)	(a)	(c)	(g)		9	(g)	ŕ
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	(if section 501(c)(3))	Direct controlling entity	controlled controlled entity?	ને
						Yes No	
(1) LA CLINICA (FOUNDATION 85-0349545 P O BOX 250 TIERRA AMA NM 87575	SUPPORT	NM	501 C 3 11 TYPE111	11 TYPE111		×	ı
(2)							ı
(3)							ı
(4)							l
(5)							ı
(9)							
(7)							

Schedule R (Form 990) 2019

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

Schedule R (Form 990) 2019, LA CLINICA DEL PUEBLO DE RIO ARRIBA

| Part III | Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,

Part III ldentification of F	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year	ions Taxable	as a Partner reated as a pa	ship. Comp artnership d	lete if the o	rganization ar x year	swered	"Yes" (on Form 990,	Part IV, line	34,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	ant Share stated, inc om		(g) Share of end-of- I year assets	(h) Disproportonale allocabons?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing 1 partner?	(k) Percentage ownership
				sections 512-514)	-514)			Yes No		Yes No	
(1)				· · ·							0.00
(2)										_	0.00
(3)											0.00
(4)						-				-	0.00
											00.0
(9)											0.00
(2)											0.00
Part IV Identification of F	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ions Taxable	as a Corpora	ation or Tru ated as a co	ust. Comple propration o	ete if the organ	ization the tax	answer rear.	ed "Yes" on F	orm 990, P	
(a) Name, address, and EIN of related organization	ted organization	(b) Primary activity	(state or force	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp, or trust)	Share		(g) Share of end-of-year assets	(h) Percentage S ownership	(I) Section 512(b)(13) controlled entity?
											Yes No
(1)										00.00	
(2)					,					00.0	
(3)										00.00	
(4)										0.00	
(5)										0.00	
(9)								_		0.00	
(2)										00.0	
						i.			Sc	Schedule R (Form 990) 2019	m 990) 2019

Schedule R (Form 990) 2019

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note:	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ŝ
_	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s or more related org	janizations listed in Par	rts II–IV?	·		
æ	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				1a		×
Φ	Gift, grant, or capital contribution to related organization(s).				1b		×
ပ	Giff, grant, or capital contribution from related organization(s).				10	×	
0	Loans or loan guarantees to or for related organization(s)				1d		X
Ð	Loans or loan guarantees by related organization(s).				1e		×
						İ	\Box :
-	Dividends from related organization(s)				=		×
6	Sale of assets to related organization(s)				19		×
도	Purchase of assets from related organization(s)				1 h		×
-	Exchange of assets with related organization(s)				1i		X
-	Lease of facilities, equipment, or other assets to related organization(s)				1,		×
						1;	
¥	Lease of facilities, equipment, or other assets from related organization(s)				¥	$\stackrel{\star}{\scriptstyle \prec}$	
-	Performance of services or membership or fundraising solicitations for related organization(s)				=		×
٤	Performance of services or membership or fundraising solicitations by related organization(s)				1m		\times
_	Sharing of facil ties, equipment, mailing lists, or other assets with related organization(s).				1,		×
0	Sharing of paid employees with related organization(s)			•	9	1	\times
						j	
۵	Reimbursement paid to related organization(s) for expenses.				1p		×
σ	Reimbursement paid by related organization(s) for expenses				19		×
						İ	
-	Other transfer cf cash or property to related organization(s)				+		×
S	Other transfer of cash or property from related organization(s).				18		×
7	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	complete this line, in	cluding covered relation	nships and transac	tion thre	plouse	S
	(a)	(q)	(0)	3	g)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	ing amour	it involv	p _o
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
				Schoduk) a	1000	25.0