# \*\* PUBLIC DISCLOSURE COPY \*\*

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

6

OMB No. 1545-0047

Internal Revenue Service

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

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

Open to Public Inspection

Α	For the	e 2016 calendar year, or tax year beginning and	ending		
В	Check if applicabl	C Name of organization		D Employer identifi	cation number
	Addre				
	Name chang	Doing business as		52-1	942551
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return	2831 15TH STREET, NW		202-	464-0141
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	12,299,753.
	Amend			H(a) Is this a group re	eturn
	Applic	F Name and address of principal officer:ALICIA WILSON		for subordinates	
	pendir	g SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-exe	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1)	or 527	1	list. (see instructions)
		e: WWW.LCDP.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year		A State of legal domicile: DC
	art I	Summary	<u> </u>	•	Ŭ
		Briefly describe the organization's mission or most significant activities: TO B	UILD A	HEALTHY LA	TINO
& Governance	-	COMMUNITY THROUGH CULTURALLY APPROPRIATE	HEALT	H SERVICES,	FOCUSING
na	1	Check this box  if the organization discontinued its operations or dispose			
Ş.				3	12
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			12
જ တွ		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			145
iţie		Total number of volunteers (estimate if necessary)			80
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď		Net unrelated business taxable income from Form 990-T, line 34			0.
	<u> </u>	Tect dimolated basiness taxasis meeting month of the cool, mile of		Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		5,914,142.	
nge		Program service revenue (Part VIII, line 2g)		3,792,439.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		729.	955.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,707,310.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
w		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,056,367.	_
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	h	Total fundraising expenses (Part IX, column (D), line 25) > 534, 7	36.	• •	
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,198,169.	3,557,873.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,254,536.	
		Revenue less expenses. Subtract line 18 from line 12		452,774.	
JC PS		Tevende loce expenses. Cabitate into 10 from into 12	Be	ginning of Current Year	End of Year
Net Assets or Find Balances	20	Total assets (Part X, line 16)	50	4,368,670.	5,926,136.
ASS	21	Total liabilities (Part X, line 26)		1,529,217.	2,503,938.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		2,839,453.	3,422,198.
	art II	Signature Block			0,111,110
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			,,
	,	,			
Sig	ın	Signature of officer		Date	
He		ALICIA WILSON, EXECUTIVE DIRECTOR			
110		Type or print name and title			
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	DANIEL L. WEAVER DANIEL L. WEAVE	r 10	9/19/17 if self-employ	P01249346
	parer	Firm's name COUNCILOR, BUCHANAN & MITCHELL,		Firm's EIN	52-1711839
	Only	Firm's address 7910 WOODMONT AVE. STE. 500		0	
	,	BETHESDA, MD 20814		Phone no. (3	01) 986-0600
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		1. 110110 110. ( 3	X Yes No
ivid	, 11	to alloade and retain with the proparer shown above: (see instructions)			100

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO BUILD A HEALTHY LATINO COMMUNITY THROUGH CULTURALLY APPROPRIATE
	HEALTH SERVICES, FOCUSING ON THOSE MOST IN NEED.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,920,161including grants of \$) (Revenue \$) HEALTH EQUITY AND COMMUNITY HEALTH ACTION - THE HEALTH EQUITY AND
	COMMUNITY HEALTH ACTION (HECHA) DEPARTMENT ASSESSES HEALTH NEEDS WITHIN
	THE COMMUNITY AS A WHOLE, AND DEVELOPS STRATEGIES GROUNDED IN PUBLIC
	HEALTH AND COMMUNITY MOBILIZATION TO ADDRESS THESE NEEDS AT THE
	INDIVIDUAL, FAMILY, GROUP, COMMUNITY, OR STRUCTURAL LEVEL, AS
	APPROPRIATE. CHA CONCENTRATES ON HEALTH ISSUES/NEEDS MOST PREVALENT
	WITH LA CLINICA'S PATIENT POPULATION, INCLUDING: CHRONIC ILLNESS &
	DISEASE (HIV, DIABETES, CARDIOVASCULAR), DOMESTIC VIOLENCE, REPRODUCTIVE
	HEALTH, MENTAL HEALTH, ACCESS TO CARE, LATINO AND LGBQT YOUNG ADULTS,
	AND PROMOTING HEALTHY ACTIVE LIFESTYLES. CHA FULFILLS A CRITICAL ROLE
	IN INTEGRATING PRIMARY HEALTH, BEHAVIORAL HEALTH AND HEALTH EDUCATION
	AT LA CLINICA; AND PROVIDES TRAININGS, OUTREACH, AND ADVOCACY, HELPING
4b	(Code: ) (Expenses \$ 3,899,565. including grants of \$ ) (Revenue \$ 3,353,657.)
	PATIENT SERVICES - LA CLINICA SERVES PATIENTS THROUGH ALL STAGES OF
	LIFE, FROM PRENATAL TO GERIATRIC CARE. THE MEDICAL SERVICES UNIT
	PROVIDES ADULT, PEDIATRIC, PRENATAL, AND ADOLESCENT PRIMARY CARE, AS WELL AS DIABETIC AND REPRODUCTIVE HEALTH CARE. DOCTORS AND OTHER HEALTH
	PROFESSIONALS PROVIDE EVALUATIONS, EDUCATION, IMMUNIZATIONS, DIAGNOSIS,
	AND TREATMENT, AS WELL AS REFERRALS WHEN NEEDED.
	AND INDATMENT, AS WELL AS NEFERNALS WILL NEEDED:
	WE OFFER SERVICES REGARDLESS OF A PERSON'S ABILITY TO PAY AND CHARGE
	PATIENTS ON A SLIDING SCALE, BASED ON INCOME AND NUMBER OF DEPENDENTS.
	THIRD ON IT BEIDING BOILD, BRODD ON THOOLIN IND HOLDEN OF BEIDENIES.
	THIS DEPARTMENT PLAYS A CRITICAL ROLE IN HELPING TO BREAK DOWN THE
	BARRIERS TO HEALTH CARE FACED BY LOW-INCOME PATIENTS, UNINSURED AND
4c	1 455 404
	INTERPRETER SERVICES - OVER TEN PERCENT OF PEOPLE IN THE DC METRO AREA
	HAVE LIMITED ENGLISH PROFICIENCY. VERY FEW DOCTORS AND CARE PROVIDERS
	ARE TRAINED BILINGUAL MEDICAL STAFF, WHICH CAN CREATE A HUGE DIVIDE
	BETWEEN PATIENTS AND THEIR PROVIDERS. LA CLINICA PROVIDES MEDICAL
	INTERPRETATION IN OVER EIGHT LANGUAGES ON-SITE AND FOR MEDICAL
	FACILITIES IN THE AREA TO HELP BREAK DOWN THAT DIVIDE.
	ANY DC RESIDENTS WITH MANAGED CARE CAN USE OUR INTERPRETERS' SERVICES.
	LA CLINICA AND ITS INTERPRETERS ARE MEMBERS OF THE DC LANGUAGE ACCESS
	COALITION AND WORK TO ENSURE HEALTH SERVICES ARE ACCESSIBLE TO ALL
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 1,641,450 • including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ► 8,916,580.
	Form <b>990</b> (2016)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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
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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7,7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			<b>.</b>
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		х
40		15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''		
10	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,"	0		_ <del>-</del>
	complete Schedule G, Part III	19		х

Form **990** (2016)

### Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	Х	
	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
	Schedule K. If "No", go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		- 25
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Och all to L. Do H.	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	250		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
_,	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

# Part V Statements Regarding Other IRS Filings and Tax Compliance

Pear   No.   Pear   Pear   No.   Pear   Pe		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W26 included in line 1a. Enter of 1 not applicable   De   O   Do the the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a. Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements.   2a   14.5   De the complex of the complex of the organization line all required federal employment tax returns?   2b   X   Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-Mile cele instructions)  3a. Dot the organization have unrelated business gross income of \$1,000 or more during the year?   3a   X   De the organization have unrelated business gross income of \$1,000 or more during the year?   3a   X   De the organization have unrelated business gross income of \$1,000 or more during the year?   3a   X   De the organization have unrelated business gross income of \$1,000 or more during the year?   3a   X   De the organization have unrelated business gross income of \$1,000 or more during the year?   3a   X   De the organization have unrelated business gross income of \$1,000 or more during the year?   3a   X   De the organization and the organization have an interest it, or a signature or other authority over, a financial account in a foreign country; cube as a shark account, securities account, or other financial accounts (FBAR).  5b   Wise, and the organization and party to a prohibited tax shelter transaction at any time during the tax year?   5a   X   Deat any textile party netly the organization file Form 8886.T   De the organization has a annual gross receipts that are normally greater than \$100,000, and did the organization solet any contributions that were not tax deductible or contributions?  5b   Wise, a did the organization has account security to prohibited tax shelter transaction?   De the organization related as adjusted to the goods or services provided?  5c   O Transitation selective allows a contribution or a party to goods and			I	1 100		Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming generalized in the company of the provided provided in the payor of the provided prov							
a 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    ***Bit I least on the scientification of the calendar year ending with or within the year covered by this return    ***Bit I least on the scientification of the sci							
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  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Dt the organization have unreaded business gross income of \$1,000 or more during the year?  3a X X  b If "Yes," has it filed a Form 990-T for this year? If "No," to file 3b, provide an explanation in Schedule O  3b A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, leuch as a bank account, securities account, or other financial account; or file in grequements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited that was or is a party to a prohibited tax shelter transaction?  5b D A any taxable party notify the organization file Form 8888.17  6c If "Yes," to line 5a or 5b, did the organization file Form 8888.17  6d Does the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Drainizations that many receive deductible contribution under section 170(c).  8c Did the organization section apparent in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7c Drainizati	С				4-	v	
tiled for the calendary year ending with or within the year covered by this return.    14   14   15   15   15   15   15   15	0-		 I	I	10		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a I bid the organization and a foreign country (such as a bank account, securities account, or other financial account)?  4a At any time during the calendary vear, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If 'Yes,' reter the name of the foreign country   ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b I Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5a Does the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c I 'Yes,' to line 5a or 5b, did the organization file Form 8886-17 6  6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that many receive deductible contributions under section 170(c).  8c If 'Yes,' did the organization notity the donor of the value of the goods or services provided?  8c In I Fress,' did the organization notity the donor of the value of the goods or services provided?  9c I I He organization receive approximation foreign paralled interests of the organization receive and contribution of ears, boats, airplanes, or other vehicles, did the organization file a Form 8893 as required?  9c I If He organization receive an animatining donor advised funds of the organization than the parallel form 8895 as a fleet during the year?  9c Section 501(c)(17) organization make a distribution of cars, boats, airplanes,	Za		20	145			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Dit the organization have unrelated business gross across more of \$1,000 more during the year?  3b If 1'ves, "set lifted a Form 9801 for this year? If "No," to line \$50, provide an explanation in Schedule 0  3b If "Yes," set lifted a Form 9801 for this year? If "No," to line \$50, provide an explanation in Schedule 0  3c If any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ►  5c If "Yes," enter the name of the foreign country. ►  5se instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accountry.  5c If "Yes," the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles as charitable contributions?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d bif the organization state may receive deductible contributions under section 170(c).  9d bif the organization state in a sexes of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7b Organizations that may receive deductible contributions under section 170(c).  8d bif the organization that may receive deductible contributions under section 170(c).  9d bif the organization that pay receive deductible contributions under section 170(c).  10 bif the organization that pay receive deductible contributions in degree of the section 170(c).  10 bif the organization that pay the section of the value of the goods or services provided to the payor?  11 bif the organization received an ontify	h			l	2h	x	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b If Yes,* has if filed a Form 900-17 for this year, "I "No,* to line" 8b, provided an explanation in Schedule 0  4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial all account)?  4c If Yes, and there the name of the foreign country   Possible   Possib	b				20		
b If "Yes," has it flied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.   4a X  5b If "Yes," enter the name of the foreign country.   5c See instructions for filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization file Form 888617?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles?  6b If "Yes," to line 5a or 5b, did the organization the Form 888617?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7d Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," indicate that may receive deductible contributions under section 170(c).  9d If "Yes," indicate that may receive deductible contributions under section 170(c).  9d If "Yes," indicate the number of Forms 8282 filed during the year apprention of the value of the goods or services provided?  7d C X  7d	За				3a		х
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial account)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  So Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X C If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b LYS, and the organization include with every solicitation and party to a prohibited tax shelter transaction?  6c Destination that we annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d Did the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7a X X  7b Life's," indicate the number of Forms 8282 filed during the year  1b Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7b LY S  7c X  7c Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract?  7c X  7d Did the organization received a contribution of qualified intellectual property, did the organization file or Born 1098-C?  8 Sponsoring organizations make a distribution to a donor advised fund maintained by the sponsoring organization make a							
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  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 (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization file Form 8886-17?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twer not tax deductible as charitable contributions?  6a X  b (if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$575 made partly as a contribution and partly for goods and services provided to the payor?  b (if "Yes," indicate the number of Forms 8282 filed during the year  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  to file Form 8282?  d (if "Yes," indicate the number of Forms 8282 filed during the year  c Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07  To Lib the organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Conserved the sponsoring organization make any taxable distributions under section 4966?  b Conserved the sponsoring organization make any taxable distributions under section 4966?  b Conserved the sponsoring organization make any taxable distributions under section 4							
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization review a payment in excess of \$55 made partly as a contribution and partly for goods and services provided to the payor?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To   X    10 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To   X    11 If the organization received a contribution of qualified intellectual property, did the organization file a Form 198-C?  12 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  12 Sponsoring organization make any taxable distributions under section 4966?  13 Sponsoring organization make any taxable distributions under section 4966?  14 Gross income from members or shareholders  15 Gross income from members or shareholders  16 Gross income from members or shareholders  17 In   Section 501(c)(12) organizations. Enter:  28 Gross income from members or shareholders  18 Gross income from other sources (D	5а				5a		Х
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b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Fold the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To X  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 To X  7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  8 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organizations maintaining donor advised funds.  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part Vill, line 12  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  17b If "Yes," enter the amount of tax exempt interest received or accrued during the year  17d If In							
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to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7th X  g If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7th X  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7th If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any time during the year?  10 Section 501(c)(7) organizations. Enter:  11 Initiation fees and capital contributions included on Part VIII, line 12  12 Initiation fees and capital contributions included on Part VIII, line 12  13 Gross income from members or shareholders  11 Initiation fees and capital contributions included on Part VIII, line 12  14 Section 501(c)(12) organizations. Enter:  15 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  16 Gross income from members or shareholders  17 Initiation fees and capital contributions of the organization filing form 990 in lieu of Form 1041?  18 Section 501(c)(29) qualified nonprofit health plans in more than one state?  19 If "Yes," enter the amount of reserves the org					7b		
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12  10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Gross income from members or shareholders  11 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  13b  15c  17h  18 Certification is file a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14a Did the organization receive any payments for indoor tanning services during the xyear?  14a X							
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sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b  10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b 14c 15d 16 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	_				/n		
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			10a				
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			11b				
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Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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organization is licensed to issue qualified health plans 13b 13c 13c 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b			1			
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b			13b				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c				37
							X
	b	It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	еO			000	(0040

632005 11-11-16

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	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 in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12									
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	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5										
6	Did the organization have members or stockholders?	6		Х						
7a										
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
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	X							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶DC , MD									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	vailab	ole							
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	THE ORGANIZATION - 202-464-0141									
	2831 15TH STREET, NW, WASHINGTON, DC 20009									

# 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and Title	(B) Average hours per	box	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) LISA WISE	0.50	, .		7,					_	0
PRESIDENT (SINCE JULY 2016)	0.50	Х		Х				0.	0.	0.
(2) ERICKA TAYLOR VICE PRESIDENT	0.50	x		x				0.	0.	0.
(3) JIM GALLATIN	0.50	Δ		^				0.	0.	0.
TREASURER	0.30	X		x				0.	0.	0.
(4) ERIN SCHEICK	0.50							-		
SECRETARY		Х		х				0.	0.	0.
(5) AMERICA GUARDADO	0.50									
DIRECTOR		Х						0.	0.	0.
(6) WILLIAM CARPIO	0.50									
DIRECTOR		Х						0.	0.	0.
(7) ALIX GANGA	0.50									
DIRECTOR		Х						0.	0.	0.
(8) OFIR HURTADO	0.50								_	_
DIRECTOR		Х						0.	0.	0.
(9) ABEL NUNEZ	0.50								_	
DIRECTOR		Х						0.	0.	0.
(10) DENIA ACOSTA	0.50	l								
DIRECTOR	0.50	Х						0.	0.	0.
(11) CARLOS GUTIERREZ	0.50									_
DIRECTOR	0.50	Х						0.	0.	0.
(12) LISA WHEATON	0.50	X						0.	0.	0.
DIRECTOR (13) JUDY ALBA	0.50	^						0.	0.	0.
PRESIDENT THRU JULY 2016	0.50	x		x				29,938.	0.	0.
(14) GISELLE FLORES	0.50	^		_				29,930.	0.	0.
DIRECTOR	0.30	X						0.	0.	0.
(15) ALICIA WILSON	40.00	25							0.	
CHIEF EXECUTIVE OFFICER	-3.00	1		x				122,591.	0.	9,181.
(16) CLAIRE MOONEY	40.00			Ё						
CHIEF FINANCIAL OFFICER		1		x				104,638.	0.	1,322.
(17) RICARDO F. FERNANDEZ	40.00							, ,		<u> </u>
CHIEF MEDICAL OFFICER		1			х			190,464.	0.	1,481.
620007 11 11 16	-									Form <b>990</b> (2016)

632007 11-11-16

Form **990** (2016)

Part VII Section A. Officers, Directors, Tru		ploy	yees			ighe	st C		es (continued)				
(A)	(B)			•	C)	_		(D)	(E)		1	(F)	
Name and title	Average		not c		more	e than		Reportable	Reportable			stimate	
	hours per week					is bot or/trus		compensation	compensatio			nount	
	(list any	-					É	from the	from related organization	- 1		other opensa	
	hours for	director						organization	(W-2/1099-MIS			rom th	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 11110	,		anizat	
	organizations	Individual trustee or	Institutional trustee		Key employee	ompe					_	, d relat	
	below	/id ua	tutior	ie.	oldus	lest c	ner				orga	anizati	ons
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former				<u> </u>		
(18) JOSHUA KOLKO	40.00							116 100					
FAMILY PHYSICIAN	1000					X		116,483.		0.	<u> </u>	8,9	78.
(19) MADELINE F. WILKS	40.00							454 000			1		- 0
MEDICAL DIRECTOR	1.0.00					X		151,932.		0.	<u> </u>	5,2	59.
(20) CATALINA SOL	40.00										1		
PROGRAM OFFICER	1000				<u> </u>	X		100,238.		0.	<u> </u>	7,3	72.
(21) RACHEL MEYN	40.00	4						104 700			1	- ^	4.0
CHIEF DEVELOPMENT OFFICER					_	X		104,708.		0.	<u> </u>	5,0	49.
		4									1		
		-	_	-	<u> </u>					$\longrightarrow$	<u> </u>		
		4									1		
			-	-	-						<u> </u>		
		-									1		
			-	-	-	+					<u> </u>		
		-									1		
					-						<del> </del>		
		1											
1h Sub-total					<u> </u>	1		920,992.		0.	3	8,6	42.
1b Sub-total c Total from continuation sheets to Part								0.		0.		<del>• , •</del>	0.
d Total (add lines 1b and 1c)								920,992.		0.	3	8,6	
Total (add lines is and ic)      Total number of individuals (including but								·	L 0.000 of reportab			<del>• , •</del>	
compensation from the organization	Tiot illilited to ti	1030	, iioti	cu a	DOV	C) W	1010	cocived more than \$100	,,000 or reportab				7
componed for from the organization												Yes	No
3 Did the organization list any former office	r. director, or tri	uste	e. ke	ev ei	mpla	ovee	. or	highest compensated e	mplovee on	I			
line 1a? If "Yes," complete Schedule J for											3		Х
4 For any individual listed on line 1a, is the													
and related organizations greater than \$1	•							•	•		4	Х	
5 Did any person listed on line 1a receive o													
rendered to the organization? If "Yes," co	•					•					5		Х
Section B. Independent Contractors	•												
1 Complete this table for your five highest of	compensated in	dep	ende	ent c	cont	racto	ors t	hat received more than	\$100,000 of con	npens	ation	from	
the organization. Report compensation for	r the calendar y	<u>ear</u>	end	ing \	with	or w	<u>/ithi</u> r	n the organization's tax	year.				
(A)								(B)			(0	C)	
Name and business	e addrose						- 1	Description of a	onvicos		'amna	neatio	'n

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
KAISER PERMANENTE	HEALTH INSURANCE	505 005
P.O. BOX 64345, BALTIMORE, MD 21264-4345 CITI - COMMUNITY IT INNOVATORS	PROVIDER	595,025.
P.O. BOX 220278, CHANTILLY, VA 20153-0278	IT CONSULTING	151,866.
LAB CORP OF AMERICA 231 MAPLE AVE., BURLINGTON, NC 27215	LAB SERVICES	121,068.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	

Form **990** (2016)

\$100,000 of compensation from the organization

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
			<u> </u>	y	(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or exempt function	Unrelated business	from tax under
						revenue	revenue	sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
ìrar oun		Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events						
Sift ar /		Related organizations						
s, ( imil		Government grants (contributi		6,269,314.				
ion	f	All other contributions, gifts, grant	ts, and					
ibul		similar amounts not included above		2,634,515.				
n d O	g	Noncash contributions included in lines		1,260,727.				
Co	h	Total. Add lines 1a-1f			8,903,829.			
				Business Code				
ė	2 a	PATIENT SERVICES		621400	3,353,657.	3,353,657.		
e Zi	b	OTHER REVENUE		900099	41,312.	41,312.		
Se	c	:						
am eve	d	1						
Program Service Revenue	е	•						
P	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			3,394,969.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		<b>&gt;</b>	955.			955.
	4	Income from investment of tax	x-exempt bond p	oroceeds <b>&gt;</b>				
	5	Royalties	<u></u>	<u>,</u>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)	<u></u>	<u>,</u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)						
	c	Net gain or (loss)						
ne	8 a	Gross income from fundraising	g events (not					
en		including \$	of					
Other Reven		contributions reported on line	1c). See					
er		Part IV, line 18	a					
Oth		Less: direct expenses						
	C	Net income or (loss) from fund	draising events	<b>_</b>				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
	C	Net income or (loss) from gam	ing activities	. <u></u>				
	10 a	Gross sales of inventory, less						
		and allowances	a					
	b	Less: cost of goods sold	b					
	C	Net income or (loss) from sales						
		Miscellaneous Revenu	e	Business Code				
	11 a							<del> </del>
	b							<del>                                     </del>
	C							
		All other revenue						
		Total. Add lines 11a-11d			12 200 752	3,394,969.	0	. 955.
	12	Total revenue. See instructions.			12,299,753.	3,334,309.	U	•1 333.

#### Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		X
	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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		'		'
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	420 077	240 650	6E 130	24 100
	trustees, and key employees	429,977.	340,659.	65,138.	24,180
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	6,403,299.	5,076,390.	965,781.	261 120
7	Other salaries and wages	0,403,433.	5,010,390.	303,701.	361,128
8	Pension plan accruals and contributions (include	62,535.	48,472.	10,891.	2 172
_	section 401(k) and 403(b) employer contributions)	773,277.	599,389.	134,675.	3,172 39,213
9	Other employee benefits	490,047.	379,849.	85,347.	24,851
10	Payroll taxes	470,047.	373,043.	03,347.	24,031
11	Fees for services (non-employees):				
	Management				
b	S	81,881.	63,881.	17,343.	657
	Accounting	01,001.	03,001.	17,545.	037
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	1,806,418.	1,394,514.	381,636.	30,268
12	Advertising and promotion	, ,	, , -	,	
13	Office expenses	178,567.	119,912.	47,284.	11,371
14	Information technology	112,374.	53,995.	52,545.	5,834
15	Royalties	-	-		-
16	Occupancy	311,308.	169,758.	137,662.	3,888
17	Travel	83,073.	76,428.	5,350.	1,295
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	59,355.		59,355.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	167,671.		167,671.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OT TÉMIN ORDÍTTORO É	479,459.	475,708.	3,751.	
b	MISCELLANEOUS EXPENSES	276,156.	117,625.	129,652.	28,879
c	TAXES	1,611.	,	1,611.	,
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	11,717,008.	8,916,580.	2,265,692.	534,736
26	<b>Joint costs.</b> Complete this line only if the organization				· · · · · · · · · · · · · · · · · · ·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part	. ^	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	Degititing of year	1	Life of year
	2	Savings and temporary cash investments	926,758.	2	685,009
	3		601,340.	3	1,356,859
	4	Pledges and grants receivable, net	803,232.	4	477,317
	5	Accounts receivable, net  Loans and other receivables from current and former officers, directors,	003,232.	-	4///31/
	3	trustees, key employees, and highest compensated employees. Complete			
				5	
	6	Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under			
	·	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ر س		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	39,027.	9	1,897
.		Land, buildings, and equipment: cost or other	37,3211	Ŭ	
	iou	basis. Complete Part VI of Schedule D			
	h	Less: accumulated depreciation 10b 1,529,951.	1,994,525.	10c	3,387,011
	11	Investments - publicly traded securities		11	. , , , , , , , ,
- 1	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,788.	15	18,043
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,368,670.	16	5,926,136
	17	Accounts payable and accrued expenses	716,035.	17	1,144,791
.	18	Grants payable		18	
	19	Deferred revenue		19	
:	20	Tax-exempt bond liabilities		20	
:	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
န္က ဒ	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
ig		Complete Part II of Schedule L		22	
¬  :	23	Secured mortgages and notes payable to unrelated third parties	813,182.	23	1,359,147
:	24	Unsecured notes and loans payable to unrelated third parties		24	
:	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,529,217.	26	2,503,938
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Fund Balances		complete lines 27 through 29, and lines 33 and 34.	2 420 202		2 212 100
al 3	27	Unrestricted net assets	2,438,203.	27	3,212,198
Bal ;	28	Temporarily restricted net assets	401,250.	28	210,000
[ ]	29	Permanently restricted net assets		29	
년		Organizations that do not follow SFAS 117 (ASC 958), check here			
S O		and complete lines 30 through 34.			
Set:	30	Capital stock or trust principal, or current funds		30	
⋖∣	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
j j	32	Retained earnings, endowment, accumulated income, or other funds	2 020 452	32	2 / 2 2 1 0 0
- 1	33	Total net assets or fund balances	2,839,453.	33	3,422,198
;	34	Total liabilities and net assets/fund balances	4,368,670.	34	5,926,136

Form **990** (2016)

orm	990 (2016) LA CLINICA DEL PUEBLO, INC.	52-	1942551	Pa	ge <b>12</b>
Pa	rt 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	12,29		
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,71		
3	Revenue less expenses. Subtract line 2 from line 1	3			45.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,83	9,4	53.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,42	2,1	98.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	abasis,			
	consolidated basis, or both:				
	X 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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	dit		
	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 requi	red aud	lit		

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2016)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LA CLINICA DEL PUERLO TNC Employer identification number 52-19/2551

				FUEDEO, INC			_	2-1942331
Pa	rt I	Reason for Public (	Charity Status (/	All organizations must co	mplete th	is part.) Se	ee instructions.	
he	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(	1)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative					ii).	
4		A medical research organiz					•	the hospital's name.
•		city, and state:	anon operated in co.	njanotion with a moopital	GOOGIIDO			and mospital o marilo,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in
3				nege of drilversity owner	a or opera	led by a g	overnmental unit descrit	Jed III
_		section 170(b)(1)(A)(iv). (C				70(I-\/4\/A\	6.3	
6	Н	A federal, state, or local gov	-					
7	ш	An organization that norma	•	ntial part of its support f	rom a gov	ernmentai	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (Co						
8	Н	A community trust describe						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	je or
		university:						
10	X	An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a		ively to test for public sa	fety. See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	•	· · · ·	-		•	
		lines 12a through 12d that						
а		Type I. A supporting orga				•	, ,	, aivina
_		the supported organization	· ·	· ·	•			
		organization. You must c			z majomy .	or the dire		apporting
b		Type II. A supporting orga			tion with it	e eunnort	ed organization(s), by ha	ovina
b			•					-
		control or management o			arrie perso	nis triat co	of that age the sup	pported
_		organization(s). You mus				. حادث		مالان، . الم
C		Type III functionally inte					•	ea with,
		its supported organization		•				
d		☐ Type III non-functionally					• • • • • •	
		that is not functionally int	-		•		•	iveness
		requirement (see instructi	•	-				
е		Check this box if the orga					a Type I, Type II, Type III	
		functionally integrated, or		nally integrated support	ing organiz	zation.		
f		er the number of supported o						
g		vide the following information			(iv) Is the orga	nization listed		(
	(1	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		Organization		above (see instructions))	Yes	No	Support (See Instructions)	Support (See Instructions)

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

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

1 Gifts, grants, contributions, and membership fees received. (Do not 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  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support	Sec	tion A. Public Support						
membership fees received. (Do not 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  4. Total. Add lines 1 through 3.  5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6. Public support, senset we show the shown we section 8. Total Support Gealedary ser (offset) year person (other than a government) of the state of the amount shown on line 11, column (f)  6. Public support, senset we show the shown we section 8. Total Support Gealedary ser (offset) year person (other than a government) of the sense of the amount shown on line 11, column (f)  7. Amounts from line 4.  8. Gross income from interest, dividends, payments received on securities loans, rents, royaties and income from interest, dividends, payments received on securities loans, ents, royaties and income from similar sources.  9. Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI).  10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11. Total support, Add lines 7 through 10.  12. Introduce, Add lines 7 through 10.  13. First five years. If the Form Bools for the organization of the organization, check this box and stop here. The organization qualifies as a publicly supported organization.  15. Public support percentage from 2015 Schedule A, Part II, line 14.  15. Public support test - 2016. If the organization of ord check a box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances test - 2016. If the organization qualifies as a publicly supported or	Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
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  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subteat the 6 from line 4  8 Cercion B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Support  Calendar year (or fiscal year beginning in) ► (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Support  Calendar year (or fiscal year beginning in) ► (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Support  Calendar year (or fiscal year beginning in) ► (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Support  Calendar year (or fiscal year beginning in) ► (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Support  Calendar year (or fiscal year beginning in) ► (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Support  Calendar year (or fiscal year beginning in) ► (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Support  Calendar year (or fiscal year beginning in) ► (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Support  Calendar year (or fiscal year beginning in) ► (a) 2015 (e) 2016 (f) Total year (or fiscal year beginning in) ► (a) 2016 (f) Total year (or fiscal year (or fisc	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (ofther than a governmental unit to the organization without charge and provided organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, server live 5 then line 4 8 Gross income from interest, dividends, payments received on securities loans, erris, royalties and income from interest, dividends, payments received on securities loans, erris, royalties and income from similar sources 9 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 (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form golds 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 14 Public support percentage from 2015 Schedule A, Part II, line 14 15 Public support percentage from 2015 Schedule A, Part II, line 14 16 Public support percentage from 2015 Schedule A, Part II, line 14 17 Public support percentage from 2015 Schedule A, Part II, line 14 18 31 1/3% support set 2 - 2015. If the organization old in of check to 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 meets the "facts and circumstances test. 2016. If the organization of lond to check a box on line 13, fla, fla, fla, fla, fla, fla, fla, fla		membership fees received. (Do not						
ization's benefit and either paid to or expended on its behalf  3. The value of services or facilities furnished by a governmental unit to the organization without charge  4. Total. Add lines 1 through 3.  5. The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6. Public support. Solvaet line 5 ton line 4.  8. Gross income from line 14  9. Net income from unrelated business activities, whether or not the business is regularly carried on the business activities, whether or not the business is regularly carried on the business activities, whether or not the business is regularly carried on the business is regularly carried on Of Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11. Total support. Add lines 7 through 10  12. Gross receipts from related activities, etc. (see instructions)  12. Gross receipts from related activities, atc. (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  5. Section C. Computation of Public Support Percentage  14. Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15. First five years. If the Form of Public Support Percentage  16. 33 17/3% support test 2-016. If the organization did not check the box on line 13, 16a, and line 14 is 30 1/396 or more, check this box and stop here. The organization qualifies as a publicly supported 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, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test, check this box and stop		include any "unusual grants.")						
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<ul> <li>b 10% -facts-and-circumstances test - 2015. 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 supported organization</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</li> </ul>		_					~	
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organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	IJ		•				•	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								
	18			-	•			
			a.a .iot oriook a		, , ,			

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	5.5.1., p. 5.6.5.5					
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	. ,	, ,	` ,	, ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	5129600.	4427457.	4612888.	5914142.	8903829.	28987916.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2240261.	2862633.	3005440.	3792439.	3394969.	15295742.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	7369861.	7290090.	7618328.	9706581.	12298798.	44283658.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						44283658.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	7369861.	7290090.	7618328.	9706581.	12298798.	44283658.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	511.	468.	339.	729.	955.	3,002.
k	Unrelated business taxable income	-					
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	511.	468.	339.	729.	955.	3,002.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						,
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	7370372.	7290558.	7618667.	9707310.	12299753.	44286660.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organi:	zation,
_	check this box and stop here						<b>&gt;</b> L
	ction C. Computation of Publi					<u> </u>	00 00
	Public support percentage for 2016 (li					15	$\frac{99.99}{99.99}$ %
	70						
	ection D. Computation of Investment Income Percentage						
	Investment income percentage for 20					17	.01 % .01 %
	Investment income percentage from 2	•		on line 14 and line		18	
198	a 33 1/3% support tests - 2016. If the						17 is not
k	more than 33 1/3%, check this box are 33 1/3% support tests - 2015. If the	organization did n	ot check a box on	line 14 or line 19a	ı, and line 16 is mo	ore than 33 1/3%,	and
20	line 18 is not more than 33 1/3%, che			•		ū	
ZU	<b>Private foundation.</b> If the organization	н ою пот спеск а I	oox on line 14. 198	a. OF 19D. CHECK Th	iis dux and see ins	งเกนติเบทิร	

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	За		
	Sa		
	3b		
	0-		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	<b>9</b> C		
	10a		
	10b 90 or 99	00 EZ	2016
יי פ	20 OI 33	,u-LZ)	2010

Par	art IV   Supporting Organizations (continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	b A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	. 11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	ction C. Type II Supporting Organizations		Yes	No
4	Ware a majority of the examination's directors or trustoes during the tay year along a majority of the directors		res	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the pri	or tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ie		
	organization's governing documents in effect on the date of notification, to the extent not previously provided	d? <b>1</b>		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI had	ow W		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations			
1		e instructions).		
a b				
C		t entity (see instructions	-)	
2		t critity (see matractions	Yes	No
				110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	•		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of the control of the c			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions.				
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	ganization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2016

Par	TV   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Socti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
Secu	on E - Distribution Allocations (see instructions)		P16-2010	Amount for 2010
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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

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

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

LA CLINICA DEL PUEBLO, INC. 52-1942551

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 <b>not</b> treated as a private foundation			
		527 political organization			
Form 990	-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
	y a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special R	lules				
8	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
i )	vear, contributions s checked, enter hourpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., aplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year			
but it <b>mus</b>	st answer "No" on l	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

# LA CLINICA DEL PUEBLO, INC.

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 17,604.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000.	Person X Payroll

#### LA CLINICA DEL PUEBLO, INC.

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	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
10		\$ 125,000.	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_		\$5,000.	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
35		\$ 20,096.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

# LA CLINICA DEL PUEBLO, INC.

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
12		\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
13		\$ 5,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
14		Person X Payroll  Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
15		\$ 5,000.  Person X Payroll I Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
16		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
17		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)			

#### LA CLINICA DEL PUEBLO, INC.

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$5,000.	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
22		\$60,000.	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
23		\$ <u>1,270,756</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)

#### LA CLINICA DEL PUEBLO, INC.

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,000.	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
27	- Training additions and En 1 1	\$ 6,900.	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
28		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$9,250.	Person X Payroll

# LA CLINICA DEL PUEBLO, INC.

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$ 21,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$	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
33	- Traine, address, and En 1 1	\$ 271,415.	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
34		\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

# LA CLINICA DEL PUEBLO, INC.

Part II	Noncash Property (See instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	STOCK		
35			
		\$\$	10/13/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
Parti	LAND AND BUILDING		
23			
		\$ <u>1,270,756</u> .	11/17/16
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	·	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions)	Date received
3453 10-18		Schodulo B (Form (	990, 990-EZ, or 990-PF) (2

Employer identification number

Name of organization

52-1942551 LA CLINICA DEL PUEBLO, Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III 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. (<u>a)</u> No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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. 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

#### **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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LA CLINICA DEL PUEBLO TNC. **Employer identification number** 52-1942551

Pai	t I Organizations Maintaining Donor Advise		or Accou	unts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
	, ,	(a) Donor advised funds	(b) Fur	nds 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 v	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
			-	Yes No
Pai				
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically impo	rtant land area
	Protection of natural habitat	Preservation of a certi	fied historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel			n during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements if	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation eas	sements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easeme	nts during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	•		
	and section 170(h)(4)(B)(ii)?			Yes
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	he organiza	tion's accounting for
_	conservation easements.			
Pai			her Simil	ar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherar	nce of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	olic service,	provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			*
2	If the organization received or held works of art, historical tre	•	gain, provid	de
	the following amounts required to be reported under SFAS 1		_	
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

632051 08-29-16

Schedule D (Form 990) 2016

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

Pai	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, c	or Oth	er Si	milar As	sets(conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following tha	t are a s	ignific	ant use of	its collection	n item	าร
	(check all that apply):										
а	Public exhibition	d	_ <u>                                    </u>	oan or exc	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ey further t	the organization	on's exe	mpt p	ourpose in	Part XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	torical trea	asures, or othe	er simila	r asse	ets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's c	ollection?				Yes		No_
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	on answered "	'Yes" or	Forn	n 990, Part	IV, line 9, o	r	
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for c	ontribution	ns or other as	sets not	t inclu	ded			_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						[	1c			
	Additions during the year							1d			
	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	n has beer	n provided on	Part XIII					]
Pai	t V Endowment Funds. Complete it	f the organization an	swered "	Yes" on Fo	orm 990, Part	IV, line	10.				
		(a) Current year	<b>(b)</b> Pr	ior year	(c) Two year	s back	(d) Th	ree years ba	ack <b>(e)</b> Fou	r years	back
1a	Beginning of year balance			•							
	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 10	ı. column (	a)) held as:				l		
a	Board designated or quasi-endowment	one your one building	%	,,	۵,, ۱۱۵۱۵ ۵۵۱						
b	Permanent endowment	%									
	Temporarily restricted endowment										
·	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse		ation that	t are held a	and administe	red for t	he or	nanization			
ou	by:	object of the organiza	20011 0100	aro moia c	and administe	100 101 1		garnzation		Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
h	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the										<u> </u>
Pai			WITICITE IC	arido.							
	Complete if the organization answered		) Part IV	line 11a S	See Form 990	Part X	line :	ın			
	Description of property	(a) Cost or o			t or other			ulated	(d) Boo	k valu	
	Description of property	basis (investn		` '	(other)	٠,	precia		( <b>u</b> ) 500	K valu	C
	Land	` `	ilone)		8,150.	uc.	prooid	acion	55	<del>R</del> 1	50.
	Land				20,976.		8 N 3	,233.	2,51		
	Buildings			5,52	.0,0100	'	505	, 233 •	4,51	','	<del>-</del> J •
	Leasehold improvements			1 03	37,836.		726	,718.	31	1 1	18.
d	Equipment			<b>±</b> ,00	, , , 0 3 0 •		, 20	, , 10 •	71	<u> </u>	<del>-0•</del>
	Other		V ookim	n (D) lina	100)				3 32	7 0	11

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 LA CLINICA	DEL PUEBLO,	INC.	52-1942551 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes	s" on Form 990, Part IV,	line 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)		(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	×		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	s" on Form 990, Part IV,		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Yes	s" on Form 990, Part IV,	line 11d. See Form 990, Part X, line 15.	
	) Description		(b) Book value
(1)			
(2)			

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part V, col. (P) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

<sup>2.</sup> 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

Ра	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With	Revenue per R	eturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	12,648,682.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	348,929.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	348,929.
3	Subtract line 2e from line 1			3	12,299,753.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	12,299,753.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				10 065 005
1	Total expenses and losses per audited financial statements			1	12,065,937.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а			348,929.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)				242 222
е	Add lines 2a through 2d			2e	348,929.
3	Subtract line 2e from line 1			3	11,717,008.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	1 4. 1			
	Other (Bederibe in Fair Ain.)	4b			_
С				4c	0. 11,717,008.

#### Part XIII Supplemental Information.

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

#### PART X, LINE 2:

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO

BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS.

UNDER THAT GUIDANCE, LA CLINICA MAY RECOGNIZE THE TAX BENEFIT FROM AN

UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX

POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON

THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE

THE TAX-EXEMPT STATUS OF LA CLINICA AND VARIOUS POSITIONS RELATED TO THE

POTENTIAL SOURCES OF UNRELATED BUSINESS INCOME TAX (UBIT). THE TAX

BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE

MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50%

Part XIII Supplemental Information (continued)
LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO
UNRECOGNIZED TAX BENEFITS RELATED TO UNCERTAIN TAX POSITIONS IDENTIFIED OR
RECORDED AS LIABILITIES AT DECEMBER 31, 2016 AND 2015.
LA CLINICA'S POLICY WOULD BE TO RECOGNIZE INTEREST AND PENALTIES, IF ANY,
ON TAX POSITIONS RELATED TO ITS UNRECOGNIZED TAX BENEFITS IN INCOME TAX
EXPENSE IN THE FINANCIAL STATEMENTS. NO INTEREST AND PENALTIES WERE
ASSESSED OR RECORDED DURING THE YEARS ENDED DECEMBER 31, 2016 AND 2015.

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

LA CLINICA DEL PUEBLO, INC. Employer identification number 52-1942551

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	Desire the control of			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
_		4a		Х
a h	Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
Ü	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<del></del>		
	The totally of lines at o, list the persons and provide the applicable amounts for each term in a cin.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			77
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	ı	ĺ

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

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		compensation incentive reportable		(iii) Other reportable compensation	compensation	Derients	(B)(I)-(U)	reported as deferred on prior Form 990	
(1) RICARDO F. FERNANDEZ	(i)	190,464.	0.	0.	600.	881.	191,945.	0.	
CHIEF MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) MADELINE F. WILKS	(i)	151,932.	0.	0.	600.	4,659.		0.	
MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i) (ii)								
	(i)								
	(ii) (ii)								
	(i)								
	(ii)								
	[(II)						1		

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

**Noncash Contributions** 

OMB No. 1545-0047

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

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

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LA CLINICA DEL PUEBLO, INC. Employer identification number 52-1942551

Pa	t I Types of Property	1 (-)	1 (1-)	(-)	1	0		
		(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	Method of c noncash contrik	determini	•	s
1	Art - Works of art			,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial	X	1	1,270,756	.MARKET VAL	UATIO	ON	
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
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 organ	ization durin	g the tax year for o	contributions	•			
	for which the organization completed Form 82							
	•						Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	oorted in Part I, lines 1 thro	ough 28, that it			
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to be	used for			
	exempt purposes for the entire holding period		•	•		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							Х
	Does the organization hire or use third parties					31		
	contributions?		•			32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in	column (c) fo	r a type of propert	v for which column (a) is c	necked.			
	describe in Part II.		, p. 3. p. sport	,	,			
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 90	0	Schedule N	/I (Form (	390) (	2016

Schedule M (Form 990) (2016)

632142 08-23-16

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

2016
Open to Public Inspection

Name of the organization

LA CLINICA DEL PUEBLO, INC.

Employer identification number 52-1942551

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ON THOSE MOST IN NEED. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: LA CLINICA REACH ITS GOAL TO BUILD A HEALTHY LATINO COMMUNITY. HECHA PROVIDES SAFE AND FAMILIAR SPACES FOR LATINO IMMIGRANTS TO ENGAGE IN WORKSHOPS, TRAININGS AND ONE-ON-ONE COUNSELING TO GAIN SKILLS AND CAPACITY TO LIVE HEALTHIER LIVES. ADDITIONALLY, HECHA IS RESPONSIBLE FOR TRAINING HEALTH PROMOTERS TO CONDUCT PEER-TO-PEER HEALTH OUTREACH AND NAVIGATION TO HEALTH SERVICES. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: MARGINALIZED GROUPS. SERVICES INCLUDE; HIV CASE MANAGEMENT; ENTITLEMENTS ASSISTANCE; REFERRALS FOR FOOD, CLOTHING, MEDICINE, AND MEDICAL EQUIPMENT. THE PATIENT SUPPORT SERVICES UNIT STAFF EDUCATES AND ENROLLS ELIGIBLE CLIENTS INTO MEDICAID, MEDICARE AND OTHER PROGRAMS, AND HELPS PATIENTS APPLY FOR PHARMACEUTICAL COMPANY ASSISTANCE PROGRAMS. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: REGARDLESS OF LANGUAGE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MENTAL HEALTH AND SUBSTANCE ABUSE - LA CLINICA'S HOLISTIC APPROACH TO

HEALTHCARE VIEWS MENTAL HEALTH AS A VITAL COMPONENT TO HEALTHY LIVING,

AND STAFF WORK TO DE-STIGMATIZE THERAPEUTIC CARE IN THE EYES OF LA

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization LA CLINICA DEL PUEBLO, INC.

Employer identification number 52-1942551

CLINICA'S PATIENTS AND THE BROADER LATINO IMMIGRANT COMMUNITY.

WE PROVIDE INDIVIDUAL, COUPLE, AND FAMILY COUNSELING SERVICES FOR A

BROAD RANGE OF ISSUES, AND WE OFFER PSYCHO-EDUCATIONAL SUPPORT GROUPS

THAT REACH A BROAD RANGE OF CLIENTS. COMPREHENSIVE OUTPATIENT

SUBSTANCE ABUSE TREATMENT SERVICES ARE AVAILABLE, INCLUDING SUPPORT

GROUPS AND REFERRALS TO DETOXIFICATION AND RESIDENTIAL PROGRAMS.

EXPENSES \$ 1,259,077. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PROGRAM INTEGRATION AND EVALUATION

EXPENSES \$ 382,373. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

MANAGEMENT PROVIDES COPIES TO THE FINANCE COMMITTEE FOR THEIR REVIEW AND APPROVAL. THE FINANCE COMMITTEE THEN REPORTS TO THE FULL BOARD.

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

A MECHANISM FOR MONITORING AND ENFORCING COMPLIANCE WITH OUR CONFLICT OF INTEREST POLICY INCLUDES THE SIGNING OF A STATEMENT ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION ANNUALLY, INCLUDING THE USAGE OF A COMPENSATION SURVEY.

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

OUR FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

POLICY ARE AVAILABLE IN OUR OFFICES AND WILL BE MADE AVAILABLE TO ANYONE

REQUESTING COPIES.

Name of the organization  LA CLINICA DEL PUEBLO, INC.	Employer identification number 52-1942551
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER CONTRACTORS:	
PROGRAM SERVICE EXPENSES	1,394,514.
MANAGEMENT AND GENERAL EXPENSES	381,636.
FUNDRAISING EXPENSES	30,268.
TOTAL EXPENSES	1,806,418.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,806,418.