990 Form

(Rev. January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 2019

Open to Public

_		Tue Service			7990 for instruction					Inspection		
<u>A</u> _	For the	e 2019 calendar y	ear, or tax year begi	nning		, 2019, a	and endi	ng		, 20		
В	Check if	applicable:	C Name of organizationC	LINICA COLOR	ADO				D Emp	loyer identification number		
Ш	Address	change	Doing business as	<u> </u>						27-3794068		
	Name ch	nange	Number and street (or I	O box if mail is not del	ivered to street address)		Room/sui	le	E Telep	phone number		
	Initial ret	um	3300 ALCOTT ST	<u> </u>				300	(720)443-8461			
	Final retu	um/terminated	City or town, state or pr	ovince, country, and ZIP	or foreign postal code				G Gross receipts			
	Amende	đ r et urn	NESTMINSTER, (0 80031					s	1,478,872		
	Application	on pending	F Name and address of p	rincipal officer: VERNO	ON NAAKE, MD			H(a) to this a	arawo return	for subordinates? Yes X No		
			SAME AS C ABOV		,					tes included? Yes No		
_	Tax-exer	mpt status X 501) (insert no.)	4947(a)(1) or	527				ist. (see instructions)		
	Website		LINICACOLORADO									
<u>т</u>		organization: X Corp		sociation Other		L Year of format	inn: 201			n number >		
	rt I	Summary	Mation 110st A:	SOCIALUM Officer		L Tear or format	ion: 201	. О јин	State of le	gat domicile: CO		
	1		ho ocaonization's mis	nian ar maat sianifi	and nethibles.							
	1'		he organization's mis	-				R RÖULT	ABLE	PRIMARY HEALTH		
9		CARE AND RE	SOURCES TO TH	OSE WITH LIM	IITED ACCESS A	CROSS COLO	RADO.					
Ē												
Ē			<u> </u>		<u> </u>					<u> </u>		
Governance	2		if the organization							1		
~	3	,	g members of the gov							8		
es	4		endent voting membe							8		
臺	5	Total number of	ndividuals employed	in calendar year 20	019 (Part V, line 2a)				. 5	19		
Activities &	6		volunteers (estimate i		· • • • • • • • • • • • • • • • • • • •				_	5		
•	7a	Total unrelated b	usiness revenue fron	n Part VIII, column	(C), line 12				. 7a	0		
	b	Net unrelated bu	siness taxable incom	e from Form 990-T	, line 39	· · · · · · <u>·</u> ·			. 7b	0		
						·		Prior Year		Current Year		
Revenue	8	Contributions and	d grants (Part VIII, line	e 1h)		<i></i>		862	2,983	815,879		
	9	Program service	revenue (Part VIII, lin	ne 2g)				497	7,385	619,801		
	10		ne (Part VIII, column						L,243	12,487		
æ	11		art VIII, column (A), I						2,274)			
	12		dd lines 8 through 11					1,369		1,478,872		
	13		ar amounts paid (Part					1,50.	,,,,,,,,	1,470,672		
	14		or for members (Part							0		
	15		ompensation, employe					004	5,978	020 220		
8	- 1		draising fees (Part IX					300	3,376	938,228		
Ę			expenses (Part IX, c							0		
Expenses	17		(Part IX, column (A), I				-			A SILL IN FACUSCIA		
_	18						_		,109	735,761		
	19		Add lines 13-17 (mus					1,546		1,673,989		
		Leveline less ex	penses. Subtract line	: 10 HUITIIIIE 12 .					5,750)			
Net Assets or	20	Total assets (De-	t V line 40)				Begin	ning of Curr		End of Year		
886	20	Total assets (Par				• • • • • • • •	• —	1,971	L,268	1,781,133		
¥.	21	Total liabilities (F	·				•		5,029	71,011		
			nd balances. Subtrac	t line 21 from line 2			,	1,905	5,239	1,710,122		
	ert II	Signature I		A						1.5		
true	, correct,	and complete. Declarati	hat I have examined this rel on of preparer (other than o	urn, including accompan fficer),is based/pn/atl info	tying schedules and staten ormation of which preparer	ents, and to the best has any knowledge	of my know	viedge and be	lief, it is	76		
		l.	1							7/0/-		
Sig	ın		NAAKE, MD	M	6					11215079		
		Signature of o	mcer						Da	vie		
He	re		NAAKE, MD, PR	esiden't		_						
		Type or print r	<u> </u>									
_		Print/Type preparer	's name	Preparer's signature		Date		Check	if	PTIN		
Pa			ysti, CPA			06-30-20	20	self-em	ployed	P00070003		
	pare		Poysti	& Associates	LLC		F	irm's EIN				
Us	e Onl	y Firm's address ▶	PO Box	371467			Р	hone no.				
			Denver	CO 80237					303-	285-2500		
May	the IR	S discuss this retu	m with the preparer s	hown above? (see	instructions)							

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 (see instructions).?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		Х
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	•		Λ
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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			Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	9	445		
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete	11f		х
ıza	Schedule D, Parts XI and XII	12a		
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124	Х	
-	"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	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
00	If "Yes," complete Schedule G, Part III.	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
_	IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		v
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M.</i>	29		X
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? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "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 L	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O.	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Form 990 (2019) CLINICA COLORADO 27-3794068 Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
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?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
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		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
D 11				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

, ,		,	J	*	
response to line 8a, 8b, or 10b below,					
Check if Schedule O contains a respon	nse or note to any line in this Part VI				x

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
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			
500	the organization's mailing address? If "Yes," provide the names and addresses on Schedule 0	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		.,	
100	Did the erganization have lead shorters branches or effiliates?	10a	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	IUa		Х
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ı ıa		
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	x	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"		Λ	
Ŭ	describe in Schedule O how this was done	12c	x	
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	x	
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 ► Colorado			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial 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			
	JILL SCHNEIDER (720)443-8461, 8300 ALCOTT ST, WESTMINSTER, CO 80031			

Form 990 (2019) CLINICA COLORADO 27-3794068 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Section A.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box	, unles er and	Pos eck m s per d a dir	son is	nan one s both an Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	dotted line)		ее			sated				
(1) VERNON NAAKE, MD	1.00									
PRESIDENT		х		х				0	0	0
(2) ROBERT WILLIAMS, MD	<u>1.0</u> 0							_	_	_
VICE PRESIDENT	1 00	Х		Х				0	0	0
(3) RUBEN ZAPANTA	1.00							•		
TREASURER	1 00	х		Х				0	0	0
(4) JOSE D.L. MARQUEZ	1.00									
DIRECTOR	1 00	Х						0	0	0
(5) JEREMY BEHM-MEYER	1.00									
DIRECTOR	1 00	х						0	0	0
(6) PATRICIA RODGRIGUEZ	1.00									
DIRECTOR	1 00	х						0	0	0
(7) RACHELLE WOODS	1.00							•		
DIRECTOR	1 00	Х						0	0	0
(8) JAY BONNER	1.00							•		
SECRETARY	40.00	Х		Х				0	0	0
(9) JOSHUA EMDUR	40.00									
PHYSICIAN (40)	40.00				х			152,660	0	0
(10)VANESSA VERGARA	40.00									
NURSE PRACTITIONER						Х		106,547	0	0
(11)										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										
-	1									

	90 (2019) CLINICA COLORADO	s Kov Emn	lovoor		4 U:	abo		mne	neeted Employe		7-3794	068	P	Page 8
Part			loyees	s, an		c)	st Co	mpe						
	(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unless	ck mo	ore tha	one one both an rustee) Highest compensated employee		(D) Reportable compensation from the organization (W-2/1099-MISC)	Reporta compensa from rela organiza (W-2/1099-I	able ation ated tions	cor f orga	(F) nated am of other mpensat rom the nization d organiz	tion and
15)														
[16)														
17)														
18)														
[19)														
20)														
21)														
22)														
23)														
24)														
25)														
1b	Subtotal							٠ •						
d 2	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)								259,207	.4	0			0
2	reportable compensation from the organization		isieu ai	JOVE,) WII	o iec	served	טווו ג	ne tran \$100,000 t	וכ				2
													Yes	No
3	Did the organization list any former officer, direct		-				_					_		
4	employee on line 1a? <i>If</i> "Yes," <i>complete Schedul</i> For any individual listed on line 1a, is the sum of re										• • • •	3		X
7	organization and related organizations greater the	an \$150,000	? If "Y	es," (com	plete	Sch	edul	e J for such			4	x	
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes</i>	compensatio	n from	any	unre	lated	d orga	aniza	ation or individual			5	A	x
Section	on B. Independent Contractors	, complete	00/104	410 0	101	54011	poro	011			<u> </u>	1 0		
1	Complete this table for your five highest compensat	ted independ	lent co	ntrac	tors	that	receiv	ved r	more than \$100,00	0 of				
	compensation from the organization. Report comp	ensation for	the cale	enda	r ye	ar en	ding	with		ization's ta	ax year.			
	(A)	_							(B)			(C)	atia	
	Name and business address	S							Description of service	38		Compens	ation	

(A)	(B)	(C)
Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Part VIII

Statement	of I	Reve	nue

		Check if Schedule O contains a response or n	ote to any line in thi	s Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1a					
	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts		•					
Gra	С	Fundraising events 1c					
ts, (Am	d	Related organizations 1d					
a g	е	Government grants (contributions) 1e	698,452				
ns,	f	All other contributions, gifts, grants,					
er S		and similar amounts not included above 1f	117,427				
듗촺	g	Noncash contributions included in					
d di		lines 1a-1f 1g	\$				
o #	h			815,879			
		Totali Alaa iiilaa ii Too Too Too Too Too Too Too Too Too	Business Code	0237073			
	20	DAMESTIM DEED		C10 001	610 001		
8		PATIENT FEES	621110	619,801	619,801		
ē Š	b						
S a	С						
Program Service Revenue	d						
P. P.	е						
<u>r</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f		619,801			
	3	Investment income (including dividends, interest, a	and				
	•	other similar amounts)		12,487			12,487
	4	Income from investment of tax-exempt bond proce					
	5	Royalties					
	"						
	_	(i) Real	(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	▶				
	72	Gross amount from (i) Securities	(ii) Other				
	14	sales of assets					
		other than inventory					
Ō	D	Less: cost or other basis and sales expenses 7b					
Revenue		Gain or (loss) 7c					
ě		` '					
er R		Net gain or (loss)					
Othe	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events .					
	9a	Gross income from gaming					
		activities, See Part IV, line 19 9a					
	h	Less: direct expenses 9b					
		•					
	C	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less					
		returns and allowances					
	b	Less: cost of goods sold 10kg	o				
	С	Net income or (loss) from sales of inventory	▶				
			Business Code				
SI	11a	OTHER	900099	30,705			30,705
on an	b			•			
ella ven	C	-			1		
Miscellanous Revenue	_	All other revenue					
Σ				20 705			
		Total. Add lines 11a-11d		30,705	610.00=	-	40 - 50 -
	12	Total revenue. See instructions		1,478,872	619,801	0	43,192

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 810,561 722,001 72,458 16,102 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 127,667 113,811 11,337 2,519 11 Fees for services (nonemployees): b Legal...... 17,433 17,433 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 169,535 169,535 12 13 61,358 39,971 17,766 3,621 14 38,617 3,905 43,389 867 15 16 3,042 152,108 135,376 13,690 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 16,079 15,597 394 88 23 Insurance 323 6,468 6,073 72 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) CONFERENCES AND MEETINGS 7,465 1,732 14,705 5,508 LAB FEES 125,006 125,006 c MEDICAL SERVICES 110,056 110,056 d ALL OTHER 19,121 503 19,624 All other expenses Total functional expenses. Add lines 1 through 24e. . 25 1,673,989 1,502,629 143,317 28,043 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Form 990 (2019) CLINICA COLORADO 27-3794068 Page 11

Part X Balance Sheet

rait		Check if Schedule O contains a response or note to any line in this Part X			П
		Chook in Contouring a response of note to any line in this rare X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	1,304,406	2	1,157,793
	3	Pledges and grants receivable, net	596,964	3	549,510
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	18,042	9	25,116
`	10a	Land, buildings, and equipment: cost or other	10,012		25/110
	iou	basis. Complete Part VI of Schedule D 10a 87,102			
	b	Less: accumulated depreciation 10b 38,388	51,856	10c	48,714
	11	Investments - publicly traded securities	31,030	11	10,711
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1 071 060		1 701 122
	17	· , , , , , , , , , , , , , , , , , , ,	1,971,268	16 17	1,781,133
	18	Accounts payable and accrued expenses	66,029	18	71,011
	19	' '		19	
	_	Deferred revenue		20	
	20	Tax-exempt bond liabilities			
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
ji q		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	66,029	26	71,011
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	1,855,538	27	1,602,812
Bal	28	Net assets with donor restrictions	49,701	28	107,310
pu		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
SO	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	1,905,239	32	1,710,122
	33	Total liabilities and net assets/fund balances	1,971,268	33	1,781,133

EEA Form **990** (2019)

Form	n 990 (2019) CLINICA COLORADO	27-3794068		Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	. <u></u>			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)			478,	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1,	673,	989
3	Revenue less expenses. Subtract line 2 from line 1	. 3	(195,	117
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	1,	905,	239
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10	1,	710,	122
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. \Box
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	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	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		х

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

2019 Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

CLI	NIC	A COLORADO					27-379406	8	
Pa	rt I	Reason for Public Charity	Status (All or	ganizations must co	omplete	this part.	.) See instructions		
The	orgai	nization is not a private foundation beca	ause it is: (For lines	s 1 through 12, check onl	y one box.)			
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative hospital s	or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the		
		hospital's name, city, and state:							
5		An organization operated for the bene	efit of a college or u	university owned or opera	ated by a g	jovernment	tal unit described in		
		section 170(b)(1)(A)(iv). (Complete	Part II.)						
6		A federal, state, or local government	•	nit described in section	170(b)(1)	(A)(v).			
7		An organization that normally receives	s a substantial part	of its support from a gov	vernmental	unit or fror	n the general public		
		described in section 170(b)(1)(A)(vi	•				0 1		
8		A community trust described in secti		•					
9	\Box	An agricultural research organization			rated in co	niunction v	with a land-grant collec	ae	
		or university or a non-land-grant colle				•	•	, -	
		university:	J - 1 J - 1 1 (1	, , , , , , , , , , , , , , , , , , , ,		,,	.		
10	X	An organization that normally receives	s: (1) more than 33	1/3% of its support from	n contributi	ons. memb	ership fees, and gross		
		receipts from activities related to its e	` '						
		support from gross investment income	•	•	•	•			
		acquired by the organization after Ju-		,		•			
11	П	An organization organized and opera				,			
12		An organization organized and operat	•				carry out the purposes	3	
		of one or more publicly supported org	•	•					
		Check the box in lines 12a through 12	-	. , , ,				•	
	а	Type I. A supporting organization				•		•	
	-	the supported organization(s) the		•		•		.9	
		supporting organization. You mu			iny or mo c	001010 01	tractices of the		
	b	Type II. A supporting organization	•		ith its sunr	orted orga	nization(s) by having		
		control or management of the sup	•			_	. ,		
		organization(s). You must comp		•	isons that	JOHRIOI OI II	nariage the supported		
	С	Type III functionally integrated			nnection w	ith and fur	actionally integrated wi	ith	
	·	its supported organization(s) (see		•				u ,	
	d	Type III non-functionally integr	•	-				n(e)	
	u	that is not functionally integrated.						11(3)	
		requirement (see instructions). Y	0 0			•	it and an attentiveness		
	е	Check this box if the organization					Tyne II Tyne III		
	٠	functionally integrated, or Type III				a Type I,	rype ii, rype iii		
	f	Enter the number of supported organi		negrated supporting orga	ariizatiori.				
	g	Provide the following information about		ranization(s)				• • • •	
) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	ranization	(v) Amount of monetary	(vi) Amount of	
	(1	Name of supported organization	(II) LIIV	(described on lines 1-10	listed in you	•	support (see	other support (see	
				above (see instructions))	docum	ent?	instructions)	instructions)	
					Yes	No			
					103	140			
(A)									
(B)									
(0)									
(C)									
(D)									
(E)									
Tota									

Sch	edule A (Form 990 or 990-EZ) 2019 CLINICA C	OLORADO				27-3794068	Page 2
P	art II Support Schedule for Organiz	ations Desci	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatior	n failed to qualify	/ under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease comple	te Part III.)	
Se	ction A. Public Support						
Ca	lendar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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						
Se	ction B. Total Support						
Ca	lendar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, 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.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc. (s						
13	First five years. If the Form 990 is for the or						
	organization, check this box and stop here						▶ 🗌
	ction C. Computation of Public Suppo						
	Public support percentage for 2019 (line 6, c					14	%
	Public support percentage from 2018 Sched					15	%
16	a 33 1/3% support test - 2019. If the organiza						
	box and stop here. The organization qualified						
	b 33 1/3% support test - 2018. If the organization						
	this box and stop here. The organization qu			•			
17	a 10%-facts-and-circumstances test - 2019.	-					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact			-	-		
	organization						
	b 10%-facts-and-circumstances test - 2018.	-					Э
	15 is 10% or more, and if the organization m	eets the "facts	s-and-circumsta	ances" test, ch	eck this box ar	nd stop here.	

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

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.)

Sec	ction A. Public Support					•			
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and membership fees								
	received. (Do not include any "unusual grants.")	975,010	1,193,508	1,301,364	862,983	815,879	5,148,744		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose	464,749	530,313		497,385	619,801	2,567,046		
3	Gross receipts from activities that are not an		_	-	-				
	unrelated trade or business under section 513.		3,071	13,375	(2,274) 30,705	44,877		
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	1,439,759	1,726,892	1,769,537	1,358,094	1,466,385	7,760,667		
7a	Amounts included on lines 1, 2, and 3								
	received from disqualified persons								
b	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								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from								
	line 6.)						7,760,667		
Sec	ction B. Total Support								
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
9	Amounts from line 6	1,439,759	1,726,892	1,769,537	1,358,094	1,466,385	7,760,667		
10a	Gross income from interest, dividends,								
	payments received on securities loans, rents,								
	royalties, and income from similar sources			1,039	11,243	12,487	24,769		
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
С	Add lines 10a and 10b			1,039	11,243	12,487	24,769		
11	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.)						7,785,436		
14	First five years. If the Form 990 is for the or								
	organization, check this box and stop here						▶ 🗌		
	ction C. Computation of Public Support								
	Public support percentage for 2019 (line 8, c					15	99.68 %		
	Public support percentage from 2018 Sched					16	99.84 %		
Sec	ction D. Computation of Investment In								
17						17	0.00 %		
	Investment income percentage from 2018 S					18	0.00 %		
19a	33 1/3% support tests - 2019. If the organize								
	17 is not more than 33 1/3%, check this box	-	-	-					
b	33 1/3% support tests - 2018. If the organize								
	line 18 is not more than 33 1/3%, check this	-	_	-					
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □								

Part IV Supp

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

- 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	_		
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	40		
	4c		
	-10		
	5a		
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	9b		
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	10a		
	10b		
A (Fo	rm 990	or 990-E	Z) 2019

. u	Capporting organizations (continued)		.,	
44	Lies the expenientian assented a gift or contribution from any of the following persons?		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	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		
	etion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	9 1 9 11			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
sec	tion C. Type II Supporting Organizations		V	.
4	Mara a majority of the arganization's directors or tructors during the toy year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	-		
	The supplies of the supplies o		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
2	supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations		tional	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in: The organization satisfied the Activities Test. Complete line 2 below.	Struct	iioris)	
	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions
2			Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3h		
	THE ISSUED DECEMBED AND ADDRESS OF THE CHEST THE IN PART WE HAD INDUDED IN THE AMERICAN IN THE PAREN			

instructions. All other Type III non-functionally integrated supporting organizes		(A) Prior Year	(B) Current Year
	1		(optional)
1 Net short-term capital gain			
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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting	organization (see

instructions).

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-	ule A (Form 990 or 990-EZ) 2019 CLINICA COLORADO		27-379	4068 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
•	Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2019, if			
J	any. Subtract lines 3g and 4a from line 2. For result			
	· ·			
6	greater than zero, explain in Part VI . See instructions. Remaining underdistributions for 2019. Subtract lines 3h			
О	G			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
С	Excess from 2017			

d Excess from 2018 e Excess from 2019

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

SCHEDULE D (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

CLI	NICA COLORADO		27-3794068
Pa	rt I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds or Acco	ounts.
	Complete if the organization answered "Yes" on		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	. ,	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	
-	funds are the organization's property, subject to the organizati	=	
6	Did the organization inform all grantees, donors, and donor ad		
•	only for charitable purposes and not for the benefit of the dono		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" o	n Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or edu		f a historically important land area
	Protection of natural habitat	,	f a certified historic structure
	Preservation of open space	Treservation of	a confined majorie structure
2	Complete lines 2a through 2d if the organization held a qualified	A conservation contribution in the form of a co	onservation
_	easement on the last day of the tax year.	d conservation contribution in the form of a co	
_			Held at the End of the Tax Year 2a
a			
b	Number of conservation easements on a certified historic structure.		
c d	Number of conservation easements included in (c) acquired a		20
u			2d
2	historic structure listed in the National Register Number of conservation easements modified, transferred, rele	and extinguished or terminated by the ora	
3		eased, extinguished, or terminated by the org	anization during the
4	tax year •	amont is located.	
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		Yes No
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and emorcing conservati	ion easements during the year
_	Annual of annual in an ariterian in an artist be a saling		and the same of the same
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and emorcing conservation e	easements during the year
	▶ \$ Does each conservation easement reported on line 2(d) above		(\/P\/:\
8	•	, , , , , , , , , , , , , , , , , , , ,	
•			
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements.	e to the organization's imancial statements tr	lat describes trie
Da	rt III Organizations Maintaining Collections	of Art Historical Treasures or C	Other Similar Assets
га	Complete if the organization answered "Yes" of the complete if the organization answered organization answered organization answered organization and the complete if the organization answered organization answered organization and the complete if the organization answered organization answered organization and the complete if the organization answered organization answered organization and the complete if the organization answered organization and the complete if the organization answered organization and the complete if the complete if the complete if the organization and the complete if		Allei Sillilai Assets.
40			valance about works
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publication provide in Part XIII the tout of the feature to its financial		ance of public
L	service, provide, in Part XIII the text of the footnote to its finan		and about warks of
b	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in futtheran	ice of public service,
	provide the following amounts relating to these items:		.
•	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea	_	in, provide the
	following amounts required to be reported under FASB ASC 9		
a	· · · · · · · · · · · · · · · · · · ·		· ————————————————————————————————————
b	Assets included in Form 990, Part X		▶ \$

27-3794068	Page 2

3 Using the organizations acquisition, accession, and other records, check any of the following that make significant use of its collection inters (check all that apply): a Public exhibition Preservation for future generations e Other b Scholarly research e Other The Providet a description of the organization's collections and explain how they further the organization's exempt purposes in Part XIXIII. During the year, did the organization's social or receive donations of art. historical treasures, or other similar assets to be sold to rate funds rather than to be maintained as part of the organization's collection?.	Pa	rt III Organizations Maintaining Co	llections of Art, F	listo	rical T	reasures,	or Ot	her Similar A	issets (c	ontinue	∋d)
a Public exhibition d Loan or exchange programs b Scholarly research e Other Prevention for future generations 4 Provide a description of the organization solicitor receive donations of an, historical treasures, or other similar assets to be sold to raise funds arther than to be maintained as pand of the organization's collection?. Yes No Part IV Escrow and Custodial Arrangements. Ves No Part IV Escrow and Custodial Arrangements. Complete if the organization and custodial Arrangements. Lorengete in the organization and custodial Arrangements Is the organization and agent futures, custodian or other inharmediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization and an	3	Using the organization's acquisition, accession, an	nd other records, check	any of	the follo	owing that ma	ıke signi	ificant use of its			
b Scholarly research e Other c Preserved a description of the organization's collections and explain how they further the organization's evempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar Sasseste to be sold to raise funds rather than to be maintained as part of the organization's collection?. Yes No Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, part IV, line 10, part IV, li		collection items (check all that apply):									
c Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection?. Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance Beginning balance Beginning balance Complete if the organization and the part of the explanation has been provided on Part XIII Amount 1c Additions during the year 1d 1d Described the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes, Explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XI, line 10. 2a Beginning of year balance Beginning of year balance O Carributions C Net investment earnings, gains, and losses G Ind of year balance Part V Endowment Member V Yes No D Part Provide the assimated potentiage of the current year end balance (line 1g, column (a)) held as: Beginning of year balance T Provide the assimated potentiage of the current year end balance (line 1g, column (a)) held as: Beginning of year balance Part V Contract Y Yes No D Part Y Contract Y Yes No D Pa	а	Public exhibition	•	t	Loan	or exchange	program	ns			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization action or receive donesions of art, historical reasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research	•	• 🗌	Other						
XIII. South Year, did the organization solicit or receive donestions of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization?	С	Preservation for future generations									
5 During the year, did the organization solicit or receive donations of art, historical reassues, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.	4	Provide a description of the organization's collection	ons and explain how the	ey furtl	ner the c	organization's	exemp	t purpose in Part			
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.		XIII.									
Part IV Escrow and Custodial Arrangements.	5	During the year, did the organization solicit or rece	eive donations of art, his	torical	treasur	es, or other s	imilar		_		
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?				e orga	nization	's collection?.			🗌 Ye	s 🗌 N	No_
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No	Pa										
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 930, Part X? Yes No No If Yes, explain the arrangement in Part XIII and complete the following table: C Beginning balance G Amount G Additions during the year Id Additions during the year Id Id Id Id Id Id Id I			wered "Yes" on Fo	rm 9	90, Pa	art IV, line	9, or re	eported an am	nount on	Form	
Included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance		·									
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	1a										
c Beginning balance d Additions during the year e Distributions during the year 1 d					. 				∐ Ye	s 🗌 N	40
c Beginning balance	b	If "Yes," explain the arrangement in Part XIII and of	complete the following to	able:			_				
d Additions during the year Distributions during the year								A	mount		
e Distributions during the year f Endring balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	С							;			
f Ending balance 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d	<u> </u>									
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е										
Describe in Part XIII the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	f	3									
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. The percentages on lines 2a, 2b, and 2c should equal 100%. Th	2a	_					•			_	40
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete in Part XIII the intended uses of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organ			ck here if the explanation	n has	been pr	ovided on Pa	rt XIII		· · · · · ·	<u>. L</u>	
ta Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back both Contributions (b) Contributions (c) Net investment earnings, gains, and losses (d) Grants or scholarships (e) Other expenditures for facilities and programs (f) Administrative expenses (g) End of year balance (g) Permanent endowment	Pa			_							
Beginning of year balance Contributions Contribut		Complete if the organization ans	wered "Yes" on Fo	rm 9	90, Pa	· ·		I			
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶			a) Current year (b)	Prior y	ear	(c) Two years	back	(d) Three years bac	k (e) Fou	ır years bac	:k
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a										
Content of School Cont	b										
d Grants or scholarships	С										
e Other expenditures for facilities and programs											
programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b	d										
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	е										
g End of year balance	_										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment											
a Board designated or quasi-endowment ▶		,									
b Permanent endowment		, ,	, ,	, colur	nn (a)) i	held as:					
Term endowment ▶	_	- · · · · · · · · · · · · · · · · · · ·	%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other Other	b										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (investment) (c) Accumulated depreciation (d) Book value 4 Land 4 Description of property (a) Cost or other basis (other) (b) Cost or other basis (c) Accumulated depreciation 4 Land 4 Equipment 5 Equipment 6 Equipment 7 Equipment 8 87,102 8 18,388 8 48,714 9 Other	С		1.4000/								
organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Unrelated organizations (iv) Related organizations (iv) Related organizations (iv) Vers on line 3a(ii), are the related organizations listed as required on Schedule R? (iv) Vers on line 3a(ii), are the related organizations listed as required on Schedule R? (iv) Vers on line 3a(ii), are the related organization's endowment funds. Vers No Sa(ii)	0-		'		-1-11	and and a factor and all	f = 11= =				
(i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii	<i>3</i> a		of the organization that	are n	eid and	administered	for the			V	
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value 87,102 38,388 48,714 e Other		· ,							0-(1)		NO
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?											
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (investment) (b) Cost or other basis (other) (other) (other) (d) Book value (d) Book value 87,102 38,388 48,714 e Other		.,								-	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Buildings c Leasehold improvements d Equipment (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Part X, line 10. (f) Book value (g) Book value	_	()	•		ie K?.				<u>SD</u>		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Book value (f) Book value (g) Cost or other basis (other) (h) Cost or other basis (other) (other) (n) Accumulated depreciation (g) Accumulated depreciation (h) Book value (g) Accumulated depreciation (h) Book value (g) Accumulated depreciation (h) Book value (h) Bo	_			unas.							
Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment Other Other	Га			rm 0	00 Dc	ort IV/ line	110 0	00 Form 000	Dort V I	ino 10	
College								ĺ	•		
1a Land b Buildings c Leasehold improvements d Equipment e Other		Description of property	1 ' '	'					(a) Boo	JK Value	
b Buildings	10	Land	(outhorit)			,		.,			
c Leasehold improvements 87,102 38,388 48,714 e Other 87,102 38,388 48,714	_										
d Equipment 87,102 38,388 48,714 e Other 87,102 87,102											
e Other						Q7 102		30 200		40 7	1 /
						0/,102		30,388		10,/	L #
	_		al Form 990 Part X co	lumn (B). line	10c.)				48.7	

Schedule D (Form 990) 2019

CLINICA COLORADO

Schedule D (Form 990) 2019 CLINICA COLORADO 27-3794068 Page 3

Part VII Investments - Other Securities

Part VII	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, lin	e 11b. See Form 990, Part X, line 1
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial o	<u> </u>		,
(2) Closely-he	Id equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	(1) 15 000 B 11 (D) (1 (D)		
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		a 44 a Coo Form COO Don't V line 4
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, IIn	e 11c. See Form 990, Part X, line 1
	(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) Table (Oathana	(h) maret a mark Farms 000 Part V and (D) line 40		
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Other Assets.		
Part IX	Complete if the organization answered "Yes" on Fo	orm 000 Part IV lin	a 11d See Form 000 Part V line 1
	·	Jilli 990, Fait IV, IIII	(b) Book value
(1)	(a) Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on Foline 25.	orm 990, Part IV, lin	e 11e or 11f. See Form 990, Part X
1.	(a) Description of liability (b) Bool	k value	
(1) Federal in		N Value	
(2)	isome taxes		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	b) must equal Form 990, Part X, col. (B) line 25.) . 🕨		
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footnote	to the organization's fina	ancial statements that reports the
organization's	liability for uncertain tax positions under FASB ASC 740. Check he	ere if the text of the footno	ote has been provided in Part XIII

EEA

 Schedule D (Form 990) 2019
 CLINICA COLORADO
 27-3794068
 Page 4

Pa	rt XI Reconciliation of Revenue per Audited Financial Staten			r Retur	'n.
	Complete if the organization answered "Yes" on Form 990,	Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements $\dots \dots$			1	1,571,580
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1		
а	Net unrealized gains (losses) on investments	2a		-	
b	Donated services and use of facilities	2b	92,708		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	92,708
3	Subtract line 2e from line 1			3	1,478,872
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b		-	
b	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)			5	1,478,872
_	rt XII Reconciliation of Expenses per Audited Financial State				
ı a	Complete if the organization answered "Yes" on Form 990			per ite	, tuiii.
1	Total expenses and losses per audited financial statements			1	1,766,697
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	277007037
a	Donated services and use of facilities	2a	92,708		
b	Prior year adjustments	2b	52,100	-	
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	92,708
3	Subtract line 2e from line 1			3	1,673,989
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).			5	1,673,989
	rt XIII Supplemental Information.	l: 4h	Ob. Dart V II.a. 4. F	Dant V. II.a	
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar			an A, IIII	е
۷, ۱ (art XI, illies zu and 40, and 1 art XII, illies zu and 40. Also complete this part to provide ai	ny addi	nonai imormanon.		

EEA Schedule D (Form 990) 2019

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

Open to Public

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service Name of the organization

CLINICA COLORADO

Inspection Employer identification number

27-3794068

Pa	rt 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)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
b				
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	١		
	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 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			
	Form 990 of other organizations Approval by the board or compensation committee			
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:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	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			
5	compensation contingent on the revenues of:			
_		En		
a		5a		X
р	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		х
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 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 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
		8		v
	in Part III	0		Х
•	If "Vee" on line 0, did the argenization classfollow the rehyttehle argenization are adding described in			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	a		
	REQUIRMONS SECTION 5.3 4958-6007	ч	1	1

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.

<u> </u>	,		W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JOSHUA EMDUR	(i)	152,660	0	0	0	0	152,660	0
1 PHYSICIAN	(ii)	0	0	0	0	0	0	0
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
_5	(ii)							
	(i)							
_6	(ii)							
	(i)							
7	(ii)							
_	(i)							
8	(ii)							
	(i)							
9	(ii)							
40	(i)							
10	(ii)							
44	(i)							
11	(ii)							
42	(i)							
12	(ii)							
13	(i) (ii)							
13								
14	(i) (ii)							
14								
15	(i) (ii)							
10	(i)							
16	(i) (ii)							
10	(11)		1	l				

Schedule J (Form 990) 2019

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

27-3794068

Employer identification number

CLINICA COLORADO	27-3794068
01. Form 990 governing body review (Part VI, line 11)	
THE ENTIRE BOARD REVIEWS THE FORM 990 AND IT IS ACCEPTED AND APPROVED PRICE	OR TO FILING.
02. Conflict of interest policy compliance (Part VI, line 12c)	
IMMEDIATELY UPON BECOMING AWARE THAT SUCH A CONFLICT MAY EXIST, A BOARD ME	MBER MUST
DISCLOSE THE EXISTENCE OF THE POTENTIAL CONFLICT TO THE REMAINING BOARD ME	EMBERS.
03. CEO, executive director, top management comp (Part VI, line 15a)	
KEY STAFF POSITIONS INCLUDE THAT OF THE MEDICAL DIRECTOR AND EXECUTIVE DIR	ECTOR. THESE
POSITIONS WILL BE COMPENSATED AT 95-110% OF MEDIAN RATE FOR LIKE POSITIONS	IN SIMILARLY
SIZED NONPROFIT ORGRANIZATION IN THE AREA. PREVAILING MARKET SALARIES WILL	BE DETEREMINED
YEARLY IN ORDER TO ADJUST COMPENSATION, FUNDS ALLOWING. THE BOARD OF DIREC	TORS WILL HAVE
FINAL APPROVAL OF PAY FOR THE MEDICAL DIRECTOR AND EXECUTIVE DIRECTOR. EMP	LOYEES IN EITHER
POSITION ARE ABLE TO SUBMIT A WRITTEN APPEAL ADDRESSING DECISIONS MADE BY	THE BOARD.
04. Other officer or key employee compensation (Part VI, line 15b	
SEE FORM 990, PART VI, LINE 15A	
05. Governing documents, etc, available to public (Part VI, line 19)	
AVAILABLE UPON REASONABLE REQUEST.	
06. List of other fees for services expenses (Part IX, line 11g)	
MEDICAL SERVICES.	