

** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

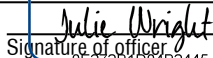
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LA FAMILIA MEDICAL CENTER		D Employer identification number 85-0220875
	Doing business as LA FAMILIA HEALTH		E Telephone number 505-982-4425
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code SANTA FE, NM 87501		G Gross receipts \$ 17,563,154.
F Name and address of principal officer: JULIE WRIGHT SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.LAFAMILIASF.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1973
			M State of legal domicile: NM

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE EXCELLENT, ACCESSIBLE, FAMILY-CENTERED MEDICAL, DENTAL AND BEHAVIORAL HEALTH CARE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	235
	6 Total number of volunteers (estimate if necessary)	6	26
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 10,264,523.	Current Year 8,397,236.
	9 Program service revenue (Part VIII, line 2g)	10,435,506.	9,070,003.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	238,644.	81,057.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,916.	14,858.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,973,589.	17,563,154.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,430,649.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		11,572,158.	12,370,142.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 189,826.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,076,404.	5,016,339.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,079,211.	18,187,673.	
19 Revenue less expenses. Subtract line 18 from line 12	1,894,378.	-624,519.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 8,963,951.	End of Year 7,913,452.
	21 Total liabilities (Part X, line 26)	1,316,321.	1,579,094.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,647,630.	6,334,358.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer: 	Date: 5/12/2023
	JULIE WRIGHT, CEO Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name SARAH HINTZ	Preparer's signature SARAH HINTZ	Date 05/01/23	Check if self-employed <input type="checkbox"/>	PTIN P00492291
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749	Phone no. 303-466-8822		
	Firm's address ▶ 370 INTERLOCKEN BLVD., SUITE 500 BROOMFIELD, CO 80021				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: OUR MISSION IS TO FOSTER COMMUNITY WELL-BEING IN PARTNERSHIP WITH OUR PATIENTS BY PROVIDING EXCELLENT, ACCESSIBLE, FAMILY-CENTERED MEDICAL, DENTAL, AND BEHAVIORAL HEALTH CARE. OUR VISION IS "HEALTHY LIVES FOR ALL IN A HEALTHY SANTA FE" (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 15,939,523. including grants of \$ 801,192.) (Revenue \$ 9,070,003.) LA FAMILIA MEDICAL CENTER IS A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) PROVIDING HIGH QUALITY, COMPREHENSIVE, MEDICAL, DENTAL, BEHAVIORAL HEALTH, OBSTETRICS, AND HEALTH EDUCATION SERVICES TO EVERYONE IN THE COMMUNITY, REGARDLESS OF ABILITY TO PAY. 15,254 INDIVIDUAL PATIENTS WERE SERVED IN CALENDAR YEAR 2022 ACROSS ALL SERVICES. THERE WERE 52,901 PATIENT ENCOUNTERS IN 2022 INCLUDING 32,870 IN-CLINIC AND 4,889 VIRTUAL MEDICAL VISITS, 11,221 DENTAL VISITS AND 1,297 IN CLINIC AND 2,624 VIRTUAL BEHAVIORAL HEALTH VISITS.

BEHAVIORAL HEALTH SERVICES ARE AVAILABLE TO ALL PATIENTS THROUGH INTERNAL PROVIDER REFERRALS AND ARE A REGULAR PART OF MANY PROGRAM PROTOCOLS. ALL SERVICES ARE OFFERED IN (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 15,939,523.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on 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? 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NM
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.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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
LAWRENCE PEPIN - 505-982-4425
1035 ALTO STREET, SANTA FE, NM 87501

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUE KATZ, MD, MPH PHYSICIAN	40.00					X	187,079.	0.	24,251.	
(2) WENDY JOHNSON, MD MEDICAL DIRECTOR	50.00				X		190,598.	0.	16,321.	
(3) GARY GIBLIN, MD PHYSICIAN	40.00					X	193,958.	0.	10,983.	
(4) JAY JOLLY, FACHE CEO	50.00			X			182,197.	0.	9,623.	
(5) JAFET GOZALEZ-ZAKARCHENKO PSYCHOLOGIST	30.00					X	183,312.	0.	195.	
(6) KRISTINA SINNOTT, MD PHYSICIAN	40.00					X	164,395.	0.	18,494.	
(7) MATTHEW SCHMIDT, MD PHYSICIAN	40.00					X	169,756.	0.	8,824.	
(8) LYDIA GONZALEZ-SCIARRINO CFO	50.00			X			121,759.	0.	2,527.	
(9) CECILIA KURZWEIG, JD GENERAL COUNSEL & COMPLIANCE OFFICER	50.00			X			111,964.	0.	6,432.	
(10) JEANELL ABEYTA CAO	50.00			X			99,859.	0.	5,844.	
(11) DEBORAH WEISS PRESIDENT	1.00	X		X			0.	0.	0.	
(12) PRISCILLA DAKIN VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(13) RICHARD DEPIPPA TREASURER	1.00	X		X			0.	0.	0.	
(14) THOMAS OLSON SECRETARY	1.00	X		X			0.	0.	0.	
(15) JENNIFER BOLEN DIRECTOR	1.00	X					0.	0.	0.	
(16) MARIA JOSE RODRIGUEZ CADIZ DIRECTOR	1.00	X					0.	0.	0.	
(17) RAMONA FLORES-LOPEZ DIRECTOR	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HILARY KILPATRIC DIRECTOR	1.00	X						0.	0.	0.
(19) FRED KULLMAN, MD DIRECTOR	1.00	X						0.	0.	0.
(20) MADELAINE LEYBA DIRECTOR	1.00	X						0.	0.	0.
(21) SHELLEY MANN-LEV DIRECTOR	1.00	X						0.	0.	0.
(22) GLORIA MARTINEZ DIRECTOR	1.00	X						0.	0.	0.
(23) DIANA PACHECO DIRECTOR	1.00	X						0.	0.	0.
(24) MARIO PACHECO, MD DIRECTOR	1.00	X						0.	0.	0.
(25) SHARON TISON DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,604,877.	0.	103,494.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,604,877.	0.	103,494.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 17

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CORONIS HEALTH 5963 EXCHANGE DR #114, SYKESVILLE, MD 21784	BILLING SERVICES	227,777.
NEW MEXICO PRIMARY CARE ASSOCIATION, 4206 LOUISIANA BLVD NE, ALBUQUERQUE, NM 87109	NETWORK PROVIDER	211,869.
EDDIE ROSS SECURITY PO BOX 4356, SANTA FE, NM 87502	SECURITY SERVICES	194,591.
GARCI MAINTENANCE 5937 SIERRA NEVADA, SANTA FE, NM 87507	JANITORIAL SERVICE	187,716.
NEW MEXICO PRIMARY CARE ASSOCIATION, 4206 LOUISIANA BLVD NE, ALBUQUERQUE, NM 87109	ASO AND MSO SERVICE	184,202.

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 6

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	7,954,546.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	442,690.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 163,897.				
	h Total. Add lines 1a-1f			8,397,236.			
	Program Service Revenue	2 a NET PATIENT REVENUE	Business Code 621110	8,647,687.	8,647,687.		
b RESIDENCY PROGRAM REVE		621110	235,222.	235,222.			
c CLINICALLY INTEGRATED		621110	187,094.	187,094.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				9,070,003.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		81,057.			81,057.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER REVENUE	Business Code 900099	14,858.			14,858.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			14,858.			
12 Total revenue. See instructions			17,563,154.	9,070,003.	0.	95,915.	

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	801,192.	801,192.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	780,134.	161,381.	618,753.	
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	9,938,840.	9,483,554.	339,117.	116,169.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	124,898.	121,359.	2,021.	1,518.
9 Other employee benefits	750,324.	695,418.	46,478.	8,428.
10 Payroll taxes	775,946.	700,154.	67,352.	8,440.
11 Fees for services (nonemployees):				
a Management				
b Legal	27,932.		27,932.	
c Accounting	78,036.		78,036.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	32,030.		32,030.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,096,241.	761,006.	327,475.	7,760.
12 Advertising and promotion	124,759.	97,225.	19,682.	7,852.
13 Office expenses	466,212.	458,099.	7,715.	398.
14 Information technology	433,604.	337,907.	68,407.	27,290.
15 Royalties				
16 Occupancy	749,167.	735,151.	13,328.	688.
17 Travel	26,130.	25,676.	432.	22.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	79,027.	77,651.	1,308.	68.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	587,632.	184,572.	403,060.	
23 Insurance	94,882.	93,231.	1,570.	81.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	900,790.	900,790.		
b DUES & SUBSCRIPTIONS	219,242.	215,427.	3,628.	187.
c PATIENT SUPPORT	89,421.	89,421.		
d FUNDRAISING EXPENSES	10,925.			10,925.
e All other expenses	309.	309.		
25 Total functional expenses. Add lines 1 through 24e	18,187,673.	15,939,523.	2,058,324.	189,826.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,832,917.	1	748,401.
	2 Savings and temporary cash investments	435,215.	2	540,028.
	3 Pledges and grants receivable, net	872,481.	3	171,768.
	4 Accounts receivable, net	821,844.	4	866,328.
	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	
	8 Inventories for sale or use	125,818.	8	138,739.
	9 Prepaid expenses and deferred charges	60,313.	9	80,944.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,603,401.		
	b Less: accumulated depreciation	10b 7,395,633.	1,519,249.	10c 1,207,768.
	11 Investments - publicly traded securities	2,820,866.	11	3,750,163.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	240,000.	13	240,000.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	235,248.	15	169,313.
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,963,951.	16	7,913,452.	
Liabilities	17 Accounts payable and accrued expenses	1,192,459.	17	1,503,670.
	18 Grants payable		18	
	19 Deferred revenue	123,862.	19	75,424.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	1,316,321.	26	1,579,094.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,412,407.	27	6,165,045.
	28 Net assets with donor restrictions	235,223.	28	169,313.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	7,647,630.	32	6,334,358.
33 Total liabilities and net assets/fund balances	8,963,951.	33	7,913,452.	

Form 990 (2021)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,563,154.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,187,673.
3	Revenue less expenses. Subtract line 2 from line 1	3	-624,519.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,647,630.
5	Net unrealized gains (losses) on investments	5	-679,064.
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	-9,689.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,334,358.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
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? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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? _____
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? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2021)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,849,068.	6,839,951.	6,775,295.	10,264,523.	8,397,236.	38,126,073.
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	5,849,068.	6,839,951.	6,775,295.	10,264,523.	8,397,236.	38,126,073.
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.						38,126,073.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	5,849,068.	6,839,951.	6,775,295.	10,264,523.	8,397,236.	38,126,073.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,991.	44,527.	50,189.	62,256.	81,057.	240,020.
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.)	79,807.	53,254.	19,213.	34,916.	14,858.	202,048.
11 Total support. Add lines 7 through 10						38,568,141.
12 Gross receipts from related activities, etc. (see instructions)					12	47,096,138.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	98.85 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	98.36 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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 Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

LA FAMILIA MEDICAL CENTER

Employer identification number

85-0220875

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization LA FAMILIA MEDICAL CENTER	Employer identification number 85-0220875
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 7,117,578.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 836,968.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LA FAMILIA MEDICAL CENTER	Employer identification number 85-0220875
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	MEDICAL SUPPLIES _____ _____ _____	\$ 128,418.	06/30/22
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization LA FAMILIA MEDICAL CENTER	Employer identification number 85-0220875
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization LA FAMILIA MEDICAL CENTER Employer identification number 85-0220875

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No). 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No). 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds 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 X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	66,559.	56,277.	57,732.	58,561.	57,652.
b Contributions					
c Net investment earnings, gains, and losses	-9,689.	10,282.	-1,455.	-829.	909.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	56,870.	66,559.	56,277.	57,732.	58,561.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 100 %
 - c Term endowment .0000 %
- 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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 (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		4,912,727.	4,223,065.	689,662.
d Equipment		3,690,674.	3,172,568.	518,106.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,207,768.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	16,781,034.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-679,064.
b	Donated services and use of facilities	2b	708,134.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-9,689.
e	Add lines 2a through 2d	2e	19,381.
3	Subtract line 2e from line 1	3	16,761,653.
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	4a	
b	Other (Describe in Part XIII.)	4b	801,501.
c	Add lines 4a and 4b	4c	801,501.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	17,563,154.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	18,094,306.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	708,134.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	708,134.
3	Subtract line 2e from line 1	3	17,386,172.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	801,501.
c	Add lines 4a and 4b	4c	801,501.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	18,187,673.

Part XIII Supplemental Information.

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

PART III, LINE 4:

THE ORGANIZATION HOLDS A DONATED WORK OF ART FROM A WELL-KNOWN NEW MEXICO ARTIST'S ESTATE. THE ARTWORK IS DISPLAYED IN THE LOBBY OF ONE OF OUR CLINICS.

PART V, LINE 4:

THE ORGANIZATION HAS A PERMANENTLY RESTRICTED ENDOWMENT HELD BY THE SANTA FE COMMUNITY FOUNDATION. THE EARNINGS MAY BE USED FOR GENERAL OPERATING SUPPORT.

PART X, LINE 2:

THE ORGANIZATION HAS PREVIOUSLY RECEIVED NOTICE OF EXEMPTION OF INCOME TAX

Part XIII Supplemental Information (continued)

FROM THE INTERNAL REVENUE SERVICE (IRS) UNDER SECTION 501(C)(3) OF THE
FEDERAL INTERNAL REVENUE CODE. THE ORGANIZATION IS NOT A PRIVATE
FOUNDATION, AND CONTRIBUTIONS TO THE ORGANIZATION QUALIFY AS CHARITABLE
TAX DEDUCTIONS BY THE CONTRIBUTOR.

THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS REGARDING THE
RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX PROVISIONS. THE
IMPLEMENTATION OF THE ACCOUNTING STANDARDS REGARDING UNCERTAIN TAX
PROVISIONS HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.

THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS
TAX-EXEMPT STATUS OR AWARE OF ANY ACTIVITIES THAT ARE SUBJECT TO TAX ON
UNRELATED BUSINESS INCOME OR EXCISE OR OTHER TAXES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST HELD BY SANTA FE COMMUNITY -9,689.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE 309.
CHARITABLE SLIDING FEE ADJUSTMENT 801,192.
TOTAL TO SCHEDULE D, PART XI, LINE 4B 801,501.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE 309.
CHARITABLE SLIDING FEE ADJUSTMENT 801,192.
TOTAL TO SCHEDULE D, PART XII, LINE 4B 801,501.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SLIDING FEE ADJUSTMENTS TO PATIENTS	4380	801,192.	0.	N/A	N/A

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ALL PAYMENTS ON BEHALF OF INDIVIDUALS ARE MADE DIRECTLY TO THE CREDITOR/COMPANY, RATHER THAN TO THE INDIVIDUAL.

FORM 990, SCHEDULE I, PART III

PATIENTS APPLYING FOR THE SLIDING FEE DISCOUNT PROGRAM MUST SUBMIT AN

APPLICATION, IN WRITING, PROVIDING VERIFICATION OF INCOME AND FAMILY

SIZE. THE APPLICATION IS AVAILABLE IN ENGLISH OR SPANISH AND REQUESTS

INFORMATION DOCUMENTING PATIENT IDENTIFICATION, HOUSEHOLD SIZE, INCOME,

Part IV Supplemental Information

AND OTHER INFORMATION TO SUPPORT A DETERMINATION OF ELIGIBILITY FOR
DISCOUNTED CARE. PER THE U.S. CENSUS BUREAU, INCOME IS DEFINED AS THE
AMOUNT OF MONEY INCOME RECEIVED IN THE PRECEDING CALENDAR YEAR BEFORE
PAYMENTS FOR PERSONAL INCOME TAXES, SOCIAL SECURITY, UNION DUES,
MEDICARE DEDUCTIONS, AND OTHER ALLOWABLE DEDUCTIONS. "FAMILY SIZE"
SHALL BE DETERMINED BY CONSIDERING, AS A GROUP, ANY RELATED OR
NON-RELATED INDIVIDUALS LIVING TOGETHER WHOSE PRODUCTION OF INCOME AND
CONSUMPTION OF GOODS ARE CO-MINGLED. FOR PURPOSES OF THE SLIDING FEE
DISCOUNT PROGRAM, HOWEVER, FAMILY MAY INCLUDE A SINGLE INDIVIDUAL WHO
IS COUNTED AS ONE PERSON FOR "FAMILY SIZE." EXAMPLES OF WRITTEN
VERIFICATION MAY INCLUDE PRIOR YEAR'S W-2 FORMS, MOST RECENT PAY STUBS
FOR THE MONTH, SOCIAL SECURITY ADMINISTRATION AWARD LETTER, PENSION PAY
STUBS, UNEMPLOYMENT COMPENSATION AWARD LETTER, CHILD SUPPORT
VERIFICATION LETTER, MONTHLY BANK STATEMENTS OR THE PRIOR YEAR INCOME
TAX RETURN. PATIENTS PROVIDING THIS LEVEL OF INCOME DOCUMENTATION WILL
HAVE THEIR INCOME VERIFIED NO LESS THAN ANNUALLY. THE APPLICATION AND
SUPPORTING INFORMATION IS SCANNED INTO THE PATIENT'S INFORMATION FILE.
IN THE ELECTRONIC MEDICAL RECORD, AND RETAINED INDEFINITELY.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization LA FAMILIA MEDICAL CENTER	Employer identification number 85-0220875
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Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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 compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- 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:

- a** The organization?
- b** Any related organization?
- 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

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 in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a	X	
5b		X
6a	X	
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUE KATZ, MD, MPH PHYSICIAN	(i)	182,187.	1,260.	3,632.	5,818.	18,433.	211,330.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) WENDY JOHNSON, MD MEDICAL DIRECTOR	(i)	189,659.	939.	0.	5,806.	10,515.	206,919.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GARY GIBLIN, MD PHYSICIAN	(i)	187,684.	6,273.	1.	5,771.	5,212.	204,941.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAY JOLLY, FACHE CEO	(i)	156,896.	25,301.	0.	0.	9,623.	191,820.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JAFET GOZALEZ-ZAKARCHENKO PSYCHOLOGIST	(i)	183,211.	101.	0.	195.	0.	183,507.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KRISTINA SINNOTT, MD PHYSICIAN	(i)	161,544.	2,851.	0.	5,426.	13,068.	182,889.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MATTHEW SCHMIDT, MD PHYSICIAN	(i)	167,692.	2,064.	0.	5,341.	3,483.	178,580.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 5:

LA FAMILIA MEDICAL CENTER HAS A BONUS COMPENSATION ARRANGEMENT WITH THE CEO
BASED ON MULTIPLE FACTORS THAT INCLUDED (A) DEVELOPING A PLAN TO
PARTICIPATE IN A NMPCA-SPONSORED CLINICALLY INTEGRATED NETWORK, (B)
IMPROVEMENTS IN FINANCIAL PERFORMANCE, INCLUDING REVENUES AND NET INCOME,
(C) OPERATIONAL IMPROVEMENTS, AND (D) IMPROVEMENTS IN SPECIFIC PATIENT
SERVICE QUALITY METRICS.

PART I, LINE 6:

SEE PART I, LINE 5 NARRATIVE.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ANDREW ABEYTA	SON OF JEANELL ABEY	49,258.	EMPLOYEE CO		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ANDREW ABEYTA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON OF JEANELL ABEYTA, CHIEF ADMINISTRATIVE OFFICER

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **LA FAMILIA MEDICAL CENTER** Employer identification number **85-0220875**

Part I	Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9	X	2	35,479.	FMV
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	X	1	128,418.	FMV
21				
22				
23				
24				
25				
26				
27				
28				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I

COLUMN (B).

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

LA FAMILIA MEDICAL CENTER

Employer identification number

85-0220875

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND OUR VALUES ARE COMPASSION, RESPECT, INTEGRITY, QUALITY,
ACCOUNTABILITY AND TEAMWORK.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

A MANNER THAT IS CULTURALLY SENSITIVE AND RESPECTFUL OF PATIENT RIGHTS,
DIGNITY, AND PRIVACY.

LA FAMILIA HAS ALSO BEEN RECOGNIZED IN RECENT YEARS AS AMONG THE TOP
30% OF FQHCs NATIONALLY BASED ON QUALITY SCORES.

WITHIN THE SERVICE CATEGORIES LISTED ABOVE ARE SUPPORTING PROGRAMS
TARGETED TO CARE FOR THE HOMELESS POPULATION IN SANTA FE, MEDICATION
ASSISTED TREATMENT FOR INDIVIDUALS WITH A SUBSTANCE USE DISORDER, AND
CASE MANAGEMENT AND NAVIGATION SERVICES FOR PATIENTS REQUIRING
ASSISTANCE TO IDENTIFY AND ACCESS A RANGE OF SOCIAL SERVICES, ESTABLISH
ELIGIBILITY FOR INSURANCE OR OTHER FUNDING SUPPORTS, AND MANAGE THE
VARIOUS ELEMENTS OF THEIR CARE. IN ADDITION, LA FAMILIA PROVIDES
VACCINES TO AT-RISK POPULATIONS UNDER SEVERAL PROGRAMS THAT ENSURE
EVERYONE CAN GET THE VACCINES THEY NEED. INFLUENZA AND PNEUMONIA ARE
AMONG THE MOST COMMONLY GIVEN TO PATIENTS. LA FAMILIA PARTICIPATES IN
THE VACCINES FOR CHILDREN (VFC) PROGRAM, A TITLE X PROGRAM OFFERED
THROUGH THE NEW MEXICO DEPARTMENT OF HEALTH. IN ADDITION TO VFC, TITLE
X VACCINES COVER BOTH INFLUENZA AND PNEUMONIA FOR ADULTS, AS WELL AS

DIRECT PURCHASE AND ADMINISTRATION SERVICES FOR FLU AND OTHER COMMONLY

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

Schedule O (Form 990) 2021

Name of the organization LA FAMILIA MEDICAL CENTER	Employer identification number 85-0220875
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RECOMMENDED VACCINES FOR SCHOOL, ELDERLY PATIENTS, AND OTHERS.

LA FAMILIA PHYSICIANS DELIVERED 153 BABIES. LA FAMILIA OB PATIENTS

BENEFIT FROM PRE-NATAL CARE AND COUNSELING, POST-DELIVERY HOSPITAL

VISITS (SUSPENDED DURING THE COVID PUBLIC HEALTH EMERGENCY), ACCESS TO

BREAST FEEDING ASSISTANCE FROM CERTIFIED LACTATION COUNSELORS, AND THE

OPPORTUNITY TO OBTAIN A CAR SEAT FOR THEIR INFANT AT NOMINAL COST,

INCLUDING INSTRUCTION AND TRAINING IN ITS USE, THROUGH A CERTIFIED CAR

SEAT SAFETY PROGRAM. RELATED WOMEN'S HEALTH SERVICES INCLUDE

CONTRACEPTIVE COUNSELING AND SERVICES, INCLUDING ACCESS TO LARCS AT

REDUCED COST, AND MEDICALLY INDICATED REFERRALS TO A CONTRACTED OB/GYN

SPECIALIST SEVERAL TIMES A YEAR.

MEDICATION ASSISTED TREATMENT IS OFFERED WITHIN THE CONTEXT OF A

TRADITIONAL PRIMARY CARE PATIENT-PROVIDER RELATIONSHIP AND NOT AS A

STAND-ALONE PROGRAM. PATIENTS SIGN A CONTRACT COMMITTING TO THE PLAN OF

CARE AND AGREE TO A HIGHLY STRUCTURED SET OF REQUIREMENTS AND TREATMENT

GOALS TO MANAGE THEIR SUBSTANCE USE CHALLENGES AND ACHIEVE AND MAINTAIN

SOBRIETY. THE PROGRAM HAS SOLID FUNDING SUPPORT FROM FEDERAL, STATE,

AND LOCAL GOVERNMENT RESOURCES. PROGRAM SUCCESS OVER THE NINE YEARS OF

EXISTENCE INCLUDES NOT JUST THE PRIMARY PATIENT, BUT MAY EXTEND TO

PARTNERS AND OTHER FAMILY MEMBERS. OF PARTICULAR NOTE ARE THE NUMEROUS

OB PATIENTS WHO ENTER INTO THE PROGRAM TO ACHIEVE SOBRIETY FOR

THEMSELVES BUT ALSO TO PREVENT HARM TO THEIR UNBORN CHILD. MANY WOMEN

HAVE COME THROUGH THE PROGRAM WHOSE INFANTS HAVE AVOIDED NEONATAL

ABSTINENCE SYNDROME BECAUSE THEY WERE SUCCESSFULLY MANAGING THEIR

SUBSTANCE USE DISORDER. LA FAMILIA MEDICAL CENTER ALSO HAS AN ACTIVE

SYRINGE EXCHANGE PROGRAM WITH FUNDING SUPPORT FROM THE STATE OF NEW

Name of the organization LA FAMILIA MEDICAL CENTER	Employer identification number 85-0220875
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MEXICO.

DENTAL SERVICES GO WELL BEYOND THE PRIMARILY PREVENTIVE RANGE OF SERVICES REQUIRED OF ALL FQHCS. ADDITIONAL SERVICES INCLUDE FILLINGS, EXTRACTIONS, CROWNS, DENTURES, AND LIMITED ROOT CANALS. LA FAMILIA DENTAL CLINIC IS THE ONLY OPTION FOR MANY RESIDENTS OF SANTA FE COUNTY WHO ARE UNINSURED. THE LA FAMILIA DENTAL CLINIC IS A CODA-ACCREDITED RESIDENCY PROGRAM FOR NYU LANGONE SCHOOL OF DENTISTRY.

PATIENT EDUCATION ON A VARIETY OF TOPICS PROVIDES TOOLS TO ASSIST AND TEACH PATIENTS TO MANAGE THEIR OWN CARE MORE EFFECTIVELY. THESE INCLUDE NUTRITION COUNSELING, FOOD SELECTION AND PREPARATION INSTRUCTION BY A LICENSED DIETITIAN, DIABETES MONITORING AND MANAGEMENT PROVIDED BY A CERTIFIED DIABETIC EDUCATOR WITH PHYSICIAN BACKUP AND ASSISTANCE, AND SUPPORT IN ADDRESSING SOCIAL DETERMINANTS OF HEALTH THAT ARE BARRIERS TO BETTER OVERALL HEALTH STATUS.

SINCE MARCH 2020, WHEN THE FIRST COVID-19 CASES WERE CONFIRMED IN NEW MEXICO, LA FAMILIA HAS BEEN IN THE FOREFRONT OF THE RESPONSE BY THE CITY OF SANTA FE AND THE MEDICAL COMMUNITY. AS THE LARGEST PRIMARY CARE PRACTICE IN SANTA FE IT WAS IMPORTANT FOR LA FAMILIA TO MAINTAIN SERVICES TO THE EXTENT RESOURCES WOULD PERMIT. IT DID SO BY:

- PROVIDING COVID-19 SCREENINGS AND VACCINES, COVID-19 EDUCATION, AND REFERRAL SERVICES. 14% OF THE TOTAL ENCOUNTERS WERE HELD THROUGH TELEMEDICINE ENCOUNTERS AS OF CALENDAR YEAR 2022.

- SCREENING AND TEMPERATURE MONITORING OF ALL PATIENTS, STAFF, AND ANY

Name of the organization LA FAMILIA MEDICAL CENTER	Employer identification number 85-0220875
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OTHER VISITORS TO LA FAMILIA CLINIC SITES TO MINIMIZE THE CHANCE OF AN INFECTED INDIVIDUAL ENTERING ONE OF THE CLINICS.

- SHIFTING A SIGNIFICANT PART OF THE WORKFORCE TO REMOTE WORK TO REDUCE THE NUMBER OF PEOPLE ROUTINELY IN THE CLINICS, INCLUDING NOT JUST ADMINISTRATIVE STAFF BUT SEVERAL MEDICAL ASSISTANTS.

- TRAINING STAFF ON PROPER SAFETY PRECAUTIONS TO ENABLE WORKING WITH PATIENTS WHOSE CONDITIONS REQUIRED AN ON-SITE VISIT.

- BUILDING UP A STOCKPILE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) OVER TIME.

- ENSURING THAT EVERYONE WHO ENTERS A LA FAMILIA CLINIC SITE MUST BE MASKED AT ALL TIMES AND MAINTAIN APPROPRIATE DISTANCING FROM ALL OTHER PEOPLE.

- IMPLEMENTING A PHARMACY CALL-IN NUMBER FOR PATIENTS TO CALL WHEN ARRIVING AT THE CLINIC SO THEIR PRESCRIPTION CAN BE BROUGHT OUT TO THEM AT THEIR CAR IN THE PARKING LOT.

- LA FAMILIA PROVIDED COVID-19 VACCINATIONS TO EMPLOYEES AND PATIENTS. LA FAMILIA PROVIDED VACCINES TO 4,033 PATIENTS IN CALENDAR YEAR 2022.

AS A RESULT, LA FAMILIA MAINTAINED 95% OR HIGHER OF ITS PRE-COVID PATIENT ENCOUNTERS AFTER THE FIRST TWO MONTHS AND CONTINUES TO MAINTAIN BUSY SCHEDULES EVEN AS THE RATE OF COVID INFECTIONS INCLUDING VARIANTS FLUCTUATES IN SANTA FE COUNTY. IN ADDITION, LA FAMILIA WORKED CLOSELY

Name of the organization LA FAMILIA MEDICAL CENTER	Employer identification number 85-0220875
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WITH THE CITY OF SANTA FE TO HELP DEVELOP A PLAN TO MOVE AS MANY HOMELESS PEOPLE AS POSSIBLE INTO TEMPORARY SHELTER TO REDUCE THEIR RISK, AND LA FAMILIA ADDED CLINIC OUTREACH SERVICES TO THESE TEMPORARY SITES TO ENSURE RESIDENTS AT THE SHELTERS COULD BE SCREENED REGULARLY AND HAVE A MEDICAL PROFESSIONAL AVAILABLE TO SPEAK TO ABOUT ANY HEALTH CONCERNS. IN SEPTEMBER, 2020, LA FAMILIA OPENED A TEMPORARY DEDICATED TESTING SITE TO ENABLE TESTING AND SCREENING OF POTENTIALLY INFECTED PATIENTS OUTSIDE LA FAMILIA MEDICAL CENTER AND REDUCE THE CHANCE OF AN INFECTED INDIVIDUAL ENTERING THE SPACE WHERE NON-INFECTED PATIENTS ARE COMING FOR THEIR NON-COVID RELATED HEALTH CARE NEEDS. THIS SITE WAS ALSO USED IN COLLABORATION WITH THE NMDOH AS A PUBLIC COVID VACCINATION SITE IN MID-2021 AND WAS CLOSED IN THE FALL 2021.

FORM 990, PART VI, SECTION A, LINE 1A:

THE BOARD OF DIRECTORS HAS AN EXECUTIVE COMMITTEE THAT CONSISTS OF THE OFFICERS OF THE BOARD AND ONE OTHER DIRECTOR. THE EXECUTIVE COMMITTEE ACTS AS THE LIAISON WITH THE CEO; SETS THE AGENDA FOR MEETINGS OF THE BOARD OF DIRECTORS; ADVISES AND ASSISTS THE BOARD IN MATTERS RELATED TO THE SELECTION, EVALUATION, AND TERMINATION OR DISMISSAL OF THE CEO AND THE COMPLIANCE OFFICER; AND ADVISES AND ASSISTS THE BOARD IN POLICIES AND MATTERS RELATED TO PERSONNEL AND HUMAN RESOURCES, EXCEPT THOSE RELATED TO EMPLOYEE COMPENSATION AND SALARY AND BENEFITS SCALES. THE BOARD MAY, FROM TIME TO TIME, SPECIFY MATTERS ON WHICH THE EXECUTIVE COMMITTEE MAY ACT BETWEEN MEETINGS OF THE BOARD. THE EXECUTIVE COMMITTEE RECORDS ALL ACTIONS TAKEN AND REPORTS BACK TO THE BOARD AT ITS NEXT REGULAR MEETING.

THE BOARD MAY NOT DELEGATE ANY OF THE FOLLOWING MATTERS TO THE EXECUTIVE COMMITTEE: AMENDING, ALTERING OR REPEALING THE BYLAWS; ELECTING, APPOINTING

Name of the organization LA FAMILIA MEDICAL CENTER	Employer identification number 85-0220875
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OR REMOVING ANY MEMBER OF ANY COMMITTEE OR ANY DIRECTOR OR OFFICER;
 AMENDING OR RESTATING THE ARTICLES OF INCORPORATION; ADOPTING A PLAN OF
 MERGER OR A PLAN OF CONSOLIDATION; AUTHORIZING THE SALE, LEASE, EXCHANGE OR
 MORTGAGE OF ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S PROPERTY AND
 ASSETS; AUTHORIZING THE VOLUNTARY DISSOLUTION OF THE ORGANIZATION OR
 REVOKING PROCEEDINGS THEREOF; ADOPTING A PLAN FOR THE DISTRIBUTION OF THE
 ORGANIZATION'S ASSETS; OR AMENDING, ALTERING OR REPEALING ANY RESOLUTION OF
 THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:
 THE FORM 990 WAS PREPARED BY A THIRD PARTY PREPARER. IT WAS THEN REVIEWED
 BY THE CEO AND FINANCE DIRECTOR OF THE ORGANIZATION WITH A SECONDARY REVIEW
 BEING DONE BY THE FINANCE COMMITTEE. IT WAS THEN DISTRIBUTED TO THE BOARD
 OF DIRECTORS FOR A FINAL REVIEW AND APPROVAL BY THE BOARD PRIOR TO BEING
 FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:
 ALL DIRECTORS AND SUCH MANAGEMENT PERSONNEL AS MAY BE DESIGNATED BY THE
 BOARD MUST SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSURE STATEMENT AT
 THE TIME OF ELECTION OR EMPLOYMENT, AND ANNUALLY THEREAFTER, DISCLOSING ANY
 SITUATION IN WHICH THEY ARE INVOLVED WHICH COULD BE CONSTRUED AS PLACING
 THEM IN A POSITION OF HAVING A CONFLICT OF INTEREST WITH LA FAMILIA MEDICAL
 CENTER AS A CORPORATE ENTITY. IN THE EXERCISE OF VOTING RIGHTS BY THE BOARD
 OF DIRECTORS OF THE CORPORATION, NO INDIVIDUAL MAY VOTE ON ANY ISSUE,
 MOTION OR RESOLUTION WHICH INURES TO HIS/HER BENEFIT OR HIS/HER IMMEDIATE
 FAMILY'S BENEFIT, FINANCIALLY OR OTHERWISE, EXCEPT THAT SAID INDIVIDUAL MAY
 BE COUNTED IN ORDER TO ESTABLISH A QUORUM AND MAY PARTICIPATE, AT THE
 DISCRETION OF THE REMAINING DIRECTORS THERE PRESENT, IN THE DISCUSSION OF

Name of the organization LA FAMILIA MEDICAL CENTER	Employer identification number 85-0220875
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SUCH ISSUE, MOTION OR RESOLUTION.

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

THE BOARD OF DIRECTORS CONDUCTS THE CEO'S REVIEW. THE CEO PERFORMS THE
SALARY REVIEWS FOR ALL OTHER OFFICERS AND PROGRAM MANAGERS. THE
COMPENSATION IS BASED ON EXPERIENCE AND MARKET DATA FOR COMPARABLE
POSITIONS IN THE REGION. THESE REVIEWS WERE LAST CONDUCTED IN 2022.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORMS 990 ARE AVAILABLE UPON REQUEST, THE ORGANIZATION'S
OWN WEBSITE, ONLINE AT WWW.GUIDESTAR.ORG AND ON THE NEW MEXICO ATTORNEY
GENERAL'S WEBSITE. THE ORGANIZATION'S FORM 1023 IS AVAILABLE UPON REQUEST.

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

LA FAMILIA MEDICAL CENTER INCLUDES THE YEAR-END AUDITED FINANCIAL
STATEMENTS ON ITS WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST
POLICY ARE AVAILABLE UPON REQUEST AT THE ADMINISTRATION BUILDING.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY SANTA FE
COMMUNITY FDTN. -9,689.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT
HAS NOT CHANGED FROM THE PRIOR YEAR.