

Form **8868**
(Rev. January 2022)Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. LA FAMILIA MEDICAL CENTER	Taxpayer identification number (TIN) 85-0220875
	Number, street, and room or suite no. If a P.O. box, see instructions. 1035 ALTO STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA FE, NM 87501	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

BRANDY VAN PELT

- The books are in the care of ► 1035 ALTO STREET - SANTA FE, NM 87501

Telephone No. ► 505-982-4425

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐ ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until MAY 15, 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year or
 ► ☒ tax year beginning JUL 1, 2022, and ending JUN 30, 2023.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 1-2022)

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.**2022**Open to Public
Inspection**A** For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ 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	
	1035 ALTO STREET		
	City or town, state or province, country, and ZIP or foreign postal code SANTA FE, NM 87501		G Gross receipts \$ 19,245,083.
F Name and address of principal officer: BRANDY VAN PELT-RAMIREZ SAME AS C ABOVE		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions H(c) Group exemption number	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527 J Website: WWW.LAFAMILIASF.ORG			
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other			L Year of formation: 1972
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 ☐ 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 2022 (Part V, line 2a)	5	224
	6 Total number of volunteers (estimate if necessary)	6	25
	7a 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	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,397,236.	9,181,159.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,070,003.	9,959,832.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	81,057.	-113,960.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,858.	12,544.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,563,154.	19,039,575.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	801,192.	1,435,834.
	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)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	12,370,142.	13,785,061.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	120,317.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,016,339.	5,259,876.
19 Revenue less expenses. Subtract line 18 from line 12	18,187,673.	20,480,771.	
19 Revenue less expenses. Subtract line 18 from line 12	-624,519.	-1,441,196.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	7,913,452.	7,010,501.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,579,094.	1,770,721.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,334,358.	5,239,780.

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	DocuSigned by: Brandy Van Pelt	4/29/2024			
	Signature of officer BRANDY VAN PELT-RAMIREZ, 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 04/26/24	Check if self-employed ☐	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

2022.05090 LA FAMILIA MEDICAL CENTER A2767141

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	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>	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	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>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
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>	11a 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>	11b	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>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	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>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	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>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
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>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b 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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
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>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 31	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 224		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	15			
b Enter the number of voting members included on line 1a, above, who are independent		15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe 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	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
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?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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.
☒ Own website ☒ Another's website ☒ 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
 BRANDY VAN PELT - 505-982-4425
 1035 ALTO STREET, SANTA FE, NM 87501

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, box 6 of 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) WENDY JOHNSON, MD PHYSICIAN	40.00				X			210,505.	0.	16,690.
(2) SUE KATZ, MD, MPH PHYSICIAN	40.00				X			199,016.	0.	27,176.
(3) EMMA GOODSTEIN, MD PHYSICIAN	40.00				X			183,542.	0.	30,264.
(4) LAUREN WALTERSDORF, MD CHIEF MEDICAL OFFICER	50.00			X				186,168.	0.	22,005.
(5) ALICE SHALLCROSS, MD PHYSICIAN	40.00				X			187,245.	0.	8,395.
(6) KRISTINA SINNOTT, MD PHYSICIAN	40.00				X			159,347.	0.	31,641.
(7) JAY JOLLY, FACHE CEO (THROUGH FEB. 2023)	50.00			X				153,089.	0.	17,055.
(8) CECILIA KURZWEG, JD GENERAL COUNSEL & COMPLIANCE OFFICER	50.00			X				120,352.	0.	14,558.
(9) LYDIA GONZALEZ-SCIARRINO CFO	50.00			X				110,911.	0.	10,924.
(10) JEANELL ABEYTA CAO	50.00			X				106,277.	0.	5,931.
(11) JULIE WRIGHT CEO (AS OF FEB. 2023)	50.00			X				0.	0.	0.
(12) DEBORAH WEISS PRESIDENT	4.00	X		X				0.	0.	0.
(13) PRISCILLA DAKIN VICE PRESIDENT	4.00	X		X				0.	0.	0.
(14) RICHARD DEPIPPA TREASURER	4.00	X		X				0.	0.	0.
(15) THOMAS OLSON SECRETARY	4.00	X		X				0.	0.	0.
(16) JENNIFER BOLEN DIRECTOR	1.00	X						0.	0.	0.
(17) MARIA JOSE RODRIGUEZ CADIZ DIRECTOR	1.00	X						0.	0.	0.

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LA FAMILIA MEDICAL CENTER

85-0220875

Page **8****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) RAMONA FLORES-LOPEZ DIRECTOR	2.00	X						0.	0.	0.
(19) HILARY KILPATRIC DIRECTOR	1.00	X						0.	0.	0.
(20) FRED KULLMAN, MD DIRECTOR	2.00	X						0.	0.	0.
(21) MADELAINE LEYBA DIRECTOR	1.00	X						0.	0.	0.
(22) GLORIA MARTINEZ DIRECTOR	1.00	X						0.	0.	0.
(23) DIANA PACHECO DIRECTOR	2.00	X						0.	0.	0.
(24) MARIO PACHECO, MD DIRECTOR	1.00	X						0.	0.	0.
(25) SHARON TISON DIRECTOR	2.00	X						0.	0.	0.
(26) ALFREDO VIGIL, MD DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,616,452.	0.	184,639.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,616,452.	0.	184,639.

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

30

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		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
EDDIE ROSS-RIVERA PO BOX 4356, SANTA FE, NM 87502	SECURITY SERVICES	299,910.
NEW MEXICO CARE PARTNERS, 4206 LOUISIANA BLVD NE, ALBUQUERQUE, NM 87109	ASO AND MSO SERVICES	247,526.
ECLINICAL WORKS PO BOX 847950, BOSTON, MA 02284	EMR	206,207.
MODY LLC, 364 JUNIPER HILL ROAD, ALBUQUERQUE, NM 87122	ACCOUNTING	109,686.

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

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Part VIII Statement of RevenueCheck 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	8,601,325.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	579,834.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 142,723.			
	h	Total. Add lines 1a-1f		9,181,159.			
Program Service Revenue	2 a	NET PATIENT REVENUE	Business Code 621110	9,085,666.	9,085,666.		
	b	CLINICALLY INTEGRATED	621110	466,459.	466,459.		
	c	RESIDENCY PROGRAM	621110	235,222.	235,222.		
	d	INCENTIVE INCOME	621110	172,485.	172,485.		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		9,959,832.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		91,548.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real (ii) Personal				
b		Less: rental expenses ...					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)		-205,508.			-205,508.
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
b		Less: direct expenses					
c		Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MERCHANT REBATE PMNTS	Business Code 900099	7,944.			7,944.
	b	MEDICAL RECORDS REV.	900099	2,533.			2,533.
	c	OTHER REVENUE	900099	2,067.			2,067.
	d	All other revenue					
	e	Total. Add lines 11a-11d		12,544.			
	12	Total revenue. See instructions		19,039,575.	9,959,832.	0.	-101,416.

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	1,435,834.	1,435,834.		
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	820,502.	189,252.	631,250.	
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	11,108,324.	9,264,854.	1,746,805.	96,665.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	104,160.	99,486.	3,466.	1,208.
9 Other employee benefits	877,418.	709,755.	160,392.	7,271.
10 Payroll taxes	874,657.	695,324.	172,210.	7,123.
11 Fees for services (nonemployees):				
a Management				
b Legal	50,615.		50,615.	
c Accounting	73,562.		73,562.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	26,661.		26,661.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,399,038.	765,429.	633,609.	
12 Advertising and promotion	93,667.	50,163.	42,606.	898.
13 Office expenses	432,867.	416,162.	16,705.	
14 Information technology	402,422.	215,517.	183,049.	3,856.
15 Royalties				
16 Occupancy	733,533.	703,054.	30,479.	
17 Travel	19,879.	19,112.	767.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	37,805.	36,346.	1,459.	
20 Interest	2,446.		2,446.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	582,188.	167,601.	414,587.	
23 Insurance	102,172.	98,229.	3,943.	
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	1,090,323.	1,048,244.	42,079.	
b DUES & SUBSCRIPTIONS	209,402.	201,321.	8,081.	
c FUNDRAISING EXPENSES	3,296.			3,296.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	20,480,771.	16,115,683.	4,244,771.	120,317.
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 SheetCheck 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	748,401.	1	315,693.
	2 Savings and temporary cash investments	540,028.	2	1,249,430.
	3 Pledges and grants receivable, net	171,768.	3	249,256.
	4 Accounts receivable, net	866,328.	4	946,033.
	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	138,739.	8	51,516.
	9 Prepaid expenses and deferred charges	80,944.	9	11,597.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,723,156.		
	b Less: accumulated depreciation	10b 7,921,601.		
	11 Investments - publicly traded securities	1,207,768.	10c	801,555.
	12 Investments - other securities. See Part IV, line 11	3,750,163.	11	2,981,403.
	13 Investments - program-related. See Part IV, line 11	240,000.	12	
	14 Intangible assets		13	240,000.
	15 Other assets. See Part IV, line 11	169,313.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,913,452.	15	164,018.	
17 Accounts payable and accrued expenses	1,503,670.	16	7,010,501.	
18 Grants payable		17	1,596,360.	
19 Deferred revenue	75,424.	18		
20 Tax-exempt bond liabilities		19	123,320.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
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		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
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	0.	24		
26 Total liabilities. Add lines 17 through 25	1,579,094.	25	51,041.	
27 Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.		26	1,770,721.	
28 Net assets without donor restrictions	6,165,045.	27	5,126,803.	
29 Net assets with donor restrictions	169,313.	28	112,977.	
30 Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.		29		
31 Capital stock or trust principal, or current funds		30		
32 Paid-in or capital surplus, or land, building, or equipment fund		31		
33 Retained earnings, endowment, accumulated income, or other funds	6,334,358.	32	5,239,780.	
34 Total net assets or fund balances	7,913,452.	33	7,010,501.	

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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	19,039,575.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,480,771.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,441,196.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,334,358.
5	Net unrealized gains (losses) on investments	5	346,733.
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	-115.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,239,780.

Part XII Financial Statements and Reporting

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

☒

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ 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	2a	X
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	2b	X
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.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
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 _____	3b	X

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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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
☐		
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
☐		
17a 10% -facts-and-circumstances test - 2022. 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		
☐		
b 10% -facts-and-circumstances test - 2021. 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		
☐		
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		
☐		

Schedule A (Form 990) 2022

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

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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	☐ 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) 2022

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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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

2022

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) (2022)

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

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		\$ 20,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		\$ 100,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		\$ 60,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		\$ 102,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		\$ 20,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		\$ 41,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 11,761.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9		\$ 7,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10		\$ 50,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

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
13		\$ 6,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
14		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
15		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
16		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
17		\$ 142,723.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

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
	(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

2022Open 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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in 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.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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.

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.

b 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	\$	0.
(ii) Assets included in Form 990, Part X	\$	0.

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) 2022

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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	56,870.	66,559.	56,277.	57,732.	58,561.
b Contributions					
c Net investment earnings, gains, and losses	-115.	-9,689.	10,282.	-1,455.	-829.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	56,755.	56,870.	66,559.	56,277.	57,732.

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:

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
3a(i)	X	
3a(ii)		X
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		4,921,643.	4,461,305.	460,338.
d Equipment		3,801,513.	3,460,296.	341,217.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				801,555.

Schedule D (Form 990) 2022

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) OPERATING LEASE LIABILITY	51,041.
(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 ☒

Schedule D (Form 990) 2022

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	18,657,780.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	346,733.
b	Donated services and use of facilities	2b	600,008.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-115.
e	Add lines 2a through 2d	2e	946,626.
3	Subtract line 2e from line 1	3	17,711,154.
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	1,328,421.
c	Add lines 4a and 4b	4c	1,328,421.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	19,039,575.

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	19,752,358.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	600,008.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	600,008.
3	Subtract line 2e from line 1	3	19,152,350.
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	1,328,421.
c	Add lines 4a and 4b	4c	1,328,421.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	20,480,771.

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 DONATED WORKS 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 IN ASSETS HELD BY SANTA FE
COMMUNITY FDTN. -115.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CHARITABLE SLIDING FEE ADJUSTMENT 1,328,421.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CHARITABLE SLIDING FEE ADJUSTMENT 1,328,421.

SCHEDULE I
(Form 990)Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2022**Open to Public
Inspection**

Name of the organization

LA FAMILIA MEDICAL CENTER

Employer identification number

85-0220875

Part I **General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?☒ **Yes**☐ **No****2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.**Part II** **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table**3** Enter total number of other organizations listed in the line 1 tableLHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule I (Form 990) 2022**

Schedule I (Form 990) 2022

LA FAMILIA MEDICAL CENTER

85-0220875

Page 2

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	3955	1,328,421.	0.	N/A	N/A
PATIENT SUPPORT SERVICES	54	107,413.	0.	N/A	N

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)**Department of the Treasury
Internal Revenue Service**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022Open to Public
Inspection

Name of the organization

LA FAMILIA MEDICAL CENTER

Employer identification number

85-0220875

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.

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

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

- | | |
|---|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- 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

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

LA FAMILIA MEDICAL CENTER

85-0220875

Page 2

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) WENDY JOHNSON, MD PHYSICIAN	(i)	209,863.	642.	0.	6,411.	10,279.	227,195.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUE KATZ, MD, MPH PHYSICIAN	(i)	197,784.	1,232.	0.	6,195.	20,981.	226,192.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) EMMA GOODSTEIN, MD PHYSICIAN	(i)	177,712.	872.	4,958.	3,864.	26,400.	213,806.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LAUREN WALTERSDORF, MD CHIEF MEDICAL OFFICER	(i)	185,664.	504.	0.	4,954.	17,051.	208,173.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ALICE SHALLCROSS, MD PHYSICIAN	(i)	166,644.	20,601.	0.	0.	8,395.	195,640.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KRISTINA SINNOTT, MD PHYSICIAN	(i)	157,535.	1,812.	0.	5,021.	26,620.	190,988.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JAY JOLLY, FACHE CEO (THROUGH FEB. 2023)	(i)	152,981.	108.	0.	0.	17,055.	170,144.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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.

SCHEDULE L
(Form 990)Department of the Treasury
Internal Revenue Service**Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022**Open To Public
Inspection**

Name of the organization

LA FAMILIA MEDICAL CENTER

Employer identification number

85-0220875

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2022

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	55,598.	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

2022

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
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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	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other ...				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	1	142,723. FMV	
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (.....)				
26	Other (.....)				
27	Other (.....)				
28	Other (.....)				

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

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	Yes	No
30a			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

2022
Open to Public
Inspection

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

Schedule O (Form 990) 2022

Page 2

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

RECOMMENDED VACCINES FOR SCHOOL, ELDERLY PATIENTS, AND OTHERS.

LA FAMILIA PHYSICIANS DELIVERED 169 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

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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. 9% OF THE TOTAL ENCOUNTERS WERE HELD THROUGH

TELEMEDICINE ENCOUNTERS AS OF CALENDAR YEAR 2023.

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

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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 1,696 PATIENTS IN CALENDAR YEAR 2023.

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

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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

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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 AUDIT 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

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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. THIS PROCESS WAS LAST COMPLETED IN 2023.

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. -115.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT

HAS NOT CHANGED FROM THE PRIOR YEAR.