

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning and ending**

|  |  |                                      |   |
|--|--|--------------------------------------|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>MEXICO MEDICAL MISSIONS</b>                                      |                                      | <b>D</b> Employer identification number<br><b>74-2548761</b>  |
|  | Doing business as  |                                      | <b>E</b> Telephone number<br><b>970-945-5432</b>  |
|  | Number and street (or P.O. box if mail is not delivered to street address)                           | Room/suite                           |   |
|  | <b>1302 WAUGH DRIVE #685</b>   |                                      | <b>G</b> Gross receipts \$ <b>1,113,006.</b>  |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>HOUSTON, TX 77019</b> |                                      | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
| <b>F</b> Name and address of principal officer: <b>MIKE BERKELEY</b><br><b>1302 WAUGH DRIVE #684, HOUSTON, TX 77019</b>  |  | <b>H(c)</b> Group exemption number ▶ |   |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |                                      |   |
| <b>J</b> Website: ▶ <b>WWW.MEXICOMEDICAL.ORG</b>   |  |                                      |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  |                                      | <b>L</b> Year of formation: <b>1989</b> <b>M</b> State of legal domicile: <b>CO</b>   |

| <b>Part I Summary</b>   |   | Prior Year  | Current Year                          |
|---|---|---|---------------------------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>FULL SERVICE HOSPITAL AND COMMUNITY HEALTH PROGRAM IN A MEDICALLY UNDERSERVED RURAL MEXICO.</b> |   |                                       |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |   |                                       |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>  | <b>8</b>                              |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>  | <b>8</b>                              |
|   | <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)   | <b>5</b>  | <b>0</b>                              |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>  | <b>0</b>                              |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>   | <b>0.</b>                             |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 39             | <b>7b</b>   | <b>0.</b>   |                                       |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>978,425.</b>                                       | <b>1,095,230.</b>                     |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | <b>1,421.</b>   | <b>10,484.</b>                        |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>3,502.</b>   | <b>7,292.</b>                         |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>0.</b>   | <b>0.</b>                             |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>983,348.</b>                                       | <b>1,113,006.</b>                     |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <b>0.</b>   | <b>0.</b>                             |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | <b>0.</b>   | <b>0.</b>                             |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>204,309.</b>                                       | <b>218,334.</b>                       |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | <b>0.</b>   | <b>0.</b>                             |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>17,348.</b>   |   |                                       |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>946,029.</b>                                       | <b>1,042,829.</b>                     |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <b>1,150,338.</b>   | <b>1,261,163.</b>                                     |                                       |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | <b>-166,990.</b>  | <b>-148,157.</b>                                      |                                       |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b><br><b>1,031,601.</b> | <b>End of Year</b><br><b>884,135.</b> |
|   | <b>21</b> Total liabilities (Part X, line 26)   | <b>12,302.</b>  | <b>12,995.</b>                        |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | <b>1,019,299.</b>                                     | <b>871,140.</b>                       |

**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.

|   |   |                           |                                |   |                  |
|---|---|---------------------------|--------------------------------|---|------------------|
| <b>Sign Here</b>  | Signature of officer                                      |                           | Date                           |   |                  |
|   | <b>MIKE BERKELEY, CEO</b><br>Type or print name and title |                           |                                |   |                  |
| <b>Paid Preparer Use Only</b>   | Print/Type preparer's name                                | Preparer's signature      | Date                           | Check if self-employed <input type="checkbox"/> | PTIN             |
|   | <b>ANGELA K ARMSTRONG</b>                                 | <b>ANGELA K ARMSTRONG</b> | <b>11/16/20</b>                |   | <b>P00847658</b> |
| Firm's name ▶ <b>BRIGGS &amp; VESELKA CO., LLP</b>                                  |   |                           | Firm's EIN ▶ <b>74-1769118</b> |   |                  |
| Firm's address ▶ <b>NINE GREENWAY PLAZA, SUITE 1700</b><br><b>HOUSTON, TX 77046</b> |   |                           | Phone no. <b>713-667-9147</b>  |   |                  |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: MEXICO MEDICAL MISSIONS EXISTS TO PROCLAIM THE TRANSFORMING LOVE OF JESUS CHRIST TO THE INDIGENOUS PEOPLE OF THE SIERRA MADRE MOUNTAINS OF NORTHERN MEXICO THROUGH THE PROVISION OF AN EXCELLENT LEVEL OF INTEGRATED HEALTHCARE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

4a (Code: ) (Expenses \$ 805,202. including grants of \$ ) (Revenue \$ 10,484. ) OPERATED A FULL SERVICE HOSPITAL IN A REMOTE, IMPOVERISHED AREA OF THE STATE OF CHIHUAHUA, MEXICO SERVING PRIMARILY INDIGENOUS PERSONS. THE HOSPITAL PROVIDED OUTPATIENT AND INPATIENT CARE TO ADULT, PEDIATRIC, OBSTETRICAL AND SURGICAL PATIENTS. DURING 2019 THE HOSPITAL RECEIVED \$155,000 DONATED SURGICAL SERVICES BY DOCTORS AND NURSES.

4b (Code: ) (Expenses \$ 257,850. including grants of \$ ) (Revenue \$ ) OPERATED A COMMUNITY HEALTH PROGRAM IN VERY REMOTE VILLAGES INVOLVING THE ADMINISTRATION OF TWO VILLAGE CLINICS AND A MOBILE PROGRAM WORKING WITH SEVERAL OTHER VILLAGES EMPHASIZING EDUCATION IN PREVENTATIVE HEALTHCARE AND MIDWIFERY.

4c (Code: ) (Expenses \$ 114,221. including grants of \$ ) (Revenue \$ ) THE ORGANIZATION OPERATES AN AVIATION PROGRAM TO TRANSFER HEALTH ITEMS INTO REMOTE AREAS AS WELL AS TRANSPORTING INJURED AND ILL PATIENTS FOR MEDICAL CARE. THE UNITED INDIAN MISSIONS (UIM) AVIATION PROVIDES PILOT SERVICES FOR AIRCRAFT OPERATION.

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

4e Total program service expenses 1,177,273.

**Part IV Checklist of Required Schedules**

|   | Yes          | No |
|---|--------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | <b>1</b> X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....   | <b>2</b> X   |    |
| <b>3</b> 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> .....  | <b>3</b>     | X  |
| <b>4 Section 501(c)(3) organizations.</b> 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> .....  | <b>4</b>     | X  |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....   | <b>5</b>     | X  |
| <b>6</b> 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> .....  | <b>6</b>     | X  |
| <b>7</b> 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> .....  | <b>7</b>     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   | <b>8</b>     | X  |
| <b>9</b> 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> .....            | <b>9</b>     | X  |
| <b>10</b> 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> .....   | <b>10</b>    | X  |
| <b>11</b> 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.   |              |    |
| <b>a</b> 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> .....   | <b>11a</b> X |    |
| <b>b</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> .....  | <b>11b</b>   | X  |
| <b>c</b> 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> .....  | <b>11c</b>   | X  |
| <b>d</b> 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> .....   | <b>11d</b>   | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   | <b>11e</b>   | X  |
| <b>f</b> 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> .....  | <b>11f</b>   | X  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  | <b>12a</b> X |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  | <b>12b</b>   | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  | <b>13</b>    | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  | <b>14a</b> X |    |
| <b>b</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> ..... | <b>14b</b> X |    |
| <b>15</b> 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> .....   | <b>15</b>    | X  |
| <b>16</b> 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> .....   | <b>16</b>    | X  |
| <b>17</b> 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> .....   | <b>17</b>    | X  |
| <b>18</b> 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> .....   | <b>18</b>    | X  |
| <b>19</b> 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> .....   | <b>19</b>    | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   | <b>20a</b> X |    |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   | <b>20b</b> X |    |
| <b>21</b> 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> .....  | <b>21</b>    | X  |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
| <b>1b</b> | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
| <b>2</b>  | 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?  | X   |    |
| <b>3</b>  | 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?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | 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?   |     | X  |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>8a</b> | The governing body?  | X   |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | 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   |     | X  |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>10b</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?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | 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?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>15b</b> | Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>16b</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? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CO**
- 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 **MIKE BERKELEY - (970-230-0153) OR IRIS DAVIS - (510-834-1221)**  
**1302 WAUGH DRIVE #685, HOUSTON, TX 77019**

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

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

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

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

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

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

| (A)<br>Name and title                     | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) MICHAEL BERKELEY<br>OFFICER/ CEO      | 40.00   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) MIRIAM BERKELEY<br>OFFICER            | 20.00   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) TIM SCHMIDT<br>OFFICER                | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) VIRGINIA SADLER<br>OFFICER            | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) TIM ARNOULT<br>PRESIDENT              | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (6) TERRY DECKARD<br>SECRETARY/ TREASURER | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (7) RAFAEL JARAMILLO<br>VICE PRESIDENT    | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (8) JOHN SCHENK<br>OFFICER                | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |





**Part VIII Statement of Revenue**

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

|   |   |                         | (A)            | (B)                                | (C)                        | (D)  |  |
|---|---|-------------------------|----------------|------------------------------------|----------------------------|--|--|
|   |   |                         | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>   | <b>1 a</b> Federated campaigns .....  | <b>1a</b>               |                |                                    |                            |  |  |
|   | <b>b</b> Membership dues .....  | <b>1b</b>               |                |                                    |                            |  |  |
|   | <b>c</b> Fundraising events .....   | <b>1c</b>               |                |                                    |                            |  |  |
|   | <b>d</b> Related organizations .....  | <b>1d</b>               |                |                                    |                            |  |  |
|   | <b>e</b> Government grants (contributions) .....  | <b>1e</b>               |                |                                    |                            |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b> 1,095,230.    |                |                                    |                            |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f .....                                | <b>1g</b> \$ 107,007.   |                |                                    |                            |  |  |
|   | <b>h Total.</b> Add lines 1a-1f .....   |                         | 1,095,230.     |                                    |                            |  |  |
| <b>Program Service Revenue</b>  | <b>2 a</b> HOSPITAL REVENUE   | Business Code<br>621110 | 10,484.        | 10,484.                            |                            |  |  |
|   | <b>b</b> _____  |                         |                |                                    |                            |  |  |
|   | <b>c</b> _____  |                         |                |                                    |                            |  |  |
|   | <b>d</b> _____  |                         |                |                                    |                            |  |  |
|   | <b>e</b> _____  |                         |                |                                    |                            |  |  |
|   | <b>f</b> All other program service revenue .....  |                         |                |                                    |                            |  |  |
|   | <b>g Total.</b> Add lines 2a-2f .....   |                         | 10,484.        |                                    |                            |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) ..... |                         | 207.           |                                    |                            | 207.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....                           |                         |                |                                    |                            |  |  |
|   | <b>5</b> Royalties .....  |                         |                |                                    |                            |  |  |
|   | <b>6 a</b> Gross rents .....  | <b>6a</b>               | (i) Real       |                                    |                            |  |  |
|   |   |                         | (ii) Personal  |                                    |                            |  |  |
|   |   |                         |                |                                    |                            |  |  |
|   | <b>b</b> Less: rental expenses ...  | <b>6b</b>               |                |                                    |                            |  |  |
|   | <b>c</b> Rental income or (loss)  | <b>6c</b>               |                |                                    |                            |  |  |
|   | <b>d</b> Net rental income or (loss) .....  |                         |                |                                    |                            |  |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory .....                     | <b>7a</b>               | (i) Securities |                                    |                            |  |  |
|   |   |                         | (ii) Other     | 7,085.                             |                            |  |  |
|   |   |                         |                |                                    |                            |  |  |
|   | <b>b</b> Less: cost or other basis and sales expenses .....                                 | <b>7b</b>               |                | 0.                                 |                            |  |  |
|   | <b>c</b> Gain or (loss) .....   | <b>7c</b>               |                | 7,085.                             |                            |  |  |
| <b>d</b> Net gain or (loss) .....   |   |                         | 7,085.         |                                    | 7,085.                     |  |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>   |                         |                |                                    |                            |  |  |
|   |   |                         |                |                                    |                            |  |  |
|   |   |                         |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses .....  | <b>8b</b>   |                         |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from fundraising events .....   |   |                         |                |                                    |                            |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....  | <b>9a</b>   |                         |                |                                    |                            |  |  |
|   |   |                         |                |                                    |                            |  |  |
|   |   |                         |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses .....  | <b>9b</b>   |                         |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities .....  |   |                         |                |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances .....   | <b>10a</b>  |                         |                |                                    |                            |  |  |
|   |   |                         |                |                                    |                            |  |  |
|   |   |                         |                |                                    |                            |  |  |
| <b>b</b> Less: cost of goods sold .....   | <b>10b</b>  |                         |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from sales of inventory .....   |   |                         |                |                                    |                            |  |  |
| <b>Miscellaneous Revenue</b>  | <b>11 a</b> _____   | Business Code           |                |                                    |                            |  |  |
|   | <b>b</b> _____  |                         |                |                                    |                            |  |  |
|   | <b>c</b> _____  |                         |                |                                    |                            |  |  |
|   | <b>d</b> All other revenue .....  |                         |                |                                    |                            |  |  |
|   | <b>e Total.</b> Add lines 11a-11d .....   |                         |                |                                    |                            |  |  |
| <b>12 Total revenue.</b> See instructions .....   |   |                         | 1,113,006.     | 10,484.                            | 0.                         | 7,292.   |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22  |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| 4 Benefits paid to or for members  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees   |                       |                                 |  |                             |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages   | 192,197.              | 176,366.                        | 15,831.                                |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| 9 Other employee benefits  |                       |                                 |  |                             |
| 10 Payroll taxes   | 26,137.               | 24,637.                         | 1,500.                                 |                             |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management   |                       |                                 |  |                             |
| b Legal  |                       |                                 |  |                             |
| c Accounting   | 22,318.               |                                 | 22,318.                                |                             |
| d Lobbying   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees   |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  | 21,052.               | 1,993.                          | 9,207.                                 | 9,852.                      |
| 12 Advertising and promotion   |                       |                                 |  |                             |
| 13 Office expenses   |                       |                                 |  |                             |
| 14 Information technology  | 7,229.                |                                 |  | 7,229.                      |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   | 16,171.               | 15,981.                         | 190.                                   |                             |
| 17 Travel  | 19,592.               | 10,788.                         | 8,537.                                 | 267.                        |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings  |                       |                                 |  |                             |
| 20 Interest  |                       |                                 |  |                             |
| 21 Payments to affiliates  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization   | 182,311.              | 182,311.                        |  |                             |
| 23 Insurance   | 7,140.                |                                 | 7,140.                                 |                             |
| 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 <b>COMMUNITY HEALTH</b>  | 257,850.              | 257,850.                        |  |                             |
| b <b>HOSPITAL EXPENSES</b>   | 244,346.              | 244,346.                        |  |                             |
| c <b>AVIATION</b>  | 114,221.              | 114,221.                        |  |                             |
| d <b>AUTOMOBILE EXPENSES</b>   | 58,482.               | 58,482.                         |  |                             |
| e All other expenses   | 92,117.               | 90,298.                         | 1,819.                                 |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e   | 1,261,163.            | 1,177,273.                      | 66,542.                                | 17,348.                     |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                             |                       |                                 |  |                             |

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

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |           | (B)<br>End of year  |
|---|--|--------------------------|-----------|---------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 187,177.                 | <b>1</b>  | 139,843.            |
|   | <b>2</b> Savings and temporary cash investments .....  | 150.                     | <b>2</b>  | 5,236.              |
|   | <b>3</b> Pledges and grants receivable, net .....  |                          | <b>3</b>  |                     |
|   | <b>4</b> Accounts receivable, net .....  |                          | <b>4</b>  |                     |
|   | <b>5</b> 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 ..... |                          | <b>5</b>  |                     |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>  |                     |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>  |                     |
|   | <b>8</b> Inventories for sale or use .....   | 20,000.                  | <b>8</b>  | 20,000.             |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 7,140.                   | <b>9</b>  | 7,140.              |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 2,095,637.    |           |                     |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 1,393,343.    | 817,134.  | <b>10c</b> 702,294. |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b> |                     |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b> | 9,622.              |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b> |                     |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b> |                     |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   |                          | <b>15</b> |                     |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... |  | 1,031,601.               | <b>16</b> | 884,135.            |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 10,924.                  | <b>17</b> | 12,995.             |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b> |                     |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b> |                     |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b> |                     |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b> |                     |
|   | <b>22</b> 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 .....     |                          | <b>22</b> |                     |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 1,378.                   | <b>23</b> |                     |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b> |                     |
|   | <b>25</b> 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 .....  |                          | <b>25</b> |                     |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   |                          | 12,302.   | <b>26</b>           |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |           |                     |
|   | <b>27</b> Net assets without donor restrictions .....  | 999,299.                 | <b>27</b> | 871,140.            |
|   | <b>28</b> Net assets with donor restrictions .....   | 20,000.                  | <b>28</b> | 0.                  |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |           |                     |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b> |                     |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b> |                     |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b> |                     |
|   | <b>32</b> Total net assets or fund balances .....  | 1,019,299.               | <b>32</b> | 871,140.            |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 1,031,601.   | <b>33</b>                | 884,135.  |                     |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 1,113,006. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 1,261,163. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -148,157.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 1,019,299. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -2.        |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0.         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 871,140.   |

**Part XII Financial Statements and Reporting**

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

|  | Yes | No |
|--|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X   |    |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                            | X   |    |
| <b>c</b> 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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   | X   |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____   |     | X  |
| <b>b</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 _____  |     |    |

Form 990 (2019)



**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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> 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) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...   |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...  |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       |                          |
| <b>13 First five years.</b> 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 <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |    |                          |
|---|----|--------------------------|
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....  | 14 | %                        |
| <b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....  | 15 | %                        |
| <b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |    | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |    | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |    | <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |    | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |    | <input type="checkbox"/> |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

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

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2019.** 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 - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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>  |     |    |
| <b>2</b> 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>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</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>   |     |    |
| <b>c</b> 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>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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>  |     |    |
| <b>7</b> 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 or 990-EZ).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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 10b below.</i>   |     |    |
| <b>b</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 |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .                                       |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   |     |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |     |    |
|---|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |     |    |
| <b>a</b> 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 <b>Part VI</b> 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. | Yes | No |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |     |    |
| <b>a</b> 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? Provide details in <b>Part VI</b> .   |     |    |
| <b>b</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 <b>Part VI</b> the role played by the organization in this regard.   |     |    |

**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.

| <b>Section A - Adjusted Net Income</b> |  | (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                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (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                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                       | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                       | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | 4              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                       | Multiply line 5 by .035.  | 6              |                             |
| 7                                       | Recoveries of prior-year distributions  | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                       | Enter 85% of line 1.  | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3 |              |
| 4                                       | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                       | Income tax imposed in prior year  | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| Section D - Distributions   | Current Year |
|---|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b> Distributable amount for 2019 from Section C, line 6   |              |
| <b>10</b> Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.  |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2019   |                             |  |   |
| <b>a</b> From 2014   |                             |  |   |
| <b>b</b> From 2015   |                             |  |   |
| <b>c</b> From 2016   |                             |  |   |
| <b>d</b> From 2017   |                             |  |   |
| <b>e</b> From 2018   |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2019 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2014 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| <b>4</b> Distributions for 2019 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2019 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2015  |                             |  |   |
| <b>b</b> Excess from 2016  |                             |  |   |
| <b>c</b> Excess from 2017  |                             |  |   |
| <b>d</b> Excess from 2018  |                             |  |   |
| <b>e</b> Excess from 2019  |                             |  |   |

Schedule A (Form 990 or 990-EZ) 2019

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

Multiple horizontal lines for supplemental information.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

**MEXICO MEDICAL MISSIONS**

Employer identification number

**74-2548761**

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 foundation

Check 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

|  |   |
|--|---|
| Name of organization<br><br><b>MEXICO MEDICAL MISSIONS</b> | Employer identification number<br><br><b>74-2548761</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|--|----------------------------|--|
| 1          | ACKERMAN, WILLIAM AND KIMBERLY<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019 | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 2          | ALCON SURGICAL<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019                 | \$ 48,176.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | AMERICARES<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019                     | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | BAYER ALEMANIA<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019                 | \$ 5,601.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 5          | BENNETT, NORMA<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019                 | \$ 16,800.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 6          | BERKELEY, MICHAEL<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019              | \$ 82,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization

Employer identification number

**MEXICO MEDICAL MISSIONS****74-2548761****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 7          | BERLIN CHRISTIAN FELLOWSHIP MISSIONS<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019 | \$ 9,942.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | BORNMAN, TWILLA<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019                      | \$ 7,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | CHIHUAHUA STATE GOVERNMENT<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019           | \$ 5,306.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | CVW FAMILY FOUNDATION<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019                | \$ 60,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | DOKA, DAVID AND JULIE<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019                | \$ 7,600.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | FIDELITY CHARITABLE GIFT FUND<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019        | \$ 9,050.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><b>MEXICO MEDICAL MISSIONS</b> | Employer identification number<br><b>74-2548761</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 13         | LAFAVE, JOE AND PATTY<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019       | \$ 35,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 14         | PISA<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019                        | \$ 36,568.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         | SADLER, ALAN AND VIRGINIA<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 16         | SAMARITAN'S PURSE<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019           | \$ 19,308.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 17         | SAN ANTONIO AREA FOUNDATION<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019 | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 18         | SCURLOCK FOUNDATION<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019         | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



Name of organization

Employer identification number

**MEXICO MEDICAL MISSIONS****74-2548761****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 19         | SEEGER FOUNDATION<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019                    | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         | SEQUOYAH HILLS PRESBYTERIAN CHURCH<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21         | ST. JOHN THE DIVINE EPISCOPAL CHURCH<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019 | \$ 45,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22         | STEL, PATRICK AND ANITA<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019              | \$ 5,194.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23         | THE BENEVITY COMMUNITY IMPACT FUND<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019   | \$ 7,575.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24         | WELLS FARGO ADVISORS<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019                 | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

**MEXICO MEDICAL MISSIONS****74-2548761****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 25         | WESTMINSTER PRESBYTERIAN CHURCH<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019       | \$ 6,689.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 26         | THE WOODLANDS UNITED METHODIST CHURCH<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019 | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 27         | DAUGHERTY, BRUCE<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019                      | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 28         | ESBENSHADE, THEODORE AND MARY<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019         | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 29         | GREATER HOUSTON COMMUNITY FOUNDATION<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019  | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 30         | INNOVIA FOUNDATION<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019                    | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><br><b>MEXICO MEDICAL MISSIONS</b> | Employer identification number<br><br><b>74-2548761</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 31         | MCPARLAND, JEFFREY AND SARAH<br><br>1302 WAUGH DRIVE #685<br><br>HOUSTON, TX 77019 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 32         | TURNBULL, TOM AND ROZ<br><br>1302 WAUGH DRIVE #685<br><br>HOUSTON, TX 77019        | \$ 5,058.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 33         | HARDIN, JOHN AND LINDA<br><br>1302 WAUGH DRIVE #685<br><br>HOUSTON, TX 77019       | \$ 5,380.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 34         | AMERIPRISE FINANCIAL<br><br>1302 WAUGH DRIVE #685<br><br>HOUSTON, TX 77019         | \$ 5,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 35         | BACK CREEK PRESBYTERIAN<br><br>1302 WAUGH DRIVE #685<br><br>HOUSTON, TX 77019      | \$ 5,930.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 36         | SUNDERMAN, MARK AND SANDRA<br><br>1302 WAUGH DRIVE #685<br><br>HOUSTON, TX 77019   | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><br><b>MEXICO MEDICAL MISSIONS</b> | Employer identification number<br><br><b>74-2548761</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 37         | WILDER, LYLE AND HEIDI<br><hr/> 1302 WAUGH DRIVE #685<br><hr/> HOUSTON, TX 77019            | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 38         | RAVENS INC<br><hr/> 1302 WAUGH DRIVE #685<br><hr/> HOUSTON, TX 77019                        | \$ 7,100.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 39         | PETERSEN, BRIANNA<br><hr/> 1302 WAUGH DRIVE #685<br><hr/> HOUSTON, TX 77019                 | \$ 8,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 40         | RENAISSANCE CHARITABLE FOUNDATION<br><hr/> 1302 WAUGH DRIVE #685<br><hr/> HOUSTON, TX 77019 | \$ 8,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 41         | SCHENK, JOHN AND BECCA<br><hr/> 1302 WAUGH DRIVE #685<br><hr/> HOUSTON, TX 77019            | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 42         | XMA, INC<br><hr/> 1302 WAUGH DRIVE #685<br><hr/> HOUSTON, TX 77019                          | \$ 10,976.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|--|---|
| Name of organization<br><br><b>MEXICO MEDICAL MISSIONS</b> | Employer identification number<br><br><b>74-2548761</b> |
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 43         | FAITH COMMUNITY CHURCH<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019        | \$ 12,372.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 44         | CHILDREN'S MEDICAL MINISTRIES<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019 | \$ 13,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 45         | EBBEN, PHIL AND HANNAH<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019        | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 46         | HAWKINS, NEIL<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019                 | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 47         | ALSUPER<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019                       | \$ 17,205.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 48         | SEEGER, PAUL<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019                  | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|--|---|
| Name of organization<br><br><b>MEXICO MEDICAL MISSIONS</b> | Employer identification number<br><br><b>74-2548761</b> |
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 49         | FUNDACION MAELVA A.C.<br><hr/> 1302 WAUGH DRIVE #685<br><hr/> HOUSTON, TX 77019 | \$ 26,812.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 50         | SAMARITAN'S PURSE<br><hr/> 1302 WAUGH DRIVE #685<br><hr/> HOUSTON, TX 77019     | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/> <hr/> <hr/>   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            | <hr/> <hr/> <hr/>   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            | <hr/> <hr/> <hr/>   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            | <hr/> <hr/> <hr/>   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |

|  |   |
|--|---|
| Name of organization<br><br><b>MEXICO MEDICAL MISSIONS</b> | Employer identification number<br><br><b>74-2548761</b> |
|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given     | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 2                            | EYE SURGERY SUPPLIES<br>_____<br>_____<br>_____  | \$ 48,176.                                      | _____                |
| 3                            | SEVOFLURANE, SUPPLIES<br>_____<br>_____<br>_____ | \$ 10,000.                                      | _____                |
| 14                           | MEDICATIONS<br>_____<br>_____<br>_____           | \$ 36,568.                                      | _____                |
| 50                           | EYE SURGERY SUPPLIES<br>_____<br>_____<br>_____  | \$ 10,000.                                      | _____                |
|                              | _____<br>_____<br>_____                          | \$ _____  | _____                |
|                              | _____<br>_____<br>_____                          | \$ _____  | _____                |

|  |   |
|--|---|
| Name of organization<br><br><b>MEXICO MEDICAL MISSIONS</b> | Employer identification number<br><br><b>74-2548761</b> |
|--|---|

**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 |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization** MEXICO MEDICAL MISSIONS **Employer identification number** 74-2548761

**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? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> 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? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> 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 7/25/06, 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? .....

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)? .....

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 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2019

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 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  | 923,253.                             |                                 | 664,728.                     | 258,525.        |
| c Leasehold improvements   |                                      |                                 |                              |                 |
| d Equipment  | 1,172,384.                           |                                 | 728,615.                     | 443,769.        |
| e Other  |                                      |                                 |                              | 0.              |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>702,294.</b> |

**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)   |                |   |
| <b>Total.</b> (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)   |                |   |
| <b>Total.</b> (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)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (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 F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

Employer identification number

**MEXICO MEDICAL MISSIONS**

**74-2548761**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| NORTH AMERICA   | 1                                   | 35   | PROGRAM SERVICES   | HEALTHCARE   | 1,177,273.   |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
| <b>3 a</b> Subtotal .....                               | 1                                   | 35   |  |  | 1,177,273.   |
| <b>b</b> Total from continuation sheets to Part I ..... | 0                                   | 0  |  |  | 0.   |
| <b>c Totals</b> (add lines 3a and 3b) .....             | 1                                   | 35   |  |  | 1,177,273.   |

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

Schedule F (Form 990) 2019





**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2019



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public  
Inspection

Name of the organization **MEXICO MEDICAL MISSIONS** Employer identification number **74-2548761**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

|   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| <b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....   | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> If "Yes," was it a written policy? .....   |                                     | <input checked="" type="checkbox"/> |
| <b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.<br><input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities |                                     |                                     |
| <b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.   |                                     |                                     |
| <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care?<br>If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %   |                                     | <input checked="" type="checkbox"/> |
| <b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %                   |                                     | <input checked="" type="checkbox"/> |
| <b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.  |                                     |                                     |
| <b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?   |                                     | <input checked="" type="checkbox"/> |
| <b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?   |                                     | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?   |                                     |                                     |
| <b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?   |                                     |                                     |
| <b>6a</b> Did the organization prepare a community benefit report during the tax year?  | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> If "Yes," did the organization make it available to the public?  | <input checked="" type="checkbox"/> |                                     |

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

|  | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>Financial Assistance and Means-Tested Government Programs</b>   |   |                               |                                     |                               |                                   |                              |
| <b>a</b> Financial Assistance at cost (from Worksheet 1) .....   |   |                               |                                     |                               |                                   |                              |
| <b>b</b> Medicaid (from Worksheet 3, column a) .....   |   |                               |                                     |                               |                                   |                              |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....              |   |                               |                                     |                               |                                   |                              |
| <b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....                          |   |                               |                                     |                               |                                   |                              |
| <b>Other Benefits</b>  |   |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) ..... |   |                               |                                     |                               |                                   |                              |
| <b>f</b> Health professions education (from Worksheet 5) .....   |   |                               |                                     |                               |                                   |                              |
| <b>g</b> Subsidized health services (from Worksheet 6) .....   |   |                               |                                     |                               |                                   |                              |
| <b>h</b> Research (from Worksheet 7) .....   |   |                               |                                     |                               |                                   |                              |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....                   |   |                               |                                     |                               |                                   |                              |
| <b>j Total.</b> Other Benefits .....   |   |                               |                                     |                               |                                   |                              |
| <b>k Total.</b> Add lines 7d and 7j .....  |   |                               |                                     |                               |                                   |                              |





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group HOSPITAL MISSION TARAHUMARA

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

|  |     | Yes | No |
|--|-----|-----|----|
| <b>Community Health Needs Assessment</b>   |     |     |    |
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....   | 1   |     | X  |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....  | 2   |     | X  |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....   | 3   |     | X  |
| If "Yes," indicate what the CHNA report describes (check all that apply):  |     |     |    |
| a <input type="checkbox"/> A definition of the community served by the hospital facility   |     |     |    |
| b <input type="checkbox"/> Demographics of the community   |     |     |    |
| c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community   |     |     |    |
| d <input type="checkbox"/> How data was obtained   |     |     |    |
| e <input type="checkbox"/> The significant health needs of the community   |     |     |    |
| f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups   |     |     |    |
| g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs   |     |     |    |
| h <input type="checkbox"/> The process for consulting with persons representing the community's interests  |     |     |    |
| i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)   |     |     |    |
| j <input type="checkbox"/> Other (describe in Section C)   |     |     |    |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 _____  |     |     |    |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted ..... | 5   |     |    |
| 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....  | 6a  |     |    |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....  | 6b  |     |    |
| 7 Did the hospital facility make its CHNA report widely available to the public? .....   | 7   |     |    |
| If "Yes," indicate how the CHNA report was made widely available (check all that apply):   |     |     |    |
| a <input type="checkbox"/> Hospital facility's website (list url): _____   |     |     |    |
| b <input type="checkbox"/> Other website (list url): _____   |     |     |    |
| c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility   |     |     |    |
| d <input type="checkbox"/> Other (describe in Section C)   |     |     |    |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....  | 8   |     |    |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 _____  |     |     |    |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....   | 10  |     |    |
| a If "Yes," (list url): _____  |     |     |    |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....   | 10b |     |    |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.  |     |     |    |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....  | 12a |     | X  |
| b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....   | 12b |     |    |
| c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$  |     |     |    |

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group HOSPITAL MISSION TARAHUMARA

|   | Yes      | No |
|---|----------|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that:   |          |    |
| <b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....  | <b>X</b> |    |
| If "Yes," indicate the eligibility criteria explained in the FAP:   |          |    |
| <b>a</b> <input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____ % and FPG family income limit for eligibility for discounted care of _____ %  |          |    |
| <b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)   |          |    |
| <b>c</b> <input type="checkbox"/> Asset level   |          |    |
| <b>d</b> <input type="checkbox"/> Medical indigency   |          |    |
| <b>e</b> <input type="checkbox"/> Insurance status  |          |    |
| <b>f</b> <input type="checkbox"/> Underinsurance status   |          |    |
| <b>g</b> <input type="checkbox"/> Residency   |          |    |
| <b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)  |          |    |
| <b>14</b> Explained the basis for calculating amounts charged to patients? .....  | <b>X</b> |    |
| <b>15</b> Explained the method for applying for financial assistance? .....   | <b>X</b> |    |
| If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):   |          |    |
| <b>a</b> <input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |          |    |
| <b>b</b> <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  |          |    |
| <b>c</b> <input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  |          |    |
| <b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications  |          |    |
| <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)  |          |    |
| <b>16</b> Was widely publicized within the community served by the hospital facility? .....   | <b>X</b> |    |
| If "Yes," indicate how the hospital facility publicized the policy (check all that apply):  |          |    |
| <b>a</b> <input type="checkbox"/> The FAP was widely available on a website (list url): _____   |          |    |
| <b>b</b> <input type="checkbox"/> The FAP application form was widely available on a website (list url): _____  |          |    |
| <b>c</b> <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____   |          |    |
| <b>d</b> <input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |          |    |
| <b>e</b> <input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)   |          |    |
| <b>f</b> <input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |          |    |
| <b>g</b> <input type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention |          |    |
| <b>h</b> <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP   |          |    |
| <b>i</b> <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations   |          |    |
| <b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)  |          |    |

Schedule H (Form 990) 2019

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group HOSPITAL MISSION TARAHUMARA

|   | Yes      | No       |
|---|----------|----------|
| <b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? ..... | <b>X</b> |          |
| <b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:                            |          |          |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)   |          |          |
| <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party   |          |          |
| <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  |          |          |
| <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process  |          |          |
| <b>e</b> <input checked="" type="checkbox"/> Other similar actions (describe in Section C)  |          |          |
| <b>f</b> <input type="checkbox"/> None of these actions or other similar actions were permitted   |          |          |
| <b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....   |          | <b>X</b> |
| If "Yes," check all actions in which the hospital facility or a third party engaged:  |          |          |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)   |          |          |
| <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party   |          |          |
| <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  |          |          |
| <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process  |          |          |
| <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)   |          |          |
| <b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):   |          |          |
| <b>a</b> <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)   |          |          |
| <b>b</b> <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)   |          |          |
| <b>c</b> <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)  |          |          |
| <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)   |          |          |
| <b>e</b> <input type="checkbox"/> Other (describe in Section C)   |          |          |
| <b>f</b> <input type="checkbox"/> None of these efforts were made   |          |          |

**Policy Relating to Emergency Medical Care**

|   |           |  |          |
|---|-----------|--|----------|
| <b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? ..... | <b>21</b> |  | <b>X</b> |
| If "No," indicate why:  |           |  |          |
| <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions   |           |  |          |
| <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing   |           |  |          |
| <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)   |           |  |          |
| <b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)  |           |  |          |

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group HOSPITAL MISSION TARAHUMARA

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>22</b> | Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.  |     |    |
| <b>a</b>  | <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period   |     |    |
| <b>b</b>  | <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period  |     |    |
| <b>c</b>  | <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period                              |     |    |
| <b>d</b>  | <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method   |     |    |
| <b>23</b> | During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....<br>If "Yes," explain in Section C. | 23  | X  |
| <b>24</b> | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....<br>If "Yes," explain in Section C.   | 24  | X  |

Schedule H (Form 990) 2019



**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**PART V, SECTION A:**

**HOSPITAL PHYSICAL ADDRESS:**

HOSPITAL MISSION TARAHUMARA

SAMACHIQUE, GUACHOCHI

CHIHUAHUA, MEXICO

**HOSPITAL MISSION TARAHUMARA:**

**PART V, SECTION B, LINE 13H: ALL PERSONS ATTENDED BY MEXICO MEDICAL MISSIONS RECEIVE FINANCIAL ASSISTANCE. MEMBERS OF THE TARAHUMARA AND TEPEJUAN TRIBES RECEIVE CARE AT NO COST. NON TRIBAL MEMBERS PAY A FEE CALCULATED TO BE 25% OF THE FREE MARKET RATE CHARGED BY PRIVATE HOSPITALS IN THE NEAREST URBAN AREA (CHIHUAHUA CITY).**

**HOSPITAL MISSION TARAHUMARA:**

**PART V, SECTION B, LINE 15E: ALL PERSONS ATTENDED BY MEXICO MEDICAL MISSIONS RECEIVE FINANCIAL ASSISTANCE. MEMBERS OF THE TARAHUMARA AND TEPEJUAN TRIBES RECEIVE CARE AT NO COST. NON TRIBAL MEMBERS PAY A FEE CALCULATED TO BE 25% OF THE FREE MARKET RATE CHARGED BY PRIVATE HOSPITALS IN THE NEAREST URBAN AREA (CHIHUAHUA CITY).**

**HOSPITAL MISSION TARAHUMARA:**

**PART V, SECTION B, LINE 16J: THE POLICY IS POSTED IN THE HOSPITAL FACILITY'S EMERGENCY ROOM AND WAITING ROOMS.**

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HOSPITAL MISSION TARAHUMARA:

PART V, SECTION B, LINE 18E: THE HOSPITAL DOES NOT HAVE A BILLING OR COLLECTIONS DEPARTMENT. THERE IS NO ATTEMPT TO COLLECT UNPAID ACCOUNTS.

HOSPITAL MISSION TARAHUMARA:

PART V, SECTION B, LINE 21D: ALL PERSONS ATTENDED BY MEXICO MEDICAL MISSIONS RECEIVE FINANCIAL ASSISTANCE THEREFORE THERE IS NO ELIGIBILITY OR DISCRIMINATION REGARDING EMERGENCY MEDICAL CARE.



**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART III, LINE 2:

THE ORGANIZATION DOES NOT CHARGE FOR MEDICAL SERVICES, AND THEREFORE HAS NO BAD DEBT. SOME OF THE PATIENTS MAY PAY MINIMAL AMOUNTS FOR CERTAIN SERVICES; \$25 FOR A DOCTOR VISIT OR \$100 FOR SURGERY, BUT THEY ARE NOT INVOICED FOR THE SERVICES.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **MEXICO MEDICAL MISSIONS** Employer identification number **74-2548761**

| Part I Types of Property   | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>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                          | 3   | 107,007.   | FAIR MARKET VALUE   |
| 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 IV, Donee Acknowledgement ..... **29**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

**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.

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

MEXICO MEDICAL MISSIONS

Employer identification number

74-2548761

FORM 990, PART VI, SECTION A, LINE 2:

MICHAEL BERKELEY AND MIRIAM BERKELEY ARE MARRIED. MICHAEL BERKELEY AND VIRGINIA SADLER ARE SIBLINGS.

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

FORM 990 IS DISTRIBUTED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO SUBMISSION.

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

THE DIRECTORS OF MEXICO MEDICAL MISSIONS ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

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

MEXICO MEDICAL MISSIONS HAD NO PAID US EMPLOYEES DURING 2019 INCLUDING OFFICERS. THE ORGANIZATION DOES HAVE 35 MEXICAN EMPLOYEES WHOSE SALARIES ARE DETERMINED BY A STUDY OF COMPARABLE HOSPITALS.

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

ALL GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR PUBLIC INSPECTION DURING NORMAL BUSINESS HOURS AT 1302 WAUGH DRIVE #685, HOUSTON, TX, 77019.

FORM 990, PART IX, LINE 24E: STATEMENT OF FUNCTIONAL EXPENSES:

OTHER EXPENSES:

MANAGEMENT &

PROGRAM SERVICES

GENERAL

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

