

Form **990**

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

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A For the 2021 calendar year, or tax year beginning and ending**

|  |  |   |
|--|--|---|
| <b>B</b> Check if applicable:<br><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><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>1302 WAUGH DRIVE #685</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>HOUSTON, TX 77019</b><br><b>F</b> Name and address of principal officer: <b>MIKE BERKELEY</b><br><b>1302 WAUGH DRIVE #684, HOUSTON, TX 77019</b> | <b>D</b> Employer identification number<br><b>74-2548761</b><br><b>E</b> Telephone number<br><b>970-945-5432</b><br><b>G</b> Gross receipts \$ <b>1,530,702.</b><br><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<br><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>   |

**Part I Summary**

|            |  |  |                                   |
|------------|--|--|-----------------------------------|
| <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>7</b>                          |
| <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b) .....  | <b>4</b>                                     | <b>4</b>                          |
| <b>5</b>   | Total number of individuals employed in calendar year 2021 (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>7b</b>  | Net unrelated business taxable income from Form 990-T, Part I, line 11 .....   | <b>7b</b>                                    | <b>0.</b>                         |
| <b>8</b>   | Contributions and grants (Part VIII, line 1h) .....  | <b>Prior Year</b><br>1,143,309.              | <b>Current Year</b><br>1,500,595. |
| <b>9</b>   | Program service revenue (Part VIII, line 2g) .....   | 10,951.                                      | 21,405.                           |
| <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....  | 403.   | 6,312.                            |
| <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....   | 0.   | 0.                                |
| <b>12</b>  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....   | 1,154,663.                                   | 1,528,312.                        |
| <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....   | 0.   | 0.                                |
| <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4) .....  | 0.   | 0.                                |
| <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....  | 227,293.                                     | 231,384.                          |
| <b>16a</b> | Professional fundraising fees (Part IX, column (A), line 11e) .....  | 0.   | 0.                                |
| <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>10,478.</b>   |  |                                   |
| <b>17</b>  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....   | 929,974.                                     | 1,166,503.                        |
| <b>18</b>  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....  | 1,157,267.                                   | 1,397,887.                        |
| <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12 .....   | -2,604.                                      | 130,425.                          |
| <b>20</b>  | Total assets (Part X, line 16) .....   | <b>Beginning of Current Year</b><br>881,958. | <b>End of Year</b><br>999,222.    |
| <b>21</b>  | Total liabilities (Part X, line 26) .....  | 13,422.                                      | 261.                              |
| <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20 .....   | 868,536.                                     | 998,961.                          |

**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<br><b>MIKE BERKELEY, CEO</b><br>Type or print name and title | Date<br>_____                                     |                               |   |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>ANGELA K ARMSTRONG</b>                           | Preparer's signature<br><b>ANGELA K ARMSTRONG</b> | Date<br><b>11/11/22</b>       | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P00847658</b> |
|                               | Firm's name ▶ <b>CROWE LLP</b>  | Firm's EIN ▶ <b>35-0921680</b>                    |                               |   |                          |
|                               | Firm's address ▶ <b>NINE GREENWAY PLAZA, SUITE 1700 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 \$ 873,516. including grants of \$ ) (Revenue \$ 21,405.) 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 2021 THE HOSPITAL RECEIVED \$217,500 DONATED IN-KIND SERVICES BY DOCTORS, NURSES, PILOTS, AND ADMINISTRATORS.

4b (Code: ) (Expenses \$ 327,772. 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 \$ 98,992. 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 1,300,280.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

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

|   | Yes | No |
|---|-----|----|
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  |     | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....  |     | X  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....  |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....   |     | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....   |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   | X   |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....   |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....   |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....   |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....  |     | X  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....  | X   |    |

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 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> | a The governing body?  | X   |    |
| <b>8b</b> | 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> | 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 on 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> | b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>12c</b> | c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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> | a The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>15b</b> | b Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process on 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> | 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

| (A)<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/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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.  |
|   |   |   |                       |         |              |                              |        |   |  |   |
|   |   |   |                       |         |              |                              |        |   |  |   |
|   |   |   |                       |         |              |                              |        |   |  |   |
|   |   |   |                       |         |              |                              |        |   |  |   |
|   |   |   |                       |         |              |                              |        |   |  |   |
|   |   |   |                       |         |              |                              |        |   |  |   |
|   |   |   |                       |         |              |                              |        |   |  |   |
|   |   |   |                       |         |              |                              |        |   |  |   |
|   |   |   |                       |         |              |                              |        |   |  |   |
|   |   |   |                       |         |              |                              |        |   |  |   |

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1b Subtotal 0. 0. 0.
1c Total from continuation sheets to Part VII, Section A 0. 0. 0.
1d Total (add lines 1b and 1c) 0. 0. 0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a 'NONE' entry in the first row.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 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> 1,500,595.        |                |                                    |                            |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f                                      | <b>1g</b> \$ 342,124.       |                |                                    |                            |  |  |
|   | <b>h Total.</b> Add lines 1a-1f .....   |                             | 1,500,595.     |                                    |                            |  |  |
| <b>Program Service Revenue</b>  | <b>2 a</b> HOSPITAL REVENUE   | <b>Business Code</b> 621110 | 21,405.        | 21,405.                            |                            |  |  |
|   | <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 .....   |                             | 21,405.        |                                    |                            |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) ..... |                             | 3,118.         |                                    |                            | 3,118.   |  |
|   | <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     | 5,584.                             |                            |  |  |
|   |   |                             |                |                                    |                            |  |  |
|   | <b>b</b> Less: cost or other basis and sales expenses .....                                 | <b>7b</b>                   | 2,390.         |                                    |                            |  |  |
|   | <b>c</b> Gain or (loss) .....   | <b>7c</b>                   | 3,194.         |                                    |                            |  |  |
| <b>d</b> Net gain or (loss) .....   |   | 3,194.                      |                |                                    | 3,194.                     |  |  |
| <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> _____   | <b>Business Code</b>        |                |                                    |                            |  |  |
|   | <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 .....   |   |                             | 1,528,312.     | 21,405.                            | 0.                         | 6,312.   |  |

**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   | 203,813.              | 176,023.                        | 27,790.                                |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| 9 Other employee benefits  |                       |                                 |  |                             |
| 10 Payroll taxes   | 27,571.               | 24,571.                         | 3,000.                                 |                             |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management   |                       |                                 |  |                             |
| b Legal  | 2,044.                |                                 | 2,044.                                 |                             |
| c Accounting   | 24,777.               |                                 | 24,777.                                |                             |
| 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.)   | 42,436.               | 24,165.                         | 10,944.                                | 7,327.                      |
| 12 Advertising and promotion   |                       |                                 |  |                             |
| 13 Office expenses   |                       |                                 |  |                             |
| 14 Information technology  | 3,151.                |                                 |  | 3,151.                      |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   | 15,430.               | 14,925.                         | 505.                                   |                             |
| 17 Travel  | 21,443.               | 11,443.                         | 10,000.                                |                             |
| 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   | 179,458.              | 179,458.                        |  |                             |
| 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>  | 327,772.              | 327,772.                        |  |                             |
| b <b>HOSPITAL EXPENSES</b>   | 320,557.              | 320,557.                        |  |                             |
| c <b>AVIATION</b>  | 98,992.               | 98,992.                         |  |                             |
| d <b>AUTOMOBILE EXPENSES</b>   | 91,995.               | 91,995.                         |  |                             |
| e All other expenses   | 31,308.               | 30,379.                         | 929.                                   |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e   | 1,397,887.            | 1,300,280.                      | 87,129.                                | 10,478.                     |
| 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 .....   | 299,961.                 | <b>1</b>  | 318,008.            |
|   | <b>2</b> Savings and temporary cash investments .....  | 900.                     | <b>2</b>  | 2,700.              |
|   | <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> 2,388,984.    |           |                     |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 1,744,324.    | 545,709.  | <b>10c</b> 644,660. |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b> |                     |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 8,248.                   | <b>12</b> | 6,714.              |
|   | <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) ..... | 881,958.   | <b>16</b>                | 999,222.  |                     |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 13,422.                  | <b>17</b> | 261.                |
|   | <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 .....   |                          | <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 .....   | 13,422.                  | <b>26</b> | 261.                |
| <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 .....  | 762,702.                 | <b>27</b> | 818,010.            |
|   | <b>28</b> Net assets with donor restrictions .....   | 105,834.                 | <b>28</b> | 180,951.            |
|   | <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 Total net assets or fund balances</b> .....  | 868,536.                 | <b>32</b> | 998,961.            |
| <b>33 Total liabilities and net assets/fund balances</b> .....            | 881,958.   | <b>33</b>                | 999,222.  |                     |

**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>  | 1,528,312. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 1,397,887. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 130,425.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 868,536.   |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |            |
| <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> | 998,961.   |

**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 on 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 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 (2021)



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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 5 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 2021 (line 6, column (f), divided by line 11, column (f)).....  | 14 | %                        |
| <b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....  | 15 | %                        |
| <b>16a 33 1/3% support test - 2021.</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 - 2020.</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 - 2021.</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 - 2020.</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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 on 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 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b</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</b> <b>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).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <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 line 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 on lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described on line 11a above?  |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .                             |     |    |
| <b>11a</b>   |     |    |
| <b>11b</b>   |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <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.   |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |

**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). |     |    |
| <b>1</b>   |     |    |

**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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |

**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 line 2 below.  |  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).  |  |     |    |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  | Yes | No |
| <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. |  |     |    |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <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 lines 3a and 3b 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? If "Yes" or "No" 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.   |  |     |    |
| <b>2a</b>   |  |     |    |
| <b>2b</b>   |  |     |    |
| <b>3a</b>   |  |     |    |
| <b>3b</b>   |  |     |    |

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

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

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

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 0.85 of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <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>1</b>     |
| <b>2</b>                  | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>     |
| <b>3</b>                  | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>     |
| <b>4</b>                  | Amounts paid to acquire exempt-use assets   | <b>4</b>     |
| <b>5</b>                  | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>     |
| <b>6</b>                  | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>     |
| <b>7</b>                  | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>     |
| <b>8</b>                  | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>     |
| <b>9</b>                  | Distributable amount for 2021 from Section C, line 6  | <b>9</b>     |
| <b>10</b>                 | Line 8 amount divided by line 9 amount  | <b>10</b>    |

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

**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)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

|  |   |
|--|---|
| Name of organization<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   |
|------------|--|----------------------------|---|
| 1          | ACKERMAN, WILLIAM & 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          | ALSUPER-DONOR<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019                | \$ 19,980.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | BELCHER, CLAY AND CATHY<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019      | \$ 5,250.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | BENNETT, NORMA<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019               | \$ 15,300.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | BERKELEY, MICHAEL<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019            | \$ 100,102.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | BERKELEY, RALPH<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

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 | \$ 9,400.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | BROWN, DENNIS ALAN<br>1302 WAUGH DRIVE #685<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.) |
| 9          | BUSTINZA FARFAN, WILLY AND JESSEE<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019    | \$ 7,320.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | CHARLES SCHWAB<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.) |
| 11         | CHRISTIAN HEALTH SERVICE CORPS<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019       | \$ 80,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | 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.) |

|  |   |
|--|---|
| 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   |
|------------|---|----------------------------|---|
| 13         | <u>DATAMARK, INC.</u><br><u>1302 WAUGH DRIVE #685</u><br><u>HOUSTON, TX 77019</u>               | \$ <u>5,600.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | <u>DE LA VARA, CARLOS AND MERRY</u><br><u>1302 WAUGH DRIVE #685</u><br><u>HOUSTON, TX 77019</u> | \$ <u>12,200.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         | <u>EDWARD JONES TRUST CO</u><br><u>1302 WAUGH DRIVE #685</u><br><u>HOUSTON, TX 77019</u>        | \$ <u>6,075.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         | <u>EMERSON ELECTRIC</u><br><u>1302 WAUGH DRIVE #685</u><br><u>HOUSTON, TX 77019</u>             | \$ <u>5,086.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         | <u>EVANS, DAVE</u><br><u>1302 WAUGH DRIVE #685</u><br><u>HOUSTON, TX 77019</u>                  | \$ <u>8,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18         | <u>ALIANZA, FARMACIA</u><br><u>1302 WAUGH DRIVE #685</u><br><u>HOUSTON, TX 77019</u>            | \$ <u>16,293.</u>          | 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   |
|------------|--|----------------------------|---|
| 19         | FECHAC<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019                               | \$ 24,339.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         | FIDELITY CHARITABLE GIFT FUND<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019        | \$ 19,600.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21         | FUNDACIN DEL DR. SIMI<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019                | \$ 12,553.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22         | GREATER HOUSTON COMMUNITY FOUNDATION<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019 | \$ 7,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23         | HOWARD, JAMES AND DAISY<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019              | \$ 11,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24         | 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><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   |
|------------|--|----------------------------|---|
| 25         | JONES, ASA AND BARBARA<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.) |
| 26         | LAFAVE, JOE<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.) |
| 27         | NORTHWEST FELLOWSHIP<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.) |
| 28         | PEREZ, REBECA<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019          | \$ 10,167.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 29         | PISA-DONOR<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019             | \$ 15,534.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 30         | RAVENS INC<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019             | \$ 22,926.                 | 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         | RAYMOND JAMES GLOBAL ACCOUNT<br><br>1302 WAUGH DRIVE #685<br><br>HOUSTON, TX 77019      | \$ 7,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 32         | RENAISSANCE CHARITABLE FOUNDATION<br><br>1302 WAUGH DRIVE #685<br><br>HOUSTON, TX 77019 | \$ 7,750.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 33         | ROBERT W. BAIRD & CO, INC<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.) |
| 34         | SAMARITAN'S PURSE-DONOR<br><br>1302 WAUGH DRIVE #685<br><br>HOUSTON, TX 77019           | \$ 198,425.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 35         | SCHWAB CHARITABLE FUND<br><br>1302 WAUGH DRIVE #685<br><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.) |
| 36         | SCURLOCK FOUNDATION<br><br>1302 WAUGH DRIVE #685<br><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.) |

|  |   |
|--|---|
| 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         | SEEGER'S FOUNDATION<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.) |
| 38         | SENTINEL TRUST<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.) |
| 39         | SEQUOYAH HILLS PRESBYTERIAN CHURCH<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019   | \$ 6,055.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 40         | ST. JOHN THE DIVINE EPISCOPAL CHURCH<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019 | \$ 70,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 41         | STEL, PATRICK AND ANITA<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019              | \$ 6,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 42         | SUTHERLAND, GEORGE AND DIANN<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<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   |
|------------|---|----------------------------|---|
| 43         | THE BENEVITY COMMUNITY IMPACT FUND<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019    | \$ 24,365.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 44         | THE WOODLANDS UNITED METHODIST CHURCH<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019 | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 45         | TWILLA ANNE BORNMAN REV TRUST<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019         | \$ 10,250.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 46         | VANGUARD CHARITABLE<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019                   | \$ 11,229.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 47         | WALLS AND WELLS<br>1302 WAUGH DRIVE #685<br>HOUSTON, TX 77019                       | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 48         | WANG, IVAN AND JENNIFER<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<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   |
|------------|---|----------------------------|---|
| 49         | WELLS FARGO ADVISORS<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.) |
| 50         | WESTMINSTER PRESBYTERIAN CHURCH<br><br>1302 WAUGH DRIVE #685<br><br>HOUSTON, TX 77019 | \$ 6,075.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 51         | XMA, INC<br><br>1302 WAUGH DRIVE #685<br><br>HOUSTON, TX 77019                        | \$ 17,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | _____<br><br>_____<br><br>_____   | \$ _____                   | 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 |
|------------------------------|--|---|----------------------|
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |

|  |   |
|--|---|
| 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 |                                     |
|   |                     |  |                                     |
| (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 |                                     |
|   |                     |  |                                     |
| (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 |                                     |
|   |                     |  |                                     |
| (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 |                                     |
|   |                     |  |                                     |



**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

**2021**

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? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

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

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

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2021

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

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

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

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

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| 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  | 960,797.                             |                                 | 756,893.                     | 203,904.        |
| c Leasehold improvements   |                                      |                                 |                              |                 |
| d Equipment  | 1,428,187.                           |                                 | 987,431.                     | 440,756.        |
| e Other  |                                      |                                 |                              | 0.              |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>644,660.</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...

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

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

|          |  |           |           |            |
|----------|--|-----------|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |           | <b>1</b>  | 1,745,812. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |           |            |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> |           |            |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 217,500.  |            |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |           |            |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |           |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  |           | <b>2e</b> | 217,500.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   |           | <b>3</b>  | 1,528,312. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |           |            |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |           |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  |           | <b>4c</b> | 0.         |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) |           | <b>5</b>  | 1,528,312. |

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

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

|          |   |           |           |            |
|----------|---|-----------|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |           | <b>1</b>  | 1,615,387. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |           |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> | 217,500.  |            |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |           |            |
| <b>c</b> | Other losses  | <b>2c</b> |           |            |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |           |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   |           | <b>2e</b> | 217,500.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  |           | <b>3</b>  | 1,397,887. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |           |            |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |           |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   |           | <b>4c</b> | 0.         |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |           | <b>5</b>  | 1,397,887. |

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

THE ORGANIZATION DID NOT RECOGNIZE ANY UNCERTAIN TAX POSITIONS OR ANY INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS.

**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

**2021**

Open to Public  
Inspection

Name of the organization

**MEXICO MEDICAL MISSIONS**

Employer identification number

**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                                   | 36   | PROGRAM SERVICES   | HEALTHCARE   | 1,517,780.   |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
| <b>3 a</b> Subtotal .....                               | 0                                   | 36   |  |  | 1,517,780.   |
| <b>b</b> Total from continuation sheets to Part I ..... | 0                                   | 0  |  |  | 0.   |
| <b>c Totals</b> (add lines 3a and 3b) .....             | 0                                   | 36   |  |  | 1,517,780.   |

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

Schedule F (Form 990) 2021

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ \_\_\_\_\_

**3** Enter total number of other organizations or entities ▶ \_\_\_\_\_



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



**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)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- ▶ 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.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

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

**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 .....   | <b>1a</b> | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> If "Yes," was it a written policy? .....   | <b>1b</b> |                                     | <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: .....   | <b>3a</b> |                                     | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %  |           |                                     |                                     |
| <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: .....   | <b>3b</b> |                                     | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %  |           |                                     |                                     |
| <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"?   | <b>4</b>  |                                     | <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?   | <b>5a</b> |                                     | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?   | <b>5b</b> |                                     |                                     |
| <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>5c</b> |                                     |                                     |
| <b>6a</b> Did the organization prepare a community benefit report during the tax year?  | <b>6a</b> | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> If "Yes," did the organization make it available to the public?  | <b>6b</b> | <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) 2021

**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) 2021



**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 50% 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 50% 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

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](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                          | 13  | 342,124.   | 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 V, 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) 2021

**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)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

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 DID NOT HAVE PAID EMPLOYEES (OR OFFICERS) IN THE UNITED STATES DURING 2021. THE ORGANIZATION DOES HAVE 36 EMPLOYEES IN MEXICO 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) 2021

132211 11-11-21

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

|                       |          |       |
|-----------------------|----------|-------|
| COMMUNICATIONS:       | \$25,581 | \$663 |
| LICENSES AND PERMITS: | \$0      | \$266 |
| TUBERCULOSIS PROGRAM: | \$299    | \$0   |
| EDUCATION:            | \$4,449  | \$0   |



Electronic Filing PDF Attachment

**MEXICO MEDICAL MISSIONS**

**COMBINED FINANCIAL STATEMENTS**

For the Years Ended December 31, 2021 and 2020

MEXICO MEDICAL MISSIONS  
Houston, Texas

COMBINED FINANCIAL STATEMENTS  
For the Years Ended December 31, 2021 and 2020

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of  
Mexico Medical Missions  
Houston, Texas

### **Opinion**

We have audited the combined financial statements of Mexico Medical Missions (a nonprofit organization), which comprise the combined statement of financial position as of December 31, 2021, and the related combined statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the combined financial statements.

In our opinion, the accompanying combined financial statements present fairly, in all material respects, the combined financial position of Mexico Medical Missions as of December 31, 2021, and the changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Combined Financial Statements section of our report. We are required to be independent of Mexico Medical Missions and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Other Matter**

The financial statements of Mexico Medical Missions for the year ended December 31, 2020, were audited by other auditors, who expressed an unmodified opinion on those statements on November 15, 2021.

### **Responsibilities of Management for the Combined Financial Statements**

Management is responsible for the preparation and fair presentation of the combined financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the combined financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the combined financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Mexico Medical Missions' ability to continue as a going concern for one year from the date the combined financial statements are available to be issued.

---

(Continued)


## Auditor's Responsibilities for the Audit of the Combined Financial Statements

Our objectives are to obtain reasonable assurance about whether the combined financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the combined financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the combined financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the combined financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Mexico Medical Missions' internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the combined financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Mexico Medical Missions' ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

  
Crowe LLP

Houston, Texas  
September 12, 2022

MEXICO MEDICAL MISSIONS  
 COMBINED STATEMENTS OF FINANCIAL POSITION  
 December 31, 2021 and 2020

---

|  | <u>2021</u>       | <u>2020</u>       |
|--|-------------------|-------------------|
| <b>ASSETS</b>                            |                   |                   |
| Cash and cash equivalents                | \$ 290,771        | \$ 266,395        |
| Contributions receivable                 | 29,937            | 34,466            |
| Inventory                                | 20,000            | 20,000            |
| Related party note receivable            | 6,714             | 8,248             |
| Other assets                             | 7,140             | 7,140             |
| Property and equipment, net              | <u>644,660</u>    | <u>545,709</u>    |
| Total assets                             | <u>\$ 999,222</u> | <u>\$ 881,958</u> |
| <b>LIABILITIES AND NET ASSETS</b>        |                   |                   |
| Liabilities                              |                   |                   |
| Accounts payable and accrued liabilities | <u>\$ 261</u>     | <u>\$ 13,422</u>  |
| Total liabilities                        | 261               | 13,422            |
| Net assets                               |                   |                   |
| Without donor restrictions               | 818,010           | 762,702           |
| With donor restrictions                  | <u>180,951</u>    | <u>105,834</u>    |
| Total net assets                         | <u>998,961</u>    | <u>868,536</u>    |
| Total liabilities and net assets         | <u>\$ 999,222</u> | <u>\$ 881,958</u> |

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See accompanying notes to combined financial statements.

MEXICO MEDICAL MISSIONS  
 COMBINED STATEMENT OF ACTIVITIES  
 For the year ended December 31, 2021

|  | <u>Without Donor<br/>Restrictions</u> | <u>With Donor<br/>Restrictions</u> | <u>Total</u>             |
|--|---------------------------------------|------------------------------------|--------------------------|
| <b>Support and revenue</b>                 |                                       |                                    |                          |
| Cash donations                             | \$ 785,579                            | \$ 372,892                         | \$ 1,158,471             |
| Noncash donations                          | 559,624                               | -                                  | 559,624                  |
| Hospital income                            | 21,405                                | -                                  | 21,405                   |
| Gain on disposal of property and equipment | 3,194                                 | -                                  | 3,194                    |
| Other                                      | 3,118                                 | -                                  | 3,118                    |
| Net assets released from restrictions      | <u>297,775</u>                        | <u>(297,775)</u>                   | <u>-</u>                 |
| <b>Total support and revenue</b>           | <b>1,670,695</b>                      | <b>75,117</b>                      | <b>1,745,812</b>         |
| <b>Expenses</b>                            |                                       |                                    |                          |
| Program services                           |                                       |                                    |                          |
| Medical services                           | 1,517,780                             | -                                  | 1,517,780                |
| Supporting services                        |                                       |                                    |                          |
| General and administrative                 | 87,129                                | -                                  | 87,129                   |
| Fundraising                                | <u>10,478</u>                         | <u>-</u>                           | <u>10,478</u>            |
| <b>Total supporting services</b>           | <b><u>97,607</u></b>                  | <b><u>-</u></b>                    | <b><u>97,607</u></b>     |
| <b>Total expenses</b>                      | <b><u>1,615,387</u></b>               | <b><u>-</u></b>                    | <b><u>1,615,387</u></b>  |
| Changes in net assets                      | 55,308                                | 75,117                             | 130,425                  |
| Net assets, beginning of year              | <u>762,702</u>                        | <u>105,834</u>                     | <u>868,536</u>           |
| <b>Net assets, end of year</b>             | <b><u>\$ 818,010</u></b>              | <b><u>\$ 180,951</u></b>           | <b><u>\$ 998,961</u></b> |

See accompanying notes to combined financial statements.

MEXICO MEDICAL MISSIONS  
 COMBINED STATEMENT OF ACTIVITIES  
 For the year ended December 31, 2020

|                                       | <u>Without Donor<br/>Restrictions</u> | <u>With Donor<br/>Restrictions</u> | <u>Total</u>             |
|---------------------------------------|---------------------------------------|------------------------------------|--------------------------|
| <b>Support and revenue</b>            |                                       |                                    |                          |
| Cash donations                        | \$ 755,644                            | \$ 322,991                         | \$ 1,078,635             |
| Noncash donations                     | 289,674                               | -                                  | 289,674                  |
| Hospital income                       | 10,951                                | -                                  | 10,951                   |
| Other                                 | 403                                   | -                                  | 403                      |
| Net assets released from restrictions | <u>217,157</u>                        | <u>(217,157)</u>                   | <u>-</u>                 |
| <b>Total support and revenue</b>      | <b>1,273,829</b>                      | <b>105,834</b>                     | <b>1,379,663</b>         |
| <b>Expenses</b>                       |                                       |                                    |                          |
| Program services                      |                                       |                                    |                          |
| Medical services                      | 1,285,733                             | -                                  | 1,285,733                |
| Supporting services                   |                                       |                                    |                          |
| General and administrative            | 87,703                                | -                                  | 87,703                   |
| Fundraising                           | <u>8,831</u>                          | <u>-</u>                           | <u>8,831</u>             |
| <b>Total supporting services</b>      | <u>96,534</u>                         | <u>-</u>                           | <u>96,534</u>            |
| <b>Total expenses</b>                 | <u>1,382,267</u>                      | <u>-</u>                           | <u>1,382,267</u>         |
| Changes in net assets                 | (108,438)                             | 105,834                            | (2,604)                  |
| Net assets, beginning of year         | <u>871,140</u>                        | <u>-</u>                           | <u>871,140</u>           |
| <b>Net assets, end of year</b>        | <b><u>\$ 762,702</u></b>              | <b><u>\$ 105,834</u></b>           | <b><u>\$ 868,536</u></b> |

See accompanying notes to combined financial statements.



MEXICO MEDICAL MISSIONS  
 COMBINED STATEMENT OF FUNCTIONAL EXPENSES  
 For the year ended December 31, 2021

|                     | Program<br>Services | Supporting Services           |                  | Total               |
|---------------------|---------------------|-------------------------------|------------------|---------------------|
|                     | Medical<br>Services | General and<br>Administrative | Fundraising      |                     |
| Salaries and wages  | \$ 393,523          | \$ 27,790                     | \$ -             | \$ 421,313          |
| Automobile          | 91,995              | -                             | -                | 91,995              |
| Aviation            | 98,992              | -                             | -                | 98,992              |
| Communication       | 25,581              | 663                           | -                | 26,244              |
| Community health    | 327,772             | -                             | -                | 327,772             |
| Computer            | -                   | -                             | 3,151            | 3,151               |
| Depreciation        | 179,458             | -                             | -                | 179,458             |
| Education           | 4,499               | -                             | -                | 4,499               |
| Hospital            | 320,557             | -                             | -                | 320,557             |
| Insurance           | -                   | 7,140                         | -                | 7,140               |
| Licenses and permit | -                   | 266                           | -                | 266                 |
| Payroll taxes       | 24,571              | 3,000                         | -                | 27,571              |
| Professional fees   | -                   | 26,821                        | -                | 26,821              |
| Travel              | 11,443              | 10,000                        | -                | 21,443              |
| Tuberculosis        | 299                 | -                             | -                | 299                 |
| Utilities           | 14,925              | 505                           | -                | 15,430              |
| Other               | 24,165              | 10,944                        | 7,327            | 42,436              |
| Total expenses      | <u>\$ 1,517,780</u> | <u>\$ 87,129</u>              | <u>\$ 10,478</u> | <u>\$ 1,615,387</u> |

See accompanying notes to combined financial statements.

MEXICO MEDICAL MISSIONS  
 COMBINED STATEMENT OF FUNCTIONAL EXPENSES  
 For the year ended December 31, 2020

|                     | Program<br>Services | Supporting Services           |                 | Total               |
|---------------------|---------------------|-------------------------------|-----------------|---------------------|
|                     | Medical<br>Services | General and<br>Administrative | Fundraising     |                     |
| Salaries and wages  | \$ 396,793          | \$ 34,786                     | \$ -            | \$ 431,579          |
| Automobile          | 58,573              | -                             | -               | 58,573              |
| Aviation            | 97,743              | -                             | -               | 97,743              |
| Communication       | 20,848              | 1,312                         | -               | 22,160              |
| Community health    | 271,192             | -                             | -               | 271,192             |
| Computer            | -                   | -                             | 3,396           | 3,396               |
| Depreciation        | 173,420             | -                             | -               | 173,420             |
| Education           | 7,553               | -                             | -               | 7,553               |
| Hospital            | 199,616             | -                             | -               | 199,616             |
| Insurance           | -                   | 7,140                         | -               | 7,140               |
| Licenses and permit | -                   | 1,944                         | -               | 1,944               |
| Payroll taxes       | 19,043              | 1,670                         | -               | 20,713              |
| Professional fees   | -                   | 23,865                        | -               | 23,865              |
| Travel              | 10,735              | 7,084                         | -               | 17,819              |
| Tuberculosis        | 12,849              | -                             | -               | 12,849              |
| Utilities           | 14,357              | 158                           | -               | 14,515              |
| Other               | 3,011               | 9,744                         | 5,435           | 18,190              |
| Total expenses      | <u>\$ 1,285,733</u> | <u>\$ 87,703</u>              | <u>\$ 8,831</u> | <u>\$ 1,382,267</u> |

See accompanying notes to combined financial statements.

MEXICO MEDICAL MISSIONS  
 COMBINED STATEMENTS OF CASH FLOWS  
 For the years ended December 31, 2021 and 2020

|   | <u>2021</u>       | <u>2020</u>       |
|---|-------------------|-------------------|
| <b>Cash flows from operating activities</b>   |                   |                   |
| Changes in net assets from operations   | \$ 130,425        | \$ (2,604)        |
| Adjustments to reconcile changes in net assets from operations to net cash from operating activities: |                   |                   |
| Depreciation  | 179,458           | 173,420           |
| Gain on sale of property and equipment  | (3,194)           | -                 |
| Donated property and equipment  | (178,694)         | -                 |
| Changes in operating assets and liabilities:  |                   |                   |
| Contributions receivable  | 4,529             | (3,641)           |
| Accounts payable and accrued liabilities  | <u>(13,161)</u>   | <u>427</u>        |
| Net cash from operating activities  | 119,363           | 167,602           |
| <b>Cash flows from investing activities</b>   |                   |                   |
| Collections from note receivable – related party  | 1,534             | 1,374             |
| Proceeds from sale of property and equipment  | 5,584             | -                 |
| Purchases of property and equipment   | <u>(102,105)</u>  | <u>(16,835)</u>   |
| Net cash from investing activities  | <u>(94,987)</u>   | <u>(15,461)</u>   |
| Net change in cash and cash equivalents   | 24,376            | 152,141           |
| Cash and cash equivalents, beginning of year  | <u>266,395</u>    | <u>114,254</u>    |
| <b>Cash and cash equivalents, end of year</b>   | <u>\$ 290,771</u> | <u>\$ 266,395</u> |

See accompanying notes to combined financial statements.

MEXICO MEDICAL MISSIONS  
NOTES TO COMBINED FINANCIAL STATEMENTS  
December 31, 2021 and 2020

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**NOTE 1 – NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Mexico Medical Missions is a nonprofit Colorado corporation registered on February 13, 1989. Mexico Medical Missions provides medical services to the people of the Sierra Madre Mountains in Chihuahua, Mexico. Mexico Medical Missions' primary medical center is located in the town of Samachique, Chihuahua, and includes outpatient facilities, a dental suite, adult and pediatric medical wards, a lab, X-ray services, and a modern surgical suite. Mexico Medical Missions receives its support through voluntary donations from individuals, churches, and foundations.

Asociacion Pro-Indigena A.C. is a nonprofit Mexican civil association registered on May 14, 1998 in Chihuahua, Mexico. Asociacion Pro-Indigena A.C. was formed to foster, establish and/or administer health clinics, medical dispensaries, and general centers for health, sports, and culture that will contribute to better the lives of the natives. Asociacion Pro-Indigena A.C. was created to act as the Mexican nonprofit partner of the Mexico Medical Missions as required by the laws of Mexico.

Basis of Combination: The combined financial statements include the accounts of Mexico Medical Missions and Asociacion Pro-Indigena A.C. (collectively, the "Organization"). All significant inter-organization accounts and transactions have been eliminated in combination.

Basis of Presentation: The combined financial statements have been prepared in accordance with standards of the American Institute of Certified Public Accountants' Industry Audit and Accounting Guide, Not-for-Profit-Entities, and in accordance with accounting principles generally accepted in the United States of America (GAAP). The Organization presents their financial statements on the accrual method of accounting in accordance with GAAP. Accounting principles and methods of applying those principles which materially affect the determination of financial position, results of activities, cash flows, and changes in net assets are summarized below.

Financial Statements Presentation: The Organization reports information regarding financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions:

- *Net Assets Without Donor Restrictions* – Net assets that are not subject to donor-imposed restrictions. Unrestricted net assets may be designated for specific purposes by action of the Board of Directors (Board).
- *Net Assets With Donor Restrictions* – Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature and can be fulfilled by action of the Board pursuant to those restrictions or that expire by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated that they be maintained permanently by the Board.

The Organization had net assets with donor restrictions amounting to \$180,951 and \$105,834 at December 31, 2021 and 2020, respectively, for program expenses.

Cash and Cash Equivalents: Cash and cash equivalents include cash on hand, cash in banks, and highly liquid instruments with an original maturity of three months or less from date of purchase.

Contributions Receivable: Contributions receivable represents unconditional promises to give that are expected to be collected within one year and are recorded at net realizable value. The Organization provides an allowance for uncollectible amounts based on review of specific account balances and considering historical experience; accounts are written off when they become uncollectible. At December 31, 2021 and 2020, the Organization deemed that no allowance for doubtful accounts was necessary.

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(Continued)

MEXICO MEDICAL MISSIONS  
NOTES TO COMBINED FINANCIAL STATEMENTS  
December 31, 2021 and 2020

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**NOTE 1 – NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**  
(Continued)

Inventory: Inventory consists of donated finished goods. Inventory is stated at fair value at the time of donation on a first-in, first-out basis. The Organization assesses its inventory for slow-moving and obsolete items and records a reserve when deemed necessary. The Organization determined that no valuation allowance was necessary at December 31, 2021 and 2020.

Property and Equipment: Property and equipment consists of purchased, constructed, and donated assets. Purchased and constructed property and equipment are recorded at cost less accumulated depreciation. Donated property and equipment are recorded at fair value at the time of donation. Depreciation is provided on the straight-line method over the estimated useful life of the property and equipment, ranging from five to twenty years. Costs incurred on construction in progress are capitalized as incurred and depreciation commences when the asset is placed in service. When property and equipment are sold or otherwise disposed of, the related cost and accumulated depreciation are removed from the account and any gain or loss is included in the changes in net assets from operations.

All acquisitions of property and equipment in excess of \$2,000 and all expenditures for maintenance, renewals, and betterments that materially prolong the useful lives of assets are capitalized.

Impairment of Long-Lived Assets: Long-lived assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of the asset may not be recoverable. Impairment charge is recognized if the carrying amount of the asset exceeds its fair value less estimated cost to sell. No impairment charges were recorded during 2021 and 2020.

Income Recognition: All contributions are recognized as income when received or unconditionally promised to the Organization. Contributions received are recorded as net assets without donor restrictions and net assets with donor restrictions, depending on the existence and/or nature of any donor restrictions. Contributions that are restricted by the donor are reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the contribution is recognized. All other donor-restricted contributions that are not permanently restricted are reported as net assets with donor restrictions and then reclassified to net assets without donor restrictions upon expiration of the restriction.

Income from hospital services are recorded as increases in net assets without donor restrictions in the period in which the related services are performed.

Noncash Donations: Donated noncash assets are recorded at their fair values in the period received (see Note 3). Contributions with donor-imposed stipulations regarding the purpose or how long the contributed assets must be used are recorded as net assets with donor restrictions; otherwise, the contributions are recorded as net assets without donor restrictions.

Contributed services are recognized as income and are included in noncash donations in the combined statements of activities (see Notes 3 and 5), if the services received create or enhance nonfinancial assets, require specialized skills provided by individuals possessing those skills, and typically need to be purchased if not provided by donation. Contributed services are recorded at the fair market value of the services provided. Contributed services that do not meet the above criteria are not recognized as income and are not reported in the accompanying financial statements.

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(Continued)

MEXICO MEDICAL MISSIONS  
NOTES TO COMBINED FINANCIAL STATEMENTS  
December 31, 2021 and 2020

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**NOTE 1 – NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**  
(Continued)

Allocation of Expenses: The cost of program or supporting services activities have been summarized on a functional basis in the combined statements of activities. The majority of expenses can generally be directly identified with the program or supporting services to which they relate and are charged accordingly. Other expenses by function have been allocated among program, general and administrative expenses, or fundraising expenses, as estimated by management.

Expenses that are allocated include the following:

| <u>Expense</u>             | <u>Method of Allocation</u> |
|----------------------------|-----------------------------|
| Travel                     | Time and effort             |
| Salaries, wages, and taxes | Time and effort             |
| Communication              | Full time equivalent        |

Income Taxes: Mexico Medical Missions qualifies as a public charity under the Internal Revenue Code (IRC) and has been determined by the Internal Revenue Service to be exempt from federal income taxes under Section 501(c)(3) of the IRC. Additionally, Asociacion Pro-Indigena A.C. is subject to certain foreign income taxes in its respective jurisdiction. There was no foreign income tax recorded during 2021 and 2020 in the financial statements.

Uncertain tax positions are recognized in the financial statements only if that position is more-likely-than-not of being sustained upon examination by taxing authorities, based on the technical merits of the position. For 2021 and 2020, Mexico Medical Missions did not recognize any uncertain tax positions, or any interest and penalties related to uncertain tax positions.

Use of Estimates: The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting periods. Actual results could materially differ from those estimates. Significant estimates include, but are not limited to, the fair value of noncash donations, the useful lives of property and equipment, and impairment loss.

Concentrations of Credit Risk: Financial instruments that potentially subject the Organization to significant concentrations of credit risk consist principally of cash and cash equivalents and contributions receivable. At times, the Organization maintains deposits in federally insured financial institutions in excess of federally insured limits. Management monitors the credit ratings and concentrations of risk with these financial institutions on a continuing basis to safeguard cash deposits.

From time-to-time, the Organization receives large contributions from a small number of donors who may represent a significant portion of recorded contributions.

Upcoming Accounting Pronouncements: In February 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Updated (ASU) No. 2016-02, *Leases (Topic 842)*. The ASU will require most leases to be recognized on the combined statements of financial position as lease assets and lease liabilities and will require both quantitative and qualitative disclosures regarding key information about leasing arrangements. Lessor accounting is largely unchanged. The standard may be early adopted and requires a modified retrospective transition approach to apply. In June 2020, the FASB issued ASU No. 2020-05, *Leases (Topic 842): Effective Dates for Certain Entities*, to defer these two standards. Under the deferral for leases, private not for profit organizations can apply the standard to fiscal years beginning after and December 15, 2021.

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(Continued)

MEXICO MEDICAL MISSIONS  
NOTES TO COMBINED FINANCIAL STATEMENTS  
December 31, 2021 and 2020

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**NOTE 1 – NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**  
(Continued)

The Organization elected to defer this standard and is currently assessing the effects that this pronouncement may have on the financial statements and related disclosures.

In September 2020, the FASB issued ASU No. 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. The ASU requires a not-for-profit organization to present contributed nonfinancial assets as a separate line item in the combined statements of activities and changes in net assets, apart from contributions of cash or other financial assets. It also requires a not-for-profit to disclose contributed nonfinancial assets recognized within the combined statements of activities and changes in net assets disaggregated by category that depicts the type of contributed nonfinancial assets and includes additional disclosure requirements for each category of contributed nonfinancial assets recognized. The ASU is effective for a not-for-profit entity for annual periods beginning after June 15, 2021. Early adoption is permitted. The Organization is currently evaluating the impact this standard will have on the financial statements and related disclosures.

**NOTE 2 – PROPERTY AND EQUIPMENT**

Property and equipment consisted of the following at December 31:

|                                   | <u>2021</u>        | <u>2020</u>        |
|-----------------------------------|--------------------|--------------------|
| Equipment                         | \$ 574,746         | \$ 483,537         |
| Vehicles                          | 853,441            | 675,898            |
| Buildings                         | <u>960,797</u>     | <u>960,797</u>     |
|                                   | 2,388,984          | 2,120,232          |
| Less: accumulated depreciation    | <u>(1,744,324)</u> | <u>(1,574,523)</u> |
| Total property and equipment, net | <u>\$ 644,660</u>  | <u>\$ 545,709</u>  |

Depreciation expense was \$179,458 and \$173,420 for 2021 and 2020, respectively.

**NOTE 3 – NONCASH DONATIONS**

Noncash donations (see Notes 1 and 5) are recorded at their fair values and consisted of the following at December 31:

|                         | <u>2021</u>       | <u>2020</u>       |
|-------------------------|-------------------|-------------------|
| Contributed services    | \$ 217,500        | \$ 225,000        |
| Equipment               | 178,694           | -                 |
| Medical supplies        | <u>163,430</u>    | <u>64,674</u>     |
| Total noncash donations | <u>\$ 559,624</u> | <u>\$ 289,674</u> |

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(Continued)

MEXICO MEDICAL MISSIONS  
NOTES TO COMBINED FINANCIAL STATEMENTS  
December 31, 2021 and 2020

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**NOTE 4 – FOREIGN OPERATIONS**

The Organization is engaged primarily in providing medical services to the people of the Sierra Madre Mountains in Chihuahua, Mexico. Operations outside the United States of America are subject to risk inherent in operating under different legal systems and various political, social, and economic environments. Among the risks are changes in existing laws, different tax regulations, government price or foreign exchange controls, political instability, drug trafficking, political activism, or the continuation or escalation of gang activities and restrictions on currency exchange. The United States of America has issued travel warnings to its citizens about the risk of traveling to certain places in Mexico, including the state of Chihuahua, due to threats of safety and security posed by organized criminal groups.

The financial position and results of operations of the Organization are maintained using the U.S. dollar. From time-to-time, the Organization enters into transactions using the local currency, the Mexican peso. These transactions are converted into the U.S. dollar at the time of the transaction.

**NOTE 5 – RELATED PARTY TRANSACTIONS**

During 2021, the Organization received cash and noncash donations from members of the Board and employees amounting to \$107,422 and \$117,500, respectively (see Notes 1 and 3). During 2020, the Organization received cash and noncash donations from members of the Board and employees amounting to \$78,748 and \$155,000, respectively.

**NOTE 6 – RISK AND CONTINGENCIES**

From time-to-time, the Organization is subject to various litigations and other claims in the normal course of operations. The Organization establishes liabilities in connection with legal actions that management deems to be probable and estimable. No amounts have been accrued in the financial statements with respect to any matters.

Due to certain risks from operating in the state of Chihuahua, the Organization is unable to obtain property insurance. Accordingly, the Organization is at risk in the event that their property and equipment sustain substantial damage.

During 2021 and 2020, many countries around the world, including the United States of America, were impacted by the COVID-19 outbreak. While the virus is continuing to evolve, its implications could involve interruptions to supply chains, unavailability of personnel, and reductions in revenues. In addition, the Organization may be impacted by the broader effects of COVID-19 as a result of the negative impact the virus has had on the global economy and major financial markets.

**NOTE 7 – COMMITMENTS**

The Organization has an operating lease agreement with the local government of the state of Chihuahua for hospital space with annual rental fees of one metric ton of beans or the equivalent cash price, which was approximately \$1,300 and \$800 during 2021 and 2020, respectively. The lease expires in October 2028.

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(Continued)



MEXICO MEDICAL MISSIONS  
NOTES TO COMBINED FINANCIAL STATEMENTS  
December 31, 2021 and 2020

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**NOTE 8 – LIQUIDITY AND AVAILABILITY**

The following represents the Organization’s financial assets at December 31:

|   | <u>2021</u>       | <u>2020</u>       |
|---|-------------------|-------------------|
| Financial assets at year-end:   |                   |                   |
| Cash and cash equivalents   | \$ 290,771        | \$ 266,395        |
| Contributions receivable  | <u>29,937</u>     | <u>34,466</u>     |
| Total financial assets  | 320,708           | 300,861           |
| Financial assets not available for general expenditure:                               |                   |                   |
| Less: net assets with donor restrictions  | <u>(180,951)</u>  | <u>(105,834)</u>  |
| Total financial assets available to meet general expenditures over the next 12 months | <u>\$ 139,757</u> | <u>\$ 195,027</u> |

The Organization regularly monitors liquidity required to meet its operational needs. For the purposes of analyzing resources available to meet general expenditures over a 12-month period, the Organization considers all expenditures related to its ongoing program activities and support services to be general expenditures. The Organization anticipates collecting sufficient revenue to cover general expenditures not covered by donor-restricted resources. Further, the founders of the Organization may fund operating cash flow deficits on a discretionary basis should it become necessary.

**NOTE 9 – SUBSEQUENT EVENTS**

Management has evaluated events and transactions for potential recognition and disclosure through September 12, 2022, the date the financial statements were available to be issued.