Department of the Treasury Internal Revenue Service

# EXTENDED TO MAY 15, 2018

2949318813707

**Return of Organization Exempt From Income Tax** 

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	A FO	or the 2	016 calendar year, or tax year beginning JUL 1, 2016 a	na enaing	<u>ყ</u>	ON 30, 201	<u></u>
ı	3 Ch ap	neck if oplicable	C Name of organization			D Employer identi	fication number
		Address change	CPLC NEW MEXICO INC				
		Name change	Doing business as			85-	0227776
		Initial return	Number and street (or P 0. box if mail is not delivered to street address)	E Telephone numb			
		Final return/	1112 E BUCKEYE RD			602	<u>-257-0700</u>
		termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,853,500.	
		Amended return	PHOENIX, AZ 85034	H(a) Is this a group			
		Applica- tion	F Name and address of principal officer ROGER GONZALES			for subordinate	es? Yes X No
		pending	1112 E. BUCKEYE ROAD, PHOENIX, AZ 85	034 🚁	7777	H(b) Are all subordinates	s included? Yes No
_	I Ta	ax exem	pt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(	(1) or 🔼	1527	If "No," attach	a list (see instructions)
			▶ WWW.SIETEDELNORTE.ORG	!		H(c) Group exempt	
			ganization X Corporation Trust Association Other	! L	Year o	of formation: 1973	M State of legal domicile: NM
Į	Pa		Summary	D CT TT		DEVIET OBVEN	
	e l	<b>1</b> Br	efly describe the organization's mission or most significant activities COM	IMONT.	I. A	DEAETOLMEN.	<u>r.</u>
	Activities & Governance						
	ern	_	neck this box   if the organization discontinued its operations or dis	posed of	more		
	<u>ا</u> ق		umber of voting members of the governing body (Part VI, line 1a)			3	
	8		umber of independent voting members of the governing body (Part VI, line 1)	D)		4	
	ties		tal number of individuals employed in calendar year 2016 (Part V, line 2a)			5	
	Ĭ		tal number of volunteers (estimate if necessary)			7	
	Ac		tal unrelated business revenue from Part VIII, column (C), line 12			71	
-	$\dashv$	b Ne	et unrelated business taxable income from Form 990-T, line.34	<u> </u>		Prior Year	Current Year
		<b>0</b> Co	Property (Part VIII line 1b)	70		408,900	
	ine		ontributions and grants (Part VIII, line 1h)	ોઝો	-	471,038	
	Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d) AY 2 & 2010	8		10,097	
	&	10 Inv	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-	103,734	
~~			tal revenue - add lines 8 through 11 (must equal Part/VIII, column (A), lines	5)		993,769	
2018	_		ants and similar amounts paid (Part IX, column (A), Ilines 1-3)	<u>-i</u>	<b>†</b>	1,000	
			enefits paid to or for members (Part IX, column (A), line 4)			0	
<b>•</b>	s		ilaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	0)		444,481	. 495,952.
<del></del>	Expenses		ofessional fundraising fees (Part IX, column (A), line 11e)			0	. 0.
AUG	ē		tal fundraising expenses (Part IX, column (D), line 25)	0.			
	<u> </u>		her expenses (Part IX, column (A), lines 11a-11d, 11f 24e)			642,490	
NED		<b>18</b> To	tal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			1,087,971	
Z		<b>19</b> Re	evenue less expenses Subtract line 18 from line 12			<94,202	·> 294,345.
SCAN	salances				Beg	inning of Current Year	
Q	alar	<b>20</b> To	tal assets (Part X, line 16)			<u>3,645,539</u>	
			tal liabilities (Part X, line 26)		_	2,683,997	
2	<u>톏</u>		et assets or fund balances Subtract line 21 from line 20			961,542	. 1,255,887.
L			Signature Block	<del>.</del>			
			es of perjury, I declare that I have examined this return, including accompanying scheo				my knowledge and belief, it is
1	rue,	correct, a	and complete. Declaration of preparer (other than officer) is based on all information o	r which pre	parer	nas any knowledge.	15/18
	_		Signature of officer			Date	10 10
	Sign	١.	-				
	Here	•	ALICIA NUNEZ, CFO Type or print name and title		-		
-					TÔ	ate Check	PTIN
ı	Paid		rint/Type preparer's name Preparer's signature  RENDA BLUNT BRENDA BLUNT			5/14/18 of self-empt	<b>—</b> I
	orepa		rm's name EIDE BAILLY LLP	<del></del>		Firm's EIN	
	Jse C	· · ·	rm's address 1850 N CENTRAL AVE., STE 400	_			
		,	PHOENIX, AZ 85004-4624			Phone no. 6	02-264-5844
-	Mav	the IRS	discuss this return with the preparer shown above? (see instructions)			1	X Yes No
-							

	990 (2016) CPLC NEW MEXICO INC	85-02 <u>2</u> 7776	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		$\mathbf{x}$
1	Briefly describe the organization's mission:		
	CPLC NEW MEXICO INC IS DEDICATED TO IMPROVING THE ECONOM	IC WELL-BE	ING
	AND QUALITY OF LIFE FOR LOW-INCOME RESIDENTS OF NORTHERN		
	WHILE SEEKING TO PRESERVE THE AREA'S UNIQUE CULTURAL, HI		
	SOCIAL TRADITIONS AND WAY OF LIFE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	XYes	s No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Ye•	x X No
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported	10, 1110 10101 074011000	,
4a	(Code) (Expenses \$ 729,838. including grants of \$) (Revenue	482	,647.)
	LOW-INCOME MULTIFAMILY PROPERTY:		<u>/ U = / U</u> /
	DOW THOUSE HOUSESTIEST THOUSESTE.		
	BELLA VISTA APARTMENTS IS LOCATED IN THE CITY OF TAOS, M	JEW MEXICO.	THE
	PROJECT OPERATES 40 LOW-INCOME RENTAL UNITS. VILLA LAS V		
	IS LOCATED IN THE CITY OF LAS VEGAS, NEW MECIXO AND THE		111111
	OPERATES 60 LOW-INCOME RENTAL UNITS. BOTH PROJECTS ARE F		TDED
	THE INTERNAL REVENUE CODE SECTION 42. PROVIDING AFFORDA		
	IS A MAJOR COMPONENT OF SIETE'S AFFORDABLE HOUSING EFFOR		JUECT.
	OFFERS RENT SUBSIDIES BASED ON RESIDENTS' INCOME LEVELS.	<del>-</del>	
	107 022	124	026
4b	(Code) (Expenses \$) (Revenue) (Revenue)	ie\$144	<u>,926.</u> )
	HOME CARE:		
	MUIC TC & COMME FINDED DECCEAM ADDRECTING MUE NEEDS OF A	TEN MEYTOO!	<del>-</del>
	THIS IS A STATE-FUNDED PROGRAM ADDRESSING THE NEEDS OF A		
		OVER 40 CL	
	ACROSS 500 SQUARE MILES THROUGH A COMPREHENSIVE PROGRAM		
	ADVOCACY, IN-HOME AND CASE MANAGEMENT SERVICES, WHICH IN		
	NOT LIMITED TO MEDICAL CHECKUPS, SAFE TRANSPORTATION, RE	SCREATION, I	DAILY
	LIVING, ENTERTAINMENT, AND COMPANIONSHIP.		
	THE PROGRAM GERMEN 21 OF THURSE COAN MOTING THE PROGRAM WELL	2 737777 0011	<del></del> -
	THE PROGRAM SERVED 31 CLIENTS, 6240 HOURS IN FISCAL YEAR	C ENDED ZUL	/ •
	(Code) (Expenses \$	<del></del>	
4C	(Code) (Expenses \$) (Revenue HEALTHY FOOD INITIATIVE:	.0 \$	<del></del> )
	HEALTHI FOOD INITIATIVE:		
	MUTC TC & EEDEDALLY EINDED COMMINITED PACED DECCEAN FOR	TOW THOME	
	THIS IS A FEDERALLY-FUNDED, COMMUNITY-BASED PROGRAM FOR		
	FAMILIES. THE FOCUS OF THIS PROGRAM IS TO PROMOTE GREATE		
	HEALTHY FOODS, INCREASE FOOD SECURITY IN RURAL AREAS, AN		
	THE LOCAL WORKFORCE BY HELPING INDIVIDUALS WHO ARE UNDER		<u> </u>
	UNEMPLOYED FIND GAINFUL EMPLOYMENT IN THE LOCAL FOOD INI		
	BI-LINGUAL STAFF WORK CLOSELY WITH CLIENTS, PRIVATE ENTE		
	PUBLIC AGENCIES TO DEVELOP INFRASTRUCTURE, EQUIP FACILITY		
	TRAINING AND COORDINATE EFFORTS TO PROVIDE GREATER SUPPL	JIES OF LOCA	<u>\L</u>
	FOOD AND INCREASE EMPLOYMENT OPPORTUNITIES.		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ 232,068. including grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses ▶ 1,236,972.		
		F	000 (001c)

Form 990 (2	(016)
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Form 990 (2016) CPLC NEW MEXICO INC
Part IV Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			1
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_	_	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
_	Schedule D, Part III	_8_	_	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		٦,
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			<b>.</b>
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	_10_	-	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			}
a	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	l la	- 21	-
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.
4.0	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	_18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	40		X
	complete Schedule G, Part III	19	000	(0016)

# Port IV | Checklist of Required | Schedules (continued) | CPLC | NEW | MEXICO | INC

20a Dit the organization operate one or more hospital facilities 2 if "Yes," complete Schedule if bill "Yes" to the 20b, at the responsation attach as copy of its audited manoral statements to the return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or other assistance in any domestic organization or of more than \$5,000 of grants or other assistance to any domestic organization or of more than \$5,000 of grants or other assistance to for its domestic individuals on Part N, column (A), line 17 if "Yes," complete Schedule is Parts 1 and ill 22 Did the organization report more than \$5,000 of grants or other assistance to for its domestic individuals on Part N, column (A), line 27 if "Yes," complete Schedule is Parts 1 and ill 22 X 23 Did the organization investing "30 to Part N, schedule is Parts 1 and ill 24 Did be organization while a state or the satisfaction A line 3, 4, or 3 about compensation of the organization's current and former officers, directors, flustees, key employees, and thiphest compensated employees? If "Yes," complete Schedule K If "Yes," complete Schedule K If "Yes," organization and the year of defease any tax-exempt bonds? 25 Did the organization martian an escribe and scould not the state of the organization and as an on-behalf off issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 26 Did the organization martian an escribed off issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 27 Did the organization martian an escribed off issuer for bonds outstanding at any time during the year of defease any tax-exempt bonds? 28 Section 501((3), 501(c)4), and 501(c)29 organizations. Did the organization engage in an appropriate any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, furnations price forms 900 of 509-EZP If "Yes," complete Schedule I, Part II V and the organization organization and the sta				Yes	No
b If "Yes" to line 20a, add the organization nation a copy of its audited financial statements to this return"  20 Det the organization report more than \$5.000 of graints or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts it and III  21 Det the organization report more than \$5.000 of graints or other assistance to or for domestic and individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III  22 Det the organization report more than \$5.000 of graints or other assistance to or for domestic and individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III  23 Det the organization review "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustess, ley employees, and highest compensated employees? If "Yes," complete Schedule I, Part IVI and the start of your five year, It that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, Part IVI and the IVI More 25a to 10 the organization makes an escorea account other than a refunding acrow at any time during the year to defease any tax-exempt bends?  24d Det the organization makes an an one-bellef off issuer for bonds outstanding at any, time during the year?  24d Det the organization makes as an "on-bellef off issuer for bonds outstanding at any, time during the year?  24d Det the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If Yes, "complete Schedule I, Part IVI be the organization aware that it engaged in an excess benefit transaction with a disqualified person if IVI Yes, "complete Schedule I, Part IVI and that the transaction has not been reported on any of the organization spone Forms 900 or 990-E27 if Yes," complete Schedule I, Part IVI and that the transaction was not any of the organization review and part IVI Yes, "complete Sc	20a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H	202	163	
21 Dd the organization report more than \$5,000 of grafts or other assistance to any domestic organization or domestic operament on Park IX, Column (A), Intel 2º II "Yes," complete Schedule I, Parks I and III and I an					1
domestic government on Part IX, column (A), line 17 if 174s, "complete Schedule I, Part I and II"  21 Did the organization report men than 5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if 174s, "complete Schedule I, Parts I and III"  22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? if "Yes," complete Schedule I, Part II and III and II		· ·	200		
22 Del the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2 if 1"/Fes, complete Schedula I. Parts I and III 2 Del 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, furstees, key employees, and highest compensated employees. "I "Yes," complete Schedulu I I was assisted after December 31, 2002* If "Yes," answer lines 24b through 24d and complete Schedulu K II "No"; go to line 25e			21	ĺ	x
Part IX, column (A), line 27: If "Yes," complete Schedule I, Parts I and III and III and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Det 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 assied after December 31, 2002? If "Yes," enswer lines 24b through 24d and complete Schedule J. Part II and III and II	22				<del>  **</del>
23 Death eorganization answer "Yes" to Part VII, Section A, Inio 3. 4, or 5 about compensation of the organization's current and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and the value of the very surface and provided the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II I'No", go to line 25a			22		×
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I  24 Ded the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule I, "No", go to line 25a  5 Did the organization mivest any proceeds of tax exempt bonds beyond a temporary peniod exception?  5 Did the organization mivest any proceeds of tax exempt bonds beyond a temporary peniod exception?  5 Did the organization mivest any proceeds of tax exempt bonds beyond a temporary peniod exception?  5 Did the organization mivest any proceeds of tax exempt bonds beyond a temporary peniod exception?  5 Did the organization naves than an escrow account other than a refunding escrow at any time during the year of the decision of the organization and the second of the organization with a disqualified person of the person in a price year?  6 Did the organization aware that the negated in an excess benefit transaction with a disqualified person in a price year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part II  7 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, or disqualified persons? If "Yes," complete Schedule I, Part IV  7 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule II, Part IV  8 A Tamily member of a current or former officer, dire	23				
Schedule J 24a Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a  5 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds are severally bonds beyond a temporary period exception?  5 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds are severally bonds.  5 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  6 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  7 Did 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization promes 90 or 990-527 if "Yes," complete Schedule I., Part II  7 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contributed entity or family member of any of these persons? If "Yes," complete Schedule I., Part IV  8 Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributors for applicable ling thresholds, conditions, and sexeptions?  a Acurrent of former officer, director, trustee, or key employee (see Schedule I., Part IV  b A family ember of a current or former officer, director, trustee, or key employee (see Tanniy member th					
240 Off the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "res," answer lines 24b through 24d and complete Schedule K II" 'No", go to line 25a  b Did the organization minimal an ascrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization minimal an ascrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? defease any tax-exempt bonds?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II  b Is the organization have at that regaged 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-E2? If "Yes," complete Schedule L, Part II  25b			22	x	
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If No", go to him 25a  b Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escriva account other than a refunding escrive at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization with a disqualified person in a proy year, and that the transaction has not been reported on any of the organization is proof forms 990 ergo 90-E2? If "yes," complete Schedule L, Part II  D Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "yes," complete Schedule L, Part IV  a Na the organization provide a grant or other assistance to an officer, director, trustee, or key employee? If "yes," complete Schedule L, Part IV  a Na theory of the organization or cerew more than 255,000 in non-eash contributions? If "yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "yes," complete Schedule L, Part IV  d Did the organization receive more than \$25,000 in non-eash contributions? If "yes," complete Schedule L, Part IV  d Did the organization oreceive more than \$25,000 in non-eash contribu	24a		25		
Schedule K II "No", go to line 25a  b Old the organization minest any proceeds of tax exempt bonds beyond a temporary peniod exception?  c Did the organization minest any proceeds of tax exempt bonds beyond a temporary peniod exception?  c Did the organization minest any proceeds of tax exempt bonds beyond a temporary peniod exception?  c Did the organization minest any instance and a seriod process of the p					
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Schedule L, Part I   25b	_				
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former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization flequidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 Did the organization was a controlled entity within the meaning of section 512(b)(13)?  32 If "Yes," to line 35a, did the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ine 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Ine 2  34 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Sche	26		250		Δ.
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director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  The "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Iines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O ond provide explanations in Schedule O for Part VI, Iines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O.			200		
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contributions? If "Yes," complete Schedule M  30		·	29		
31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Inne 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 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 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O.  38 X	-	·	20		v
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Note. All Form 990 filers are required to complete Schedule O	38		31		
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				990 /	2016)

Senter the number reported in Box 3 of Form 1096 Enter 0 if not applicable   1		Check if Schedule O contains a response or note to any line in this Part V			
18 Enter the number reported in Box 3 of Form 1096 Enter- Or find applicable 1				Yes	No
b Enter the number of Forms W-20 included in line 1s. Enter-0-if not applicable	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambining) without payments or with the water of the calendar year ending with or within the year covered by this expension.  2 Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this expension.  3 In at least one is reported on line 24, did the organization file all required federal employment tax returns?  Note: If the sum of lines ta and 2 as greater than 250, you may be required to e-file (see instructions)  3 bit the organization have unrelated business gross income of \$1,000 or more dumpt the year?  3 bit 1 Yes, * has it field a Form 990T for this year? If *No,* * to fine 3b, provide an explanation in Schedule O  3 bit 1 Yes, * the tent the name of the foreign country.  4 bit 1 Yes, * the tent the name of the foreign country.  5 bit 1 Yes, * the tent the name of the foreign country.  5 country the constraint of the organization of Fine Sb. Provides an explanation in Schedule O  6 bit 1 Yes, * the tent has make the foreign country.  6 bit 1 Yes, * the tent has make the foreign country.  6 bit 1 Yes, * the tent has make the foreign country.  6 country the organization has a party to a prohibited tax effect transaction?  6 country the organization should be organization that it was or is a party to a prohibited tax effect transaction?  6 country the stream of the organization should be organization as often any orithibutions that were not tax deductible as charitable contributions under section 170(c).  6 country the organization should with every solicitation an express statement that such contributions or grits were not tax deductible?  6 country the organization should with every solicitation an express statement that such contributions or grits were not tax deductible?  7 contraints that may receive deductible contributions under section 170(c).  8 different the organization s	_				l
gambling) winnings to prize winners?  Effect the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return  It least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2 as greater than 250, you may be required to e-life (see instructions)  3a Did the organization have unrelated businesse gross income of \$1,000 or more during the year?  3b If "Yes," as it field a Form 950T for this year If "Yes," to fine 30, provide an explanation in Schedule 0  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  5b If "Yes," either the name of the foreign country with a bank account, securities account, or other financial accounts (FBAF)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization the Form 898617.  5b Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization school are young to tax deductibles a charitable contributions?  5c If "Yes," did the organization include with every selectation an express statement that such contributions or gifts were not tax deductibles a charitable contributions?  6c If "Yes," did the organization neckly with the organization feed a charitable contributions or gifts were not tax deductibles a charitable contributions?  6c If "Yes," did the organization neckly expert the season of the party for goods and services provided?  6c If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution of quark partly for goods a	-		.		(
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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3			, ]		ĺ
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b if "Yes," has it field a Form 990-T for this year? If *No," to fine 3b, provide an explanation in Schedule O  All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?)  **Yes," enter the name of the foreign country See instructions for filing requirements for FICEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  **See instructions for filing requirements for FICEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  **See instructions for filing requirements for FICEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  **See instructions for this requirements for FICEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  **See instructions for filing requirements for FICEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  **See instructions for filing requirements for FICEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  **See instructions for filing requirements for FICEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  **See instructions for filing		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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triancial account in a foreign country   Such as a bank account, securities account, or other financial account)?  b   f 'Yes, '' enter the name of the foreign country   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a   Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b   Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b   X   X    5c   I'Yes, '' to line 5a or 5b, did the organization file Form 8886-1?  6a   Ose the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a   X    5c   Yes, '' did the organization neclude with every solicitation an express statement that such contributions or gifts were not tax deductible?  7   Organizations that may receive deductible contributions under section 170(c).  9   Did the organization receive application that is a contribution and partly for goods and services provided to the payor?  7a   X    1   Yes, '' did the organization notify the donor of the value of the goods or services provided?  7b   Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7b   Did the organization, during the year   Pot the organization flower and year   Pot the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7c   X    7d   Telephore   Telephor	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
b if "Yes," enter the name of the foreign country \$\instyle=See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line Sa or 5b, od the organization file Form 8886-7?  5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7a X  7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7a If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7h If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7h If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7h If the organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  10a Di	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  8 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  8 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  8 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  8 Did any taxable party notify the organization file Form 8886-17  8 Does the organization set annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible;  8 Did Tires, did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible;  9 Did the organization shall may receive deductible contributions under section 170(c).  10 Did the organization shall exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  10 Did the organization shall, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  11 Did the organization from the value of the goods or services provided?  12 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  13 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  14 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  15 Did the organization maintaining dinor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining dinor advised funds.  15 Did the sponsoring organization maintaining dinor advised funds.  16 Did the sponsoring organizations maintaining dinor advised fund		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_		X
b. Did any taxable party notify the organization that it was or is a party to a probibited tax shelter transaction?  5.	b	If "Yes," enter the name of the foreign country ▶			1
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  8 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  8 If "Yes," did the organization notify the donor of the value of the goods or services provided?  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  1 Of "Yes," indicate the number of Forms 8282 filed during the year  2 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  1 Did the organization have any services provided a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organizations maintaining donor advised funds.  1 Did the sponsoring organization make a distribution to a donor, donor advised property.  9 Sponsoring organizations make any taxable distributions under section 4966?  9 Section 501(c)(7) organizations. Enter  1 In Intation fees and capital contributions included on Part VIII, line 12  1 Gross income from members or shareholders  1 Gross income f		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	.		
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a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b  13c  14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	10	Section 501(c)(7) organizations. Enter	,		
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b  13c  14a X  I 14a X  I 15b  I 17ex, " has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	а	· · · · · · · · · · · · · · · · · · ·			
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b  13c  14a X  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year  15 Section 501(c)(29) qualified nonprofit health insurance issuers.  16 Is the organization licensed to issue qualified health plans in more than one state?  17 Note. See the instructions for additional information the organization must report on Schedule O.  18 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  18 Enter the amount of reserves on hand  19 Center the amount of reserves on hand  19 Did the organization receive any payments for indoor tanning services during the tax year?  19 Lif "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  19 Lif "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	11	Section 501(c)(12) organizations. Enter	1		İ
amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а				
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	þ	Gross income from other sources (Do not net amounts due or paid to other sources against			ĺ
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
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Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13	, , , , , , , , , , , , , , , , , , , ,			<u> </u>
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а		13a	-	<u> </u>
organization is licensed to issue qualified health plans	_				l
c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	b				
14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b		E de the amount of second and			1
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			40-		V
	_	• • • • • • • • • • • • • • • • • • • •			_^
	<u>D</u>	ii res, rias it nieu a rumi / 20 to report urese payments: ii rio, provide an explanation in scriedule O		990	(2016)

Form 990 (2016) CPLC NEW MEXICO INC 85-0227776 Page
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 in Schoolule O. See instructions. 85-0227776 Page 6

	to line, 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C	). See	nstructions.						
	. Check if Schedule O contains a response or note to any line in this Part VI	_				X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	{	3					
	If there are material differences in voting rights among members of the governing body, or if the governing			1					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other	1					
	officer, director, trustee, or key employee?			2	х				
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	is filed?	4	X				
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х			
6	Did the organization have members or stockholders?			_6	Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or						
	more members of the governing body?			7a_	_X_				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or						
	persons other than the governing body?			7b	X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:						
а	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b		X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached :	at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		_X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code.)						
					Yes	No			
	Did the organization have local chapters, branches, or affiliates?			10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	hapter	s, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe						
	ın Schedule O how this was done			12c	Х				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	X				
15	Did the process for determining compensation of the following persons include a review and approve	-	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
	The organization's CEO, Executive Director, or top management official			15a		<u> X</u>			
b	Other officers or key employees of the organization			15b		<u>X</u>			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				l				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment w	rith a						
	taxable entity during the year?			16a		<u> </u>			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's						
<u> </u>	exempt status with respect to such arrangements?			16b					
	tion C. Disclosure	_	<del></del> -						
17	List the states with which a copy of this Form 990 is required to be filed NM	(0	504/ 1/01						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only)	avaılab	ie				
	for public inspection. Indicate how you made these available. Check all that apply								
40	Own website Another's website X Upon request Other (explain		•						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, constitutionally a significant to the public during the toy year.	ritiict o	r interest policy, and	tinand	cial				
^	statements available to the public during the tax year.	-l-	a						
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks an	a records: 🟲						
	JESSE SATTERLEE - 602-257-0700		<del>_</del>						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

(A)	(B)				C)			ed any current officer, o	(E)	(F)
Name and Title	Average			Pos	itior			Reportable	Reportable	Estimated
Trains and Trais	hours per		not c					compensation	compensation	amount of
· · · · · · · · · · · · · · · · · · ·	week		cer an					from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	_ 			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		   83	bens		(W-2/1099-MISC)		organization
	organizations below	lual tr	tonal		old o	yee a	_			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	(ey en	Highest compensated employee	Former			Organizations
(1) GERMAN REYES	1.00	_	_	_			<u> </u>			
DIRECTOR	39.00	x						0.	162,083.	27,456
(2) PEDRO CONS	1.00					T-				217430
DIRECTOR	39.00	x						0.	183,650.	22,430
(3) ANDRES CONTRERAS	1.00								103/0301	22/430
DIRECTOR	39.00	X						0.	183,893.	20,475
(4) DAVID ADAME	1.00									
CHAIRMAN	39.00	X		х			'	0.	301,930.	19,834
(5) JOHN RAMIREZ	1.00									
VICE CHAIRMAN	39.00	X		Х				0.	147,762.	16,932
(6) MAX GONZALES	1.00								·•	
SECRETARY	39.00	X		X				0.	152,803.	22,558
(7) ROGER GONZALES	40.00									
PRESIDENT (AS OF 06/17)	0.00	X		X				0.	72,830.	5,353
(8) TODD LOPEZ	40.00									
PRESIDENT (TO 05/17)	0.00	X		Х		<u> </u>		0.	20,101.	9,192
(9) ALICIA NUNEZ	1.00	-				ļ		_		
DIRECTOR/CFO	39.00	X	_	X	<u> </u>	_	L	0.	169,139.	<u>16,801</u>
		ł				ĺ				
		_	<u> </u>	_	_	<u> </u>				<del></del>
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Form 990										85-0	227	776	Pa	age 8
Part V	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hı	ghe	st C	Compensated Employe	es (continued)				
	、 (A) 、 Name and title	(B) Average hours per week (list any hours for	box offi	not c , unle	Pos check ess pe	more rson	than is bot or/trus	h an stee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organization (W-2/1099-Mi	on d ns	am comp	(F) mate ount o other ensa on the	of tion
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(** 27 1000 1111		orga and	nizati relati	on ed
·												<del></del> -		
														<u></u>
						-	<u> </u>							
<del>_</del>														
	b-total tal from continuation sheets to Part V	II, Section A						<b>&gt;</b>	0.	1,394,1	0.	161		0.
2 To	tal (add lines 1b and 1c) tal number of individuals (including but r	ot limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	1,394,1 0,000 of reportab		161	. , 0	31. 0
co	mpensation from the organization												Yes	No
	d the organization list any <b>former</b> officer, e 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s			e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on		3		х
an	r any individual listed on line 1a, is the si d related organizations greater than \$15	0,000? If "Yes,	," co	mpl	ete :	Sch	edul	e J	for such individual	-		4	х	
rei	d any person listed on line 1a receive or a indered to the organization? If "Yes," com in B. Independent Contractors	-				-		relat	ted organization or indiv	idual for services	5	5_		х
1 Co	omplete this table for your five highest co e organization. Report compensation for	-	-								npensa	ation fr	om	
	(A) Name and business	address	N	ON	E				(B) Description of s	services	С	(C) ompen		1
					<del></del>								_	
		-											<del></del>	
														<del></del> -
	otal number of independent contractors (		not li	mıte	ed to		se li	sted	d above) who received n	nore than			_	
												Form 9	90 (2	2016)

144,852. Form 990 (2016)

2,672.

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions.

Miscellaneous Revenue 11 a MISCELLANEOUS REVENUE

2,672.

2,672.

607,573.

853,500.

**Business Code** 

900001

# Form 990 (2016) CPLC NEW MEXICO INC Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	Check if Schedule O contains a respon	(A)		(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				<u> </u>
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)	202 102		0.5.550	
7	Other salaries and wages	389,492.	292,832.	96,660.	
8	Pension plan accruals and contributions (include	2 700	1 000	0.54	
_	section 401(k) and 403(b) employer contributions)	2,700.	1,829.	871.	
9	Other employee benefits	56,802.	46,891.	9,911.	
10	Payroll taxes	46,958.	34,296.	12,662.	
11	Fees for services (non-employees)	214 624	140 012	CE C11	
а	Management	214,624.	149,013.	65,611. 5,430.	<del></del>
b	Legal	10,627. 13,150.	5,197. 13,150.	5,430.	
c	Accounting	13,130.	13,150.		
d	Lobbying  District and a light from the services of the servic				
e	Professional fundraising services. See Part IV, line 17				
T	Investment management fees Other (If line 11g amount exceeds 10% of line 25)				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	131,651.	36,800.	94,851.	
40	Advertising and promotion	13,091.	11,584.	1,507.	
12	Office expenses	34,407.	23,349.	11,058.	<del></del>
13 14	Information technology	38,753.	36,000.	2,753.	
1 <del>4</del> 15	Royalties	3077331	30,000.		
15 16	Occupancy	118,029.	111,509.	6,520.	
17	Travel	55,823.	45,118.	10,705.	
18	Payments of travel or entertainment expenses		25,220		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,131.	14,131.		
20	Interest	114,594.	114,594.		<del></del>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	194,353.	194,204.	149.	
23	Insurance	44,551.	41,183.	3,368.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	REPAIRS & MAINTENANCE	43,295.	43,168.	127.	
a b	LICENSE AND TAX	20,773.	20,773.		
C	BAD DEBTS	1,351.	1,351.		
ď					
	All other expenses	-			
e 25	Total functional expenses Add lines 1 through 24e	1,559,155.	1,236,972.	322,183.	0
<u>25</u> 26	Joint costs. Complete this line only if the organization		<u> </u>	322,103.	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here following SOP 98-2 (ASC 958-720)			ł ·	

Form 990 (2016)
Part X Balance Sheet

art A				<del></del>
	Check if Schedule O contains a response or note to any line in this Part X	(A)	I I	
	`	(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	15,428.	1	428,97
2	Savings and temporary cash investments	13/1201	2	=20,57
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	349,146.	4	128,34
5	Loans and other receivables from current and former officers, directors,	313/110.	1	120/54
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
.	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
7	Notes and loans receivable, net	72,500.	7	62,50
8	Inventories for sale or use	,	8	02/30
9	Prepaid expenses and deferred charges	300.	9	9,69
10	a Land, buildings, and equipment, cost or other			<u> </u>
	basis Complete Part VI of Schedule D 10a 7,066,236.		l	
	b Less accumulated depreciation 10b 2,646,808.	2,983,452.	10c	4,419,42
11	Investments - publicly traded securities		11	
12			12	
13	Investments - program-related See Part IV, line 11	46,730.	13	646,86
14	Intangible assets	15,992.	14	020,00
15	Other assets See Part IV, line 11	161,991.	15	325,19
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,645,539.	16	6,020,99
17	Accounts payable and accrued expenses	426,134.	17	1,007,19
18	Grants payable		18	= 1 3 3 1 1 = 2
19	Deferred revenue	734.	19	3,46
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	-
22	Loans and other payables to current and former officers, directors, trustees,			
22	key employees, highest compensated employees, and disqualified persons.			
i	Complete Part II of Schedule L		22	
i   23	Secured mortgages and notes payable to unrelated third parties	1,248,949.	23	2,166,97
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X of			
	Schedule D	1,008,180.	25	1,587,47
26	Total liabilities. Add lines 17 through 25	2,683,997.	26	4,765,10
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
:	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	961,542.	27	1,255,88
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
;	and complete lines 30 through 34.		i	
27 28 29 30 31 32	Capital stock or trust principal, or current funds		30	
31	Paid in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	, , , , , , , , , , , , , , , , , , , ,	32	
33	Total net assets or fund balances	961,542.	33	1,255,88
34	Total liabilities and net assets/fund balances	3,645,539.	34	6,020,994

<u>-orm</u>	990 (2016) CPLC NEW MEXICO INC	<u>03-02</u>	<u> </u>	Pa	<u>ge 12</u>
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	1				_
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,85	3,5	00.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,55	9,1	55.
3	Revenue less expenses. Subtract line 2 from line 1	3	29	4,3	45.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	96	1,5	42.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,25	<u>5,8</u>	<u>87.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990.  Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			Ì
2a	, , , , , , , , , , , , , , , , , , , ,		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	İ		
	separate basis, consolidated basis, or both.				1
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both				1
	Separate basis X Consolidated basis Both consolidated and separate basis				ļ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or guides, explain why in Schedule O and describe any stans taken to undergo such audits		25		

Form **990** (2016)

## SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

			CPLC	NEW MEXIC	O INC				8	5-0227776
Pa	ırt	I	Reason for Public (	Charity Status (A	All organizations must o	omplete the	s part ) Se	ee instructions		
The 1 2 3	org	ganı	zation is not a private found A church, convention of chi A school described in secti A hospital or a cooperative	urches, or association 170(b)(1)(A)(ii). (A	on of churches describe Attach Schedule E (For	d in <b>sectio</b> m 990 or 99	n <b>170(b)(1</b> 90-EZ))	I)(A)(i).		07
4			A medical research organization, and state	ation operated in cor	njunction with a hospita	al described	l in sectio	n 170(b)(1)(A)		
5 6			An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
	[ <u>]</u>	<b>K</b> ]	An organization that norma section 170(b)(1)(A)(vi). (Co	lly receives a substa omplete Part II.)	intial part of its support	from a gove			ne general	public described in
9	_	<u></u>	A community trust describe An agricultural research org or university or a non-land-g university.	janization described	in section 170(b)(1)(A)	(ix) operate			_	=
10			An organization that norma activities related to its exemincome and unrelated busin See section 509(a)(2), (Cor	npt functions · subject ness taxable income	ct to certain exceptions	, and (2) no	more tha	n 33 1/3% of i	ts suppor	from gross investment
11 12			An organization organized a An organization organized a more publicly supported or	and operated exclusion and operated exclusion	ively for the benefit of,	o perform t	he functio	ons of, or to ca	•	• •
а	ı		Innes 12a through 12d that  Type I. A supporting orgathe supported organization  You must c	describes the type o anization operated, s on(s) the power to re	of supporting organization supervised, or controlled gularly appoint or elect	on and com I by its supp	plete lines ported org	s 12e, 12f, and ganization(s), t	12g. ypically by	giving
to	•		Type II. A supporting org- control or management o organization(s) You mus	anization supervised f the supporting orga	d or controlled in connection anization vested in the		• •	-		•
C	;		Type III functionally inte						y integrate	ed with,
d	1		Type III non-functionally that is not functionally int requirement (see instruct	egrated The organiz	zation generally must sa	itisfy a distr	ibution red	quirement and	•	• •
e	•		Check this box if the orga functionally integrated, or					Type I, Type	II, Type III	
f			r the number of supported or ride the following information	•		,		• ••••		
			) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is the organ in your governin Yes	nization listed ng document? No	(v) Amount of support (see in:		(vi) Amount of other support (see instructions)
							-			
										<u> </u>
Tot	۵۱				<u> </u>					

Schedule A (Form 990 or 990-EZ) 2016 CPLC NEW MEXICO INC 85-0227776 Page 2

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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	ınclude any "unusual grants ")		136,017.	291,121.	408,900.	1101075.	1937113.	
2	Tax revenues levied for the organ-					·		
	ızatıon's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3		136,017.	291,121.	408,900.	1101075.	1937113.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)	-					230,372.	
6	Public support. Subtract line 5 from line 4						1706741.	
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
7	Amounts from line 4		136,017.	291,121.	408,900.	1101075.	1937113.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	18,147.	22,045.	19,615.	122,393.	142,180.	324,380.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income Do not include gain		į					
	or loss from the sale of capital							
	assets (Explain in Part VI)	20,452.	3,174.	25,824.		2,672.	<u>52,122.</u>	
11	Total support. Add lines 7 through 10						2313615.	
12	Gross receipts from related activities,	etc (see instruction	ons)			12 2	<u>,072,191.</u>	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)		
_	organization, check this box and stop here							
Se	ction C. Computation of Publ	ic Support Pe	rcentage	<del></del>	<del></del> -	· · · · · · · · · · · · · · · · · · ·	<del></del>	
	Public support percentage for 2016 (I	• • •	· · ·	• • • •		14	73.77 %	
	Public support percentage from 2015					15	83.21 %	
16a	33 1/3% support test - 2016. If the c					nore, check this bo		
	stop here. The organization qualifies						►X	
t	33 1/3% support test - 2015. If the c	=			line 15 is 33 1/3%	or more, check th	nis box	
	and stop here. The organization qual	-	•			:	. ▶∟	
17a	10% -facts-and-circumstances tes	•					•	
	and if the organization meets the "fac					t VI how the organ	ization	
_	meets the "facts-and-circumstances"			-	=		▶∟_	
k	10% -facts-and-circumstances tes	-						
	more, and if the organization meets the				•		,	
40	organization meets the "facts-and-circ						· ··· <b>?</b>  -	
<u>18</u>	Private foundation. If the organization	m did not check a	box on line 13, 16	a, 100, 1/a, or 17b				
					Sche	dule A (Form 990	or 990-EZ12016	

Schedule A' (Form 990 or 990-EZ) 2016 CPLC NEW MEXICO INC

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

	(Complete only if you checked	the box on line it	or Fait Toril tile	organization falled	to quality diffeel i	art ii ii the organi	zation falls to
	<ul> <li>qualify under the tests listed b</li> </ul>	elow, please comp	olete Part II)				
Sec	tion A. Public Support				·	<del>,</del>	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						1
	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						
	Gross receipts from activities that	-					
3	are not an unrelated trade or bus-						ļ
	iness under section 513						
		<del></del>	<del></del>	<u> </u>		<del> </del>	<del> </del>
4	Tax revenues levied for the organ-		1				<u> </u>
	ization's benefit and either paid to			/			
	or expended on its behalf					<u> </u>	<del></del>
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			/		<u> </u>	
6	Total. Add lines 1 through 5					<u> </u>	
7a	Amounts included on lines 1, 2, and		/				}
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b					<u> </u>	
	Public support. (Subtract line 7c from line 6)		/				
	etion B. Total Support		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	<del></del>	(2) 2012	(b) 2013	(a) 2014	(4) 2015	(a) 2016	/f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9	<del></del>	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a	ndar year (or fiscal year beginning in)  Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
Cale 9 10a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years If the Form 990 is fo						
Cale 9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12)	r the organization's	s first, second, thir				
Dale 9 10a b c 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years if the Form 990 is fo check this box and stop here	r the organization's	s first, second, thir	d, fourth, or fifth ta		on 501(c)(3) organi	zation,
Dale 9 10a b c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years if the Form 990 is fo check this box and stop here stion C. Computation of Public support percentage for 2016 (	r the organization's	s first, second, thir rcentage vided by line 13, o	d, fourth, or fifth ta		on 501(c)(3) organi	zation,
0 c c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years If the Form 990 is fo check this box and stop here extion C. Computation of Public support percentage from 2016 (Public support percentage from 2016)	r the organization's lic Support Pe line 8, column (f) do Schedule A, Part	s first, second, thir rcentage ivided by line 13, o	d, fourth, or fifth ta		on 501(c)(3) organi	zation,
Cale 9 10a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years If the Form 990 is fo check this box and stop here tion C. Computation of Public support percentage from 2015 ction D. Computation of Inve	r the organization's lic Support Pe line 8, column (f) d 5 Schedule A, Part stment Incom	s first, second, thir rcentage ivided by line 13, of the line 15 e Percentage	d, fourth, or fifth ta		on 501(c)(3) organi	zation,  % %
Cale 9 10a b c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years If the Form 990 is fo check this box and stop here Stion C. Computation of Public support percentage from 2015 Stion D. Computation of Inve	r the organization's  ic Support Pe line 8, column (f) do Schedule A, Part stment Incom 016 (line 10c, column	rcentage ivided by line 13, or lill, line 15 e Percentage mn (f) divided by line	d, fourth, or fifth ta		on 501(c)(3) organi:	zation, % %
Cale 9 10a b C 11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years if the Form 990 is fo check this box and stop here ction C. Computation of Public support percentage for 2016 (Public support percentage from 2019) Investment income percentage from	r the organization's lic Support Pe line 8, column (f) do Schedule A, Part stment Incom 016 (line 10c, colum 2015 Schedule A,	s first, second, thin rcentage vided by line 13, o III, line 15 e Percentage mn (f) divided by line Part III, line 17	column (f))	ax year as a section	on 501(c)(3) organi.	zation,  % % % %
Cale 9 10a b C 11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years if the Form 990 is fo check this box and stop here  tion C. Computation of Public support percentage for 2016 (Public support percentage from 2015) Investment income percentage from 31/3% support tests - 2016. If the	r the organization's lic Support Pe line 8, column (f) d 5 Schedule A, Part stment Incom 2016 (line 10c, colum 2015 Schedule A, e organization did r	s first, second, thin rcentage vided by line 13, o III, line 15 e Percentage mn (f) divided by lin Part III, line 17 not check the box	column (f)) ne 13, column (f)) on line 14, and line	ax year as a section	15 16 17 18 33 1/3%, and line	zation,  % % % %
Cale 9 10a b 11 12 13 14 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years If the Form 990 is fo check this box and stop here  ction C. Computation of Public support percentage from 2016 (Public support percentage from 2016 (Public support percentage from 33 1/3% support tests - 2016. If the more than 33 1/3%, check this box a	r the organization's lic Support Pe line 8, column (f) do Schedule A, Part stment Incom 16 (line 10c, colum 2015 Schedule A, organization did r and stop here. The	s first, second, thir rcentage vided by line 13, of the second se	column (f))  ne 13, column (f))  on line 14, and line lifies as a publicly s	ax year as a section	15 16 17 18 33 1/3%, and line zation	2ation,
Cale 9 10a b 11 12 13 14 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years If the Form 990 is fo check this box and stop here  ction C. Computation of Public support percentage for 2016 (Public support percentage from 2015)  tion D/ Computation of Inventive than 33 1/3%, check this box as 33 1/3% support tests - 2016. If the more than 33 1/3%, check this box as 33 1/3% support tests - 2015. If the	r the organization's lic Support Pe line 8, column (f) d 5 Schedule A, Part stment Incom 016 (line 10c, colum 2015 Schedule A, organization did r and stop here. The e organization did r	s first, second, thin rcentage vided by line 13, of the line 15 e Percentage mn (f) divided by line 17 not check the box to organization qualitation check a box or	d, fourth, or fifth ta column (f)) ne 13, column (f)) on line 14, and line lifies as a publicly so	ax year as a section	15 16 17 18 33 1/3%, and line cation	zation, % % % 17 is not
Cale 9 10a b 11 12 13 14 Sec 17 18 19a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years If the Form 990 is fo check this box and stop here  ction C. Computation of Public support percentage from 2016 (Public support percentage from 2016 (Public support percentage from 33 1/3% support tests - 2016. If the more than 33 1/3%, check this box a	r the organization's lic Support Pe line 8, column (f) d Schedule A, Part stment Incom D16 (line 10c, colum 2015 Schedule A, organization did r organization did r organization did r organization did r organization did r organization did r organization did r organization did r	s first, second, thin rcentage Ivided by line 13, or Ill, line 15 e Percentage mn (f) divided by lin Part III, line 17 not check the box e organization qual not check a box or top here. The orga	d, fourth, or fifth to column (f)) ne 13, column (f)) on line 14, and line ifies as a publicly so line 14 or line 19a anization qualifies	ax year as a section	on 501(c)(3) organisms 15 16 17 18 33 1/3%, and line zation ore than 33 1/3%, ported organization	zation, % % % 17 is not

# Part IV Supporting Organizations

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

	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)		_	
<u>Sec</u>	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	52		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")? If	55		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	-4a		
D	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
		4.		
_	despite being controlled or supervised by or in connection with its supported organizations	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	<u> </u>		
_	purposes	4c	<del>                                     </del>	
ъа	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;	ŀ		
	(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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	ŀ		
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	} }	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

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Sche	dule A (Form 990 or 990-EZ) 2016 CPLC NEW MEXICO INC		<b>;</b>	35-0227776 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ		
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must	complete Se	ctions A through E	·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	·	
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Mınimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		

_8_	Minimum Asset Amount (add line 7 to line 6)	_   8	
Sec	tion C - Distributable Amount		Current Year
1	Adjusted net income for pnor year (from Section A, line 8, Column A)	1	
_2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		
	emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-function	nally integrated Type III su	pporting organization (see

3

4

5

6

7

Schedule A (Form 990 or 990-EZ) 2016

Subtract line 2 from line 1d

see instructions)

Multiply line 5 by 035

instructions)

Recoveries of prior-year distributions

Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,

Net value of non-exempt-use assets (subtract line 4 from line 3)

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions	·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity_			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	the organization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(iı)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
_1_	Distributable amount for 2016 from Section C, line 6			
<b>–2</b> –	-Underdistributions,-if-any,-for-years-prior to 2016-(reason-			
	able cause required- explain in Part VI) See instructions		<del> </del>	
3_	Excess distributions carryover, if any, to 2016			
a				
b				
С_	From 2013			
d	From 2014			
е	From 2015			
f_	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)			
_ <u>i</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7. \$			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2016 distributable amount			
<u>C</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3 <sub>j</sub>			
	and 4c			
_8_	Breakdown of line 7:			
<u>a</u>		<u> </u>		
b	Excess from 2013			
<u>c</u>	Excess from 2014			
d	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 2016 CPLC	NEW MEXICO	INC	85-0227776 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c, line 1, Part IV. Section D, lines 2 and	Provide the explanati , 4b, 4c, 5a, 6, 9a, 9b, d 3. Part IV. Section E.	ons required by Part II, line 10; Pa 9c, 11a, 11b, and 11c, Part IV, Se lines 1c, 2a, 2b, 3a, and 3b, Part	rt II, line 17a or 17b, Part III, line 12, ction B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e, Part V,
	Section D, lines 5, 6, and 8, and Par (See instructions.)	t V, Section E, lines 2	, 5, and 6 Also complete this part	for any additional information
_				
	-			
				STIR
	· · · · · · · · · · · · · · · · · · ·			
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				· · · · · · · · · · · · · · · · · · ·

## SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

Schedule D (Form 990) 2016

CPLC NEW MEXICO INC 85-0227776 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a gualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 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)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 ... 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 SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X\_

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

		W MEXICO I							<u> 27776</u>	
Pai	t III   Organizations Maintaining C	ollections of A	<u>rt, Hist</u>	orical Tr	easures, c	or Othe	er <u>Simil</u>	<u>ar Asse</u>	ts(continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	t are a s	ignificant	use of its	collection i	tems
	(check all that apply).									
а	Public exhibition	•	a 🛄 L	oan or exc	hange progra	ams				
b	Scholarly research	•	e [(	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ey further tl	he organizati	on's exe	mpt purpo	se in Par	t XIII	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or oth	er sımıla	r assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the organ	nization's co	ollection?				Yes	No_
Pai	t IV Escrow and Custodial Arran	<b>gements.</b> Compl	lete if the	organizatio	n answered	"Yes" on	Form 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for o	contribution	s or other as	sets not	ıncluded		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е-	Distributions during the year————						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21, for e	scrow or cu	ustodial acco	unt liabi	lity?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	n has been	provided on	Part XIII				
Pa	rt V Endowment Funds. Complete r	f the organization a	nswered	"Yes" on Fo	orm 990, Part	IV, line	10.			
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses					T				
ď	Grants or scholarships									
е	Other expenditures for facilities									
	and programs		1			1				
f	Administrative expenses			· <del></del>						
g	End of year balance									
2	Provide the estimated percentage of the cur-	rent year end balan	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment	=	%							
b	Permanent endowment									
c	Temporarily restricted endowment	<u></u> %								
•	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posse		zation tha	it are held a	ind administe	ered for t	he organi	zation		
	py.	ŭ					ŭ		Y	es No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requ	ired on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	•								
Pa	rt VI Land, Buildings, and Equipm									
	Complete if the organization answere		0, Part IV	/, line 11a. S	See Form 990	), Part X	line 10.			
	Description of property	(a) Cost or			or other		ccumulate	ed	(d) Book v	/alue
		basis (invest			(other)	• •	preciation	L L	,_,	
12	Land	<del></del>			7,346.				1,027	.346.
	Buildings				9,076.	2 .	516,6	63.	3,132	
2	Leasehold improvements	<del></del>			8,060.		50,7			,355.
4	Equipment				5,355.		4,5			756.
	Other			22	6,399.		74,8		151	,558.
_	II. Add lines 1a through 1e (Column (d) must e	qual Form 990. Par	t X, colun					<b>▶</b>	$\frac{1}{4,419}$	

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 CPLC NEW ME: Part VII Investments - Other Securities.	AICO INC		0227776 Page
Complete if the organization answered "Yes"	on Form 000 Part IV line	11h Son Form 990 Bart V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-	of-vear market value
<del></del>	(b) Book value	(o) member of valuation cost of one	- Thanker value
(1) Financial derivatives	<del></del>		
(2) Closely-held equity interests			
(3) Other	<del></del>		
(A)			
(B)			
(C)			
(D)			
<u>(E)</u>			<del></del>
<u>(F)</u>			<del></del>
(G)		<del></del>	<del></del>
(H)	<del></del>		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			-
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-	or-year market value
(1) EQUITY INVESTMENT TAOS			<del></del>
(2) MOUNTAIN ENERGY FOODS,	2.45 0.05		
(3) LLC	347,007.	COST	
(4) EQUITY INVESTMENT LADERA			
(5) VILLAGE, LP	<141.	> COST	
(6) EQUITY INVESTMENT OLD			
(7) WOOD, LLC	300,000.	COST	
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	646,866.		
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15	
	Description		(b) Book value
(1) TAX AND INSURANCE ESCROW			<u>29,331</u>
(2) REPLACEMENT RESERVE ACCOU			105,855
(3) OPERATING RESERVE ACCOUNT		LIFE - OPERA	143,801
(4) TENANTS DEPOSTS HELD IN T	RUST		46,203
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)		325,190
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)	TENANT SECURITY DEPOSITS	44,649.
(3)	RELATED COMPANY ACCOUNTS PAYABLE	1,536,566.
(4)	MISCELLANEOUS CURRENT LIABILITIES	6,261.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25)	1,587,476.

<sup>2.</sup> 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	rt XI Reconciliation of Revenue per Audited Financial St	atements With Rever	nue per Return.	Page 4
T G	Complete if the organization answered "Yes" on Form 990, Part IV, I		ido por riotariii	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
a	No. 1 and 1	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1:	2)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial S		nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a		
_1_	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	2a		
a		2b	<del></del>	
b	Othershare	2c		
۲ 0	Other losses  Other (Describe in Part XIII )	2d		
e			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	the state of the s	4a		
b		4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	
	art XIII Supplemental Information.			
	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part X, line 2, Part	XI,
lines	s 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide	any additional information		
	0			
PA	RT X, LINE 2:			
mit	E ORGANIZATION BELIEVES THAT IT HAS AP	DDODDIAME CIIDE	ארע דאור <u>י</u>	ME
TH	E ORGANIZATION BELIEVES THAT IT HAS AP	PROPRIATE SUPP	ORI FOR ANI INCO	PIE
mъ	X POSITIONS TAKEN AND, AS SUCH, DOES N	от науг аму им	ירבפיים דאן יים צ	
<u>1V</u>	A FOSITIONS TAKEN AND, AS SOCIE, BOLD IN	OI IIIVII IIII OI	CBRIAIN IAM	
PΛ	SITIONS THAT ARE MATERIAL TO THE CONSO	LIDATED FINANC	TAL STATEMENTS.	
	DIIIOND IIIII IIII IIIIIIII IO IIII OONO			
				<u>-</u>
				<del></del>

# SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2016

Open to Public Inspection

Name of the organization

Department of the Treasury

► Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990. Inspection

Employer identification number

CPLC NEW MEXICO INC 85-0227776

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			l
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			l
	Travel for companions Payments for business use of personal residence			İ
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		ļ
<b>-2</b> -	-Did-the organization-require substantiation-prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<del> </del> -
_				ĺ
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to	·		İ
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant  Compensation survey or study			ĺ
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	,		
7	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	}		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of	)		ļ
а	The organization?	5a		X
b	Any related organization?	_5b	<u></u>	X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of.			
	The organization?	<u>6a</u>		X
þ	Any related organization?	6b_		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	İ	ĺ	i
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			,,
_	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_	}	l
	Regulations section 53.4958-6(c)?	9	L	

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

Schedule J (Form 990) 2016

85-0227776

Page 2

CPLC NEW MEXICO INC

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denems	(a)-(i)(a)	in Column (b) reported as deferred on prior Form 990
11) GEDMAN DEVEC	[8	C	0	0	0	0	0	0
OTRECTOR	€ €	130,07	12,000.	20,007.	6,859.	20,847.	189,789.	0
(2) PEDRO CONS	Ξ		0	0	0	0	0	0
DIRECTOR	<u>: (E</u>	132,20	30,000.	21,449.	2,66	16,978.	206,29	0.
(3) ANDRES CONTRERAS	ε	0	0	0.	0	0.	0	0
DIRECTOR	<u> </u>	132,22	30,000.	21,672.	3,71	16,979.	204,58	0
(4) DAVID ADAME	Ξ					1	C	0
CHAIRMAN	▤	289,27	0	12,653.	3,07	17,223.	37777	0
(5) JOHN RAMIREZ	Ξ		0			-		0
VICE CHAIRMAN	<u> </u>	139,796.	0	7,966.	6,02	11,119.	164,909.	0.
(6) MAX GONZALES	ε		0	0.	0	0.	0	0
SECRETARY	: E	130,85	0	21,950.	26,37	16,380.	175,562.	0.
(7) ALICIA NUNEZ	ε	0	0	0	0	0.	0	0
DIRECTOR/CFO	<u> </u>	135,97	15,000.	18,165.	2,939.	13,896.	185,974.	0
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				7			Schedu	Schedule J (Form 990) 2016

632112 08-09-16

Schedule 1 (Form 990) 2016 CPLC NEW MEXICO INC	85-0227776 Page 3
anation, o	complete this part for any additional information
PART I, LINE 3:	
THE INDIVIDUALS LISTED ON SCHEDULE J ARE COMPENSATED BY THE PARENT	
TAX-EXEMPT ORGANIZATION, CHICANOS POR LA CAUSA, INC., WHO USES A	
COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION	<b>D</b>
COMMITTEE IN DETERMINING COMPENSATION.	
832113 08-08-16	Schedule J (Form 990) 2016

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.lrs.gov/form990.

CPLC NEW MEXICO INC

**Employer identification number** 85-0227776

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	eterminin		s
1	Art - Works of art		itomo contributos	10,111,000,11,011,011,011,011		-		
2	Art - Historical treasures							
3	Art - Fractional interests					<del></del>		
4	Books and publications				-	·		
5	Clothing and household goods							
6	Cars and other vehicles				<del></del>			
7	Boats and planes		-					
-	-Intellectual-property							
9	Securities - Publicly traded			<del></del>				
10	Securities - Closely held stock	-						
11	Securities - Partnership, LLC, or		-					
• •	trust interests	x	1	276,644.	FM7			
12	Securities - Miscellaneous		<del></del>	2,070220				
13	Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other					<del></del>		
15	Real estate - Residential	<u> </u>	<del></del>		<del></del>			
16	Real estate - Commercial							
17	Real estate - Other	<u> </u>	· · · · · · · · · · · · · · · · · · ·			<del></del>		
18	Collectibles							
19	Food inventory		<del> </del>					
20	Drugs and medical supplies		<del> </del>	<del>                                     </del>				
21	Taxidermy					······································		
22	Historical artifacts		<u> </u>					
23	Scientific specimens				<u> </u>			
24	Archeological artifacts							
25	<u>.</u> '		f				_	
26	Other () Other ()		<del></del>					
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organi	zation durin	o the tax year for o	contributions				
23	for which the organization completed Form 82						0	
	To when the organization completed rom oz	.00,1 01111,		gomont <u>20 1</u>			res	No
302	During the year, did the organization receive b	v contributi	on any property re	norted in Part I lines 1 throu	oh 28. that it			110
000	must hold for at least three years from the dat							
	exempt purposes for the entire holding period			5 W. 10 W. 10 W. 10 G. 1	100	30a		X
h	If "Yes," describe the arrangement in Part II.	•	**	• •	• •	304		<del></del> -
31	Does the organization have a grit acceptance	policy that r	equires the review	of any nonstandard contribi	itions?	31	x	
	Does the organization hire or use third parties					<del>  "   -</del>	*	
uzd	contributions?	or rolated U	941112410113 10 301	المعادات المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية		32a		Х
<b>L</b>	If "Yes," describe in Part II.		-			1020	$\neg$	
33	If the organization didn't report an amount in	column (c) fo	or a type of proper	v for which column (a) is che	ecked			
55	describe in Part II	JOIGHT (0) 10	a type of propert	., mion column (a) is one	,u,			

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

Schedule M (Form 990) (2016)

SCHEDULE M, PART I, COLUMN (B):  COLUMN (B) REPORTS THE NUMBER OF CONTRIBUTIONS.
COLUMN (B) REPORTS THE NUMBER OF CONTRIBUTIONS.

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

CPLC NEW MEXICO INC	85-0227776
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:	
NACIENTE:	
NACIENTE OPIOID TREATMENT PROGRAM TO REDUCE THE INCIDENCE	AND
PREVALENCE OF SUBSTANCE ABUSE AND OTHER BEHAVIORAL HEALTH	PROBLEMS
AMONG ADULTS THROUGH THE PROVISION OF OPIOID REPLACEMENT	THERAPY.
CLIENTS ARE EMPOWERED TO MAKE DECISIONS ABOUT THEIR CARE	WITH THE
EXPECTED OUTCOME OF AN INCREASED QUALITY OF LIFE.	
COMMUNITY ECONOMIC DEVELOPMENT GRANT PROGRAM:	
THE COMPANY RECEIVED THE COMMUNITY ECONOMIC DEVELOPMENT G	RANT PROGRAM
TO (A) MAKE INVESTMENTS IN TWO HIGH-GROWTH BUSINESSES OPE	RATING IN
NORTHERN NEW MEXICO, ONE IN THE FOOD MANUFACTURING SECTOR	, AND ONE IN
THE SUBFLOORING MANUFACTURING SECTOR; AND (B) OFFER BUSIN	ESS
ACCELERATION TECHNICAL ASSISTANCE TO INCREASE THE EFFICIE	NCY OF THESE
BUSINESSES.	
	····
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHME	NTS:
THE PROGRAM SERVED 787 PARTICIPANTS AND CREATED 124 JOBS	IN FISCAL YEAR
ENDED 2017.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
INSPIRE SANTA FE:	

Name of the organization  CPLC NEW MEXICO INC	Employer identification number 85-0227776
AGES 12-19, WITH ADULT MENTORS. THE PROGRAM ASK YOUTH FRO	M SANTA FE,
"WHAT DO YOU WANT TO LEARN?" AND MATCHES THE STUDENTS WIT	H VOLUNTEER
COMMUNITY EXPERTS. EACH ADULT MENTOR AND YOUTH PROTEGE EM	BARK ON A
NINE-MONTH EXPLORATION OF THEIR SHARED INTEREST, MEETING	TWO HOURS A
WEEK THROUGHOUT THE SCHOOL YEAR. PAST PROJECTS RANGE FROM	MUSIC AND
DANCE PERFORMANCES TO CULINARY AND ALTERNATIVE ENERGY INV	ENTIONS TO
PRESENTATIONS ON ELDER CARE AND COMPLEXITY THEORY.	
NACIENTE:	
NACIENTE OPIOID TREATMENT PROGRAM TO REDUCE THE INCIDENCE	AND
PREVALENCE OF SUBSTANCE ABUSE AND OTHER BEHAVIORAL HEALTH	PROBLEMS
AMONG ADULTS THROUGH THE PROVISION OF OPIOID REPLACEMENT	THERAPY.
CLIENTS ARE EMPOWERED TO MAKE DECISIONS ABOUT THEIR CARE	WITH THE
EXPECTED OUTCOME OF AN INCREASED QUALITY OF LIFE.	
NACIENTE OPIOID TREATMENT PROGRAMS PROVIDE A CONTINUUM OF	CARE THAT
ENSURES ALL CLIENTS AND FAMILY MEMBERS REFERRED ARE EVALU	ATED AND
PROVIDED SERVICES AND/OR REFERRED TO PRIMARY AND SECONDAR	Y SERVICE
PROVIDERS TO MEET THEIR INDIVIDUAL NEEDS.	
AT THE END OF FISCAL YEAR-ENDED 2017, THIS PROGRAM WAS IN	STARTING
STAGES DID NOT HAVE ANY CLIENTS SERVED YET.	
COMMUNITY ECONOMIC DEVELOPMENT GRANT PROGRAM:	
THROUGH THE CULMINATION OF INVESTING IN TWO HIGH-GROWTH B	USINESSES AND
PROVIDING ACCELERATED TECHNICAL ASSISTANCE TO THOSE BUSIN 632212 08-25-18 Schee	ESSES 40 NEW dule O (Form 990 or 990-EZ) (2016)

CORPORATION.

THE CONFLICT OF INTEREST REQUIRED AN ANNUAL DECLARATION BY ALL BOARD MEMBERS AND KEY STAFF. WE ADHERE TO THE CODE OF CONDUCT GUIDELINES IN THE OMB A110 CIRCULAR. ALL POTENTIAL CONFLICTS ARE REVIEW BY THE BOARD OF DIRECTORS. ANY BOARD MEMBER WHO HAS A POTENTIAL CONFLICT OF INTEREST IN A Schedule O (Form 990 or 990-EZ) (2016) 632212 08-25-16

38

Schedule Ø (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization CPLC NEW MEXICO INC	Employer identification number 85-0227776
SPECIFIC ACTION OF THE BOARD UNDER CONSIDERATION AT A MEE	TING IS EXPECTED
TO EXCUSE THEMSELVES FROM ANY INFLUENCE ON SUCH ACTION. S	INCE EVERY
SITUATION AND CIRCUMSTANCE CANNOT BE ANTICIPATED OR DISCL	OSED IN ADVANCED,
THE ORGANIZATION RELIES UPON THE HONESTY AND INTEGRITY OF	EACH INDIVIDUAL
TO COMPLY WITH THIS PROTOCOL.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	BY REQUEST.
FORM 990, PART V, LINE 2:	
EMPLOYEES ARE EMPLOYEES OF CHICANOS POR LA CAUSA, INC., N	O FEDERAL OR
STATE PAYROLL REPORTING IS DONE BY CPLC NEW MEXICO INC.	
	<del> </del>

SCHEDULE R (Form 990)

CPLC NEW MEXICO INC

Name of the organization

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2016

OMB No 1545-0047

Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

**Employer identification number** 

85-0227776

INC 97,261, CPLC NEW MEXICO, INC. Direct controlling 1,665,571,CPLC NEW MEXICO. 1,911,462,CPLC NEW MEXICO. O. CPLC NEW MEXICO Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year entity End-of-year assets **e** <24. <104,275, 93,173, Total Income Ð Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) NEW MEXICO NEW MEXICO NEW MEXICO NEW MEXICO INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT Primary activity 9 HOUSING CPLC NM COMMUNITY STABILIZATION PARTNERS LLC 32-0486654 1112 E BUCKEYE ROAD PHOENIX BELLA VISTA MANAGEMENT LLC - 85-0457053 Name, address, and EIN (if applicable) 47-0874910 03-0488886 of disregarded entity LADERA VILLAGE LLC -VILLA LAS VEGAS, LLC 1112 E BUCKEYE ROAD 1112 E BUCKEYE ROAD 1112 E BUCKEYE ROAD PHOENIX AZ 85034 PHOENIX AZ 85034 PHOENIX AZ 85034 AZ 85034 Part II Part

(a)	(q)	(0)	(p)	(e)	€	(g) Section 512(by13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled
of related organization		foreign country)	section	status (ii section	ennis	entity
		•		501(c)(3))		Yes No
PUEBLO SENIOR HOUSING INC DBA CASA DEL					i	
PUEBLO I - 86-0757227, 1112 E BUCKEYE ROAD.					CHICANOS POR LA	
	HOUSING	ARIZONA	501(C)(3)	LINE 10	CAUSA INC.	×
CASA DEL PUEBLO II INC - 39-0275488						
1112 E BUCKEYE ROAD					CHICANOS POR LA	-
	HOUSING	ARIZONA	501(C)(3)	LINE 10	CAUSA INC.	×
CASA MIA SENIOR APARTMENTS INC - 74-2465161						
1112 E BUCKEYE ROAD					CHICANOS POR LA	;
	HOUSING	ARIZONA	501(C)(3)	LINE 10	CAUSA INC.	×
CAUSA COMMUNITY DEVELOPMENT DBA GUADALUPE				-		
BARRIO NUEVO - 74-2465130, 1112 E BUCKEYE					CHICANOS POR LA	
POAT PHOENTX AZ 85034	HOUSING	ARIZONA	501(C)(3)	LINE 10	CAUSA INC.	×
Ear Denormork Beduction Act Notice see the Instructions for Form 990	s for Form 990.				Schedule R (	Schedule R (Form 990) 2016

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

Schedule R (Form 990) CPLC NEW MEXICO INC Part I Continuation of Identification of Disregarded Entities	CO INC				85-0227776
i i	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NACIENTE HEALTH SERVICES 1112 E BUCKEYE ROAD PHOENIX, AZ 85034	HEALTH CARE	NEW MEXICO	0	0	CPLC NEW MEXICO, INC.
	·····[·····]				
			-		

6\$2221 04-01-16

CHICANGS   POR LA	R (Form 990) CPLC NEW MEXICO INC Continuation of Identification of Related Tax-Exempt Organizations
ARIZONA 501(C)(3) LINE 2 CAUSA INC.  ARIZONA 501(C)(3) LINE 7 CAUSA INC.  CHICANOS POR LA ARIZONA 501(C)(3) LINE 7 CAUSA INC.  CHICANOS POR LA ARIZONA 501(C)(3) LINE 7 CAUSA INC.  CHICANOS POR LA ARIZONA 501(C)(3) LINE 7 CAUSA INC.  CHICANOS POR LA CHICA	
ARIZONA 501(C)(3) LINE 2 CAUSA INC.  ARIZONA 501(C)(3) LINE 7 CAUSA INC.  CHICANOS POR LA  ARIZONA 501(C)(3) LINE 7 CAUSA INC.  CHICANOS POR LA  ARIZONA 501(C)(3) LINE 7 CAUSA INC.  CHICANOS POR LA  CHICANOS PO	
ARIZONA 501(C)(3) LINE 7 CHICANOS POR IA ARIZONA 501(C)(3) LINE 7 CAUSA INC. CHICANOS POR IA ARIZONA 501(C)(3) LINE 7 CAUSA INC. CHICANOS POR IA ARIZONA 501(C)(3) LINE 7 CAUSA INC. CHICANOS POR IA ARIZONA 501(C)(3) LINE 7 CAUSA INC. CHICANOS POR IA ARIZONA 501(C)(3) LINE 7 CAUSA INC.	
ARIZONA 501(C)(3) LINE 7 CAUSA INC.  ARIZONA 501(C)(3) LINE 10 CAUSA INC.  CHICANOS POR LA  ARIZONA 501(C)(3) LINE 7 CAUSA INC.  ARIZONA 501(C)(3) LINE 7 CAUSA INC.  CHICANOS POR LA  CHICANOS P	EDUCATION
ARIZONA 501(C)(3) LINE 7 CAUSA INC.  ARIZONA 501(C)(3) LINE 10 CAUSA INC.  ARIZONA 501(C)(3) LINE 7 CAUSA INC.  ARIZONA 501(C)(3) LINE 7 CAUSA INC.  CHICANOS POR LA  ARIZONA 501(C)(3) LINE 7 CAUSA INC.  CHICANOS POR LA  ARIZONA 501(C)(3) LINE 7 CAUSA INC.	
ARIZONA SO1(C)(3) LINE 10 CAUSA INC.  CHICANOS POR LA ARIZONA SO1(C)(3) LINE 7 CAUSA INC.  CHICANOS POR LA ARIZONA SO1(C)(3) LINE 7 CAUSA INC.  CHICANOS POR LA CHICANOS POR LA CHICANOS POR LA CHICANOS POR LA CHICANOS POR LA CAUSA INC.	SOCIAL SERV
ARIZONA 501(C)(3) LINE 10 CAUSA INC.  ARIZONA 501(C)(3) LINE 7 CAUSA INC.  ARIZONA 501(C)(3) LINE 7 CAUSA INC.  CHICANOS POR LA  CHICANOS POR LA  CHICANOS POR LA  CHICANOS POR LA  CHICANOS POR LA  CHICANOS POR LA  CAUSA INC.	
ARIZONA 501(C)(3) LINE 7 CAUSA INC,  ARIZONA 501(C)(3) LINE 7 N/A  CHICANOS POR LA  ARIZONA 501(C)(3) LINE 7 CAUSA INC,  CHICANOS POR LA  CHIC	HOUSING
ARIZONA 501(C)(3) LINE 7 CAUSA INC,  ARIZONA 501(C)(3) LINE 7 N/A  CHICANOS POR LA  SOL(C)(3) LINE 7 CAUSA INC,  CAUSA INC,	
ARIZONA 501(C)(3) LINE 7 CAUSA INC.  ARIZONA 501(C)(3) LINE 7 CAUSA INC.	
ARIZONA 501(C)(3) LINE 7 N/A CHICANOS POR LA S01(C)(3) LINE 7 CAUSA INC,	FOUNDATION
ARIZONA 501(C)(3) LINE 7 N/A CHICANOS FOR LA ARIZONA 501(C)(3) LINE 7 CAUSA INC,	
ARIZONA 501(C)(3) LINE 7 CAUSA INC,	AL SER
ARIZONA 501(C)(3) LINE 7 CAUSA INC.	
ARIZONA 501(C)(3) LINE 7 CAUSA INC.	
	HEALTH CARE

85-0227776 Page 2

Schedule R (Form 990) 2016 CPLC NEW MEXICO INC

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

<b>(K</b>	General or Percentage managing ownership partner?					N/A				N/A				N/A	<del></del>		,	N/A
9	General o managing partner?	Yes No				N/N				A/N				N/N				N/A
(9)	Code V-UBI amount in box 20 of Schedule					N/A				N/A				N/A				N/A
(h)	Disproportionate allocations?	Yes No				N/A	· -·			N/A				N/A				N/A
(6)	Share of end-of-year					N/A				N/A				N/A				N/A
<b>(</b>	Share of total income					N/A				N/A				N/A				N/A
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)				N/A				N/A				N/A				N/A
(p)	Direct controlling entity					N/A				N/A				N/A				N/A
(2)	Legal domicile (state or	foreign country)				ΑZ				ΑZ		_		ΑZ				AZ
(q)	Pnmary activity					HOUSING				HOUSING		<del></del> ,	<del></del>	HOUSING	·			HOUSING
(a)	Name, address, and EIN of related organization		CASA DE FLORES SENIOR	APARTMENTS LIHTC LP -	65-1271917, 1112 E BUCKEYE	ROAD, PHOENIX, AZ 85034	GUADALUPE HUERTA SENIOR	APARTMENTS LIHTC LP -	65-1271919, 1112 E BUCKEYE	ROAD, PHOENIX, AZ 85034	MOUNTAIN POINTE APARTMENTS	PHASE II LIHTC LP -	01-0857328, 1112 E BUCKEYE	ROAD, PHOENIX, AZ 85034	ROSA LINDA SENIOR APTS LIHTC	LP DBA GENE RICE -	65-1271918, 1112 E BUCKEYE	ROAD PHOENIX AZ 85034

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

(a)	(q)	(0)	(p)	(a)	(J)	(6)	(£)	€
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?
		country)		or trustly		dosers		Yes No
FUTURO INVESTMENT CORP - 86-0329801								
1112 E BUCKEYE ROAD								
PHOENIX, AZ 85034	HOLDING COMPANY	AZ	N/A	C CORP	N/A	N/A	N/A	×
COMMERCIO ARIZONA INC - 20-1549598	T							
1112 E BUCKEYE ROAD	<del></del>							
PHOENIX, AZ 85034	DEVELOPMENT	AZ	N/A	C CORP	N/A	N/A	N/A	×
FUTURO ENTERPRISE SERVICES INC - 80-0412929								
1112 E BUCKEYE ROAD	-							
PHOENIX, AZ 85034	HOLDING COMPANY	AZ	N/A	C CORP	N/A	N/A	N/A	×
TIEMPO INC - 65-1271918								
1112 E BUCKEYE ROAD								
PHOENIX, AZ 85034	REAL ESTATE	AZ	N/A	C CORP	N/A	N/A	N/A	×
CPLC INSURANCE COMPANY INC - 65-1271919								
1112 E BUCKEYE ROAD								
PHOENIX. AZ 85034	INSURANCE BROKERAGE	AZ	N/A	C CORP	N/A	N/A	N/A	×
632162 08-06-16		43				Sch	Schedule R (Form 990) 2016	990) 2016

Schedule R (Form 990) CPLC	CPLC NEW MEXICO	INC						85-0227776	7776	,
of Ident	on of Related Organize	itions Tax	able as a Partnership	<u>.</u>					,	•
(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated,	(f) Share of total income	(g) Share of end-of-year	(h) Disproportion- ate allocations?	(i) Code V-UBI amount in box	(j) General or managing	(k) Percentage ownership
		foreign country)		excluded from tax under sections 512-514)		assets	Yes No	K-1 (Form 1065)	Yes No	
COMERCIO AZ REAL ESTATE I CDE										
LLC - 20-1582373, 1112 E										
BUCKEYE ROAD, PHOENIX, AZ 85034	DEVELOPMENT	ΑZ	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COMERCIO AZ REAL ESTATE III										
CDE LLC - 20-1582430, 1112 E										
BUCKEYE ROAD, PHOENIX, AZ	DEVELOPMENT	A7.	A/N	A/N	A/N	N/A	N/A	N/A	N/A	N/A
COMERCIO AZ REAL ESTATE IV										
CDE LLC - 20-1582457, 1112 E	····									
					•					
	DEVELOPMENT	AZ	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
LADERA VILLAGE LIMITED										
PARTNERSHIP - 03-0488886	· <b>,</b>									
			LADERA VILLAGE	-						
AZ 85034	HOUSING	¥K	LLC	RELATED	<24.>	97,261,	×	N/A	×	1,00%
CASA DE ENCANTO SENIOR										
٦(										
ROAD PHOENTX AZ 85034	HOUSTNG	AZ	N/A	A/N	N/A	N/A	A/A	N/A	A/N	N/A
					/	J				
OLD WOOD LLC - 86-0969541							_			
	·									
SANTA FE, NM 87501	DEVELOPMENT	MM	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TANCE MOTIVIPATIVE ENERGY FOODS										
HWY	POOD				-					
QUESTA NM 87556		MM	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
							-			
	-									
6\$2223 04-01-16				44						

Schedule R (Form 990) CPLC NEW MEXICO INC	O INC					85-0	85-0227776		٠ ا
of Iden	zations Taxable as a Corpor	ation or Trus	, }				•		
(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	X(13) X(13) Siled
FRIENDSHIP COMMUNITY MENTAL HEALTH CENTER - 93-1182443, 1112 E BUCKEYE ROAD, PHOENIX, AZ N	MENTAL HEALTH SERVICES	AZ	N/A	C CORP	N/A	N/A	N/A		×
								_	
							-		
692224 04-01-16		45		-					

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	â	(3)	( <del>0</del>	9	(b)	3	(2)	9	(K)
Name, address, and EIN of entity	ctivity	흫튵	Predomi (related excluded 1		Share of end-of-year	Dispropor- tionate an allocations? O	Dispropor- Bonate amount in box 20 managing ownership allocations? of Schedule K-1 partner?	General or managing partner?	Percentage ownership
		country)	sections 512-514) Yes No	Income	assets	Yes No	(Form 1065)	Yes No	
							ı		
				-					
						_			

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Schedule R'(Form 990) 2016 CPLC NEW MEXICO INC  Part VII Supplemental Information.	
Provide additional information for responses to questions on Schedule R. See instructions.	
	<del></del>
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