

CHANGE OF ACCOUNTING PERIOD

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.

OMB No 1545-0047 Open to Public Inspection

A For the 2017 calendar year, or tax year beginning $JUL~1,~2017$ ar	nd ending	SEP 30, 2017	·
C C Name of organization		D Employer identifi	cation number
Address La Frontera Center, Inc.			
Name		86-0	215009
Initial Initial	Room/suite		
Final 504 W 20th Street	Hoongsuite	·	884-9920
termin-		G Gross receipts \$	11,389,633.
ated City or town, state or province, country, and ZIP or foreign postal code Tucson, AZ 85713			
Applica- tion F Name and address of principal officer Daniel J Ranieri		H(a) Is this a group re for subordinates	
same as C above		H(b) Are all subordinates	
Tax-exempt status: X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) or 527	∬ ∱ If "No," attach a	list. (see instructions)
Website:		H(c) Group exemption	n number 🕨
K Form of organization: X Corporation Trust Association Other ▶	<u>L</u> Year	of formation: 1968	State of legal domicile: AZ
Part I Summary	ı		
Briefly describe the organization's mission or most significant activities. To	provide	a full con	tinuum of
behavioral health care services.			
2 Check this box If the organization discontinued its operations or dis	osed of more	than 25% of its net as	ssets.
3 Number of voting members of the governing body (Part VI, line 1a)	s. 1	3	16
4 Number of independent voting members of the governing body (Part VI, line 1b	o) *	4	16
behavioral health care services. Check this box In the organization discontinued its operations or displaying the organization discontinued its operation discontinued		5	(
6 Total number of volunteers (estimate if necessary)	Ī	6	16
7 a Total unrelated business revenue from Part VIII, column (C), line 12	Ì	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	6	7b	0.
2 Not amounted business tablable mounte worth out to the		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	 	163,701.	8,163.
Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		45,238,142.	11,229,511.
10 Investment recome (Part VIII, line 2g)	ļ 	177,868.	71,602
Investment income (Part VIII, column (A), lines 3, 4, and 7d)	├	1//,000.	71,602.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	. }- -		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	 	45,579,711.	11,309,276.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	0.	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)	^{D)}	32,366,934.	7,644,969
16a Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)	0.	-, 	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,780,957.	
18 Total expenses Add lines 13-17 (must equal Part IX; column (A); line (25)	ો	46,147,891.	11,047,003
19 Revenue less expenses. Subtract line 18 from line 2	· -	<u><568,180.</u>	
10 1	Be	ginning of Current Year	End of Year
20 Total assets (Part X, line 16)	<u>`</u>	19,982,534.	19,505,854
	5	<u>7,827,250.</u>	7,088,297.
22 Net assets or fund balances. Subtract line 21 from line 20 20 20 20 20 20 20 20 20 20 20 20 20	웹	12,155,284.	12,417,557
Part II Signature Block	1		
nder penalties of perjury, I declare that I have examined this return, including accompanying schedi	ules and statem	ents, and to the best of m	y knowledge and belief, it is
ue, correct, and complete. Declaration of preparer (other than officer) is based on all information of	which preparer	has any knowledge. /	_1
- Marian		\$/10	0/18
ign Signature of officer (Center)		Date 0//	110
ere <u>Michael Prudence, CFO</u>		_	
Type or print name and title			
Print/Type preparer's name Preparer's signature 0 k		Date Check	PTIN
aid Carla J. Keegan		9918 If self-employ	
reparer Firm's name Keegan, Linscott & Kenon, P.C.			86-075O225
se Only Firm's address 3443 N. Campbell Avenue, Suite	115	Firm's EIN	00-0130443
Tucson, AZ 85719	113	Dhan / F	201 004 0176
1 4 6 6 CH		Priorie no. (🤇	20) 884-0176

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

		rontera Center,		86-0215009 Page 2
Pa	— +,	Service Accomplishme		
		s a response or note to any line	ın this Part III .	. <u>X</u>
1	Briefly describe the organization's n	nission:		
	None			
				
2	Did the organization undertake any	significant program services di	iring the year which were not listed on	the
2	prior Form 990 or 990-EZ?	oigninoant program services de	and the year which were not noted on	Yes X No
	If "Yes," describe these new service	es on Schedule O.	•	
3	·		es in how it conducts, any program serv	rices? Yes X No
	If "Yes," describe these changes or	_		
4	Describe the organization's program	n service accomplishments for	each of its three largest program servic	es, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) orga	anizations are required to report	the amount of grants and allocations t	o others, the total expenses, and
	revenue, if any, for each program se			
4a				(Revenue \$ 4,087,884.)
			<u>nsive diagnostic an</u>	d psychotherapeutic
	outpatient service	<u> </u>		
				
				
				
4b	(Code) (Expenses \$	2,652,060. including g		(Revenue \$ 3,671,569.)
			<u>ce abuse services -</u> hildren and adults (
			to encourage employ	
	independent living		co encourage emproy	ability and
		<u> </u>		
				
				
	,	0 202 016		0.060.170
4c	(Code) (Expenses \$	2,323,916. including g	rants of \$)	(Revenue \$ 2,869,179.)
	outpatient service		ve diagnostic and p	sychotherapeutic
	Outpatient service	:8.		
				
				
4d	,			600 050
4-		34. including grants of \$ 9,242,768) (Revenue \$	600,879.)
+ +	Total program service expenses	<u> </u>	•	Form 990 (2017)
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86-0215009 Pa

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A Х Is the organization required to complete Schedule B, Schedule of Contributors? 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C. Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III 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? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 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? <u>14a</u> 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 X or more? If "Yes," complete Schedule F. Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G, Part II 18 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 Form **990** (2017) Form 990 (2017)

La Frontera Center, Inc.

Part IV Checklist of Required Schedules (continued)

Yes No

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

	•		<u> </u>	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			l
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u>X</u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	' I		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	ĺ		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	complete Schedule L, Part II	26		X
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			X_
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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 current or former officer, director, tructor, or leavement of "Yea" complete Schodule I. Port IV	200		Χ_
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	L	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		}	}
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	X
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	

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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.

13

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

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

13b 13c X

13a

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La Frontera Center, Inc.

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 Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management	•		<u> </u>
		-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 16			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1]	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16		i	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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 990 was filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> </u>
6	Did the organization have members or stockholders?	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a_	X	
b	Each committee with authority to act on behalf of the governing body?	8b	<u>x</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	_	<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		7.	
	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 to conflicts?	12b	_X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		₹.	
12	In Schedule O how this was done	12c	X	
13 14	Did the organization have a written whistleblower policy?	13	X	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	!
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	נוטו	43	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
-	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			_ _
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed >AZ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.		-	
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l fınan	cıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Connie Prince, Finance Director - 520-838-5532			
	504 W. 29th Street, Tucson, AZ 85713			
32006	11-28-17	Forn	990	(2017)

· 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 Pos	C)			(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week					ıs bot or/trus		compensation	compensation from related	amount of other
	(list any	-					ĺ	from the	organizations	compensatio
	hours for	ale				20		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC)	,	organization
	organizations	a trus	naltr		loyee	g e e				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	s em b	Highest compensated employee	Ë			organizations
(1) Pam Crim	3.00	=	=	-	¥.	王ə	3			
Chair		X		x						
(2) Suzan Costich	3.00									
Vice Chair		X		x						
(3) Patrick O'Hagin	3.00									
Secretary		х		х						
(4) Gerry Beal	3.00									
Treasurer		X		х						
(5) Paul Sayer	3.00									
MAL		X		Х						
(6) Dr. Celestino Fernandez	3.00									
Immediate Past Chair		X		X						
(7) Dr. James L. Abbott	3.00									
Director		X								
(8) Alfonso Dancil	3.00									
Director		X		_						
(9) George Larsen	3.00									
Director		X		ļ						
(10) Lt. Col. Michael Riordan	3.00					ł				
Director		X			<u> </u>	L				
(11) Alfred S. Garcia	3.00									
Director		X				<u> </u>				
(12) Autumn Rentmeester	3.00				1					
Director		X			L	L.,				
(13) Dr. Eugenia Favela	3.00									
Director		X			_					
(14) Stephanie Healy	3.00									
Director		X	L		<u> </u>	Ш				
(15) Mary Mantila	3.00									
Director		Х	L_		<u> </u>	<u> </u>				
(16) Dr. David Luna	3.00									
Director		Х	L_		_					
(17) Daniel Ranieri	14.00									
President/CEO	26.00		L	X						Form 990 (20

Charlesher barret marks

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

Form 990 (2017)

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under (C) Unrelated (B) Related or Total revenue exempt function business revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b Fundraising events 1c Contributions, Giff and Other Similar d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 8,163 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code Program Service Revenue 624100 9,482,306 9,482,306 2 a Govt Fees & Contracts 1.486.975 b Client Service Fees 624100 1.486,975 200,000 200,000 c Management Fees 624100 900099 60,230 60,230 d Other Revenue f All other program service revenue g Total. Add lines 2a-2f 11,229,511 Investment income (including dividends, interest, and other similar amounts) 25,972 25,972, Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (II) Other assets other than inventory 125,987 b Less: cost or other basis and sales expenses 80.357 c Gain or (loss) 45,630 45 630. d Net gain or (loss) 45,630 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue Total. Add lines 11a-11d Total revenue. See instructions. 309,276 71 602.

- Do	Check if Schedule O contains a respon	(A) Total expenses	(B)	(C)	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		I		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign		Ì		
	organizations, foreign governments, and foreign		ì		
	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)		5 500 004		
7	Other salaries and wages	6,564,121.	5,582,234.	981,887.	
8	Pension plan accruals and contributions (include		l		
	section 401(k) and 403(b) employer contributions)			70 010	
9	Other employee benefits	571,596.	493,377.	78,219.	
10	Payroll taxes	509,252.	439,908.	69,344.	
11	Fees for services (non-employees)				
а	Management			101 100	
b	Legal .	135,703.	11,535.	124,168.	
C	Accounting	40,000.		40,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	11,152.		11,152.	
g	Other. (If line 11g amount exceeds 10% of line 25,		222 245		
	column (A) amount, list line 11g expenses on Sch 0.)	1,014,490.	938,945.	75,545.	
12	Advertising and promotion	4,582.	4,049.	533.	
13	Office expenses				
14	Information technology				
15	Royalties		540 011	102 114	
16	Occupancy	743,325.	640,211.	103,114.	
17	Travel	145,861.	104,984.	40,877.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		 +		
21	Payments to affiliates	102 607	107 514	76 102	
22	Depreciation, depletion, and amortization	183,697.	107,514. 211,848.	76,183. 44,792.	
23	Other expenses. Itemize expenses not covered	256,640.	411,040.	44,/74.	
24	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 0.)				
а	Equipment	438,748.	408,187.	30,561.	
b	Supplies	278,866.	264,155.	14,711.	
c	General and Operating	82,150.	35,821.	46,329.	
d	Bad Debt	66,820.		66,820.	
-	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	11,047,003.	9,242,768.	1,804,235.	0
<u> </u>	Joint costs. Complete this line only if the organization				
_	reported in column (B) joint costs from a combined	1	ĺ	[
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)	1			

Par	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	5,133,624.	1	5,346,572.
	2	Savings and temporary cash investments	1,352.	2	1,352.
	3	Pledges and grants receivable, net		3	
I	4	Accounts receivable, net	1,469,482.	4	1,371,410.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
'		Part II of Schedule L		5	
1	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			
জ	ĺ	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	<u>.</u>
Assets	7	Notes and loans receivable, net	2,031,168.	7	1,634,358.
ä	В	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	702,662.	9	746,382.
	10a	Land, buildings, and equipment. cost or other			-
		basis. Complete Part VI of Schedule D 10a 19,361,398.			
Į.	b	Less: accumulated depreciation 10b 10,594,033.	9,005,831.	10c	8,767,365.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		_13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,638,415.	15	1,638,415.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	19,982,534.	16	19,505,854.
	17	Accounts payable and accrued expenses	3,200,070.	_17	2,564,182.
	18	Grants payable	 _	_18	
	19	Deferred revenue	57,000.	_19	21,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
iii		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L	2 476 004	22	2 204 761
_	23	Secured mortgages and notes payable to unrelated third parties	3,476,904.	23_	3,304,761.
	24	Unsecured notes and loans payable to unrelated third parties		_24_	
ĺ	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	1,093,276.	25	1,198,354.
	26	Total liabilities, Add lines 17 through 25	7,827,250.	<u>25</u> 26	7,088,297.
	20	Organizations that follow SFAS 117 (ASC 958), check here	1,021,250.	_20	7,000,257.
တ		complete lines 27 through 29, and lines 33 and 34.			
ဥ	27	Unrestricted net assets	12,155,284.	27	12,417,557.
alar	28	Temporarily restricted net assets	<u> </u>	28	
Ø	29	Permanently restricted net assets		29	
Š		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ᡖ		and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	12,155,284.	33	12,417,557.
	34	Total liabilities and net assets/fund balances	19,982,534.		19,505,854.

Form	990 (2017) La Frontera Center, Inc.	<u>86-</u>	02150	09	Pag	e 12			
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI					Ш			
	•								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11;						
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,	0 <u>47</u> 262					
3	3 Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,	<u> 155</u>	,28	<u> 34.</u>			
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	12,4	<u>417</u>	<u>, 5!</u>	<u>57.</u>			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		Г	Y	es	No			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	_						
2a				2a		X _			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a							
	separate basis, consolidated basis, or both		ł		Ì				
	Separate basis Consolidated basis Both consolidated and separate basis				ĺ				
b	Were the organization's financial statements audited by an independent accountant?		Ŀ	2b :	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,							
	consolidated basis, or both		ł	-	- 1				
	X Separate basis Consolidated basis Both consolidated and separate basis			i	1				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	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	ļ	-	1				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Aud	rt		ļ				
	Act and OMB Circular A-133?		ي_ا	3a :	X _				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	ıt 🗍						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				X				
			F	orm 9 9	90 (2017)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number Name of the organization 86-021500<u>9</u> <u>Frontera Center</u> Inc Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part (The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

86-0215009 Page 2 Schedule A (Form 990 or 990-EZ) 2017 La Frontera Center Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (c) 2015 (d) 2016 (e) 2017 (f) Total (b) 2014 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line Section B. Total Support (c) 2015 (f) Total Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (d) 2016(e) 2017 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organizațion qualifies as a publicly supported organization b 33 1/3% support test 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the Jacts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation, If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

732022 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 La Frontera Center, Inc.

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

· (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

50.	• qualify under the tests listed b ction A. Public Support	elow, please comp	piete Part II.)						_
		(a) 2012	(b) 2014	(a) 2015	(d) 2016		(e) 2017	(f) Total	-
	endar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2013	(b) 2014	(c) 2015	(d) 2016	 -'	6) 2011	ii) i Otai	_
1	membership fees received (Do not include any "unusual grants ")	57,339.	42,947.	2,000,802,	163,701.		8,163.	2,272,95	2.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	53,132,683,	58,290,364,	47,108,055,	45,238,142,	1:	1,229,511,	214,998,75	
3	Gross receipts from activities that are not an unrelated trade or business under section 513								_
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								_
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	53,190,022.	58,333,311,	49,108,857.	45,401,843,	_1:	1,237,674.	217,271,70	7.
7 <i>a</i>	a Amounts included on lines 1, 2, and								
	3 received from disqualified persons							0	•
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							0	<u>.</u>
c	Add lines 7a and 7b								<u> </u>
8	Public support. (Subtract line 7c from line 6)							217 271 70	7.
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 201 <u>6</u>		(e) 2017	(f) Total	_
9	Amounts from line 6	53,190,022.	58,333,311.	49 108 857	45,401,843,	_1:	1,237,674.	217,271,70	7.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	245 598	206 648	185,857.	161 968	,	25,972.	826,043	
	Unrelated business taxable income	243,390.	200,040.	103,037.	101,500.	 	27,7,20	020,040	•
L	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
,	Add lines 10a and 10b	245,598.	206,648.	185,857.	161,968.	-	25,972.	826,043	_
_	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	243,330.	200,040.	103,037.	101,300.		3,3,44	020 / 0 20	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			2,370.				2,370	<u>.</u>
13	Total support. (Add lines 9, 10c, 11, and 12)	53,435,620.	58,539,959.	49,297,084.	45 563 811	1	1,263,646.	218,100,12	0.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ıx year as a sectio	n 501	l(c)(3) organız	ation,	_
	check this box and stop here			<u>. </u>				▶∟	
Sec	ction C. Computation of Publi	ic Support Per	rcentage				· · · · · · · · · · · · · · · · · · ·		_
15	Public support percentage for 2017 (I	ıne 8, column (f) dı	vided by line 13, c	olumn (f))		15		99.62	<u>%</u>
	Public support percentage from 2016					16		<u>99.57</u>	<u>%</u>
Sec	ction D. Computation of Inves	stment Income	e Percentage				<u> </u>		_
	Investment income percentage for 20			e 13, column (f))		17		.38	<u>%</u>
	Investment income percentage from 2					18	<u> </u>	40	<u>%</u>
19a	33 1/3% support tests - 2017. If the	-							_
	more than 33 1/3%, check this box ar	•	-					►LX	
b	33 1/3% support tests - 2016. If the	_						and	_
	line 18 is not more than 33 1/3%, che							▶⊨	╡
	Private foundation. If the organization	n did not check a l	box on line 14, 19	a, or 19b, check th					<u> </u>
7320	23 10-06-17				Sch	edule	A (Form 990	or 990-EZ) 20	17

Part IV | Supporting Organizations

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

Section A. A	All Su	pporting	Organi	<u>izations</u>
--------------	--------	----------	--------	-----------------

- 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,
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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) purposes.
- 5a 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; (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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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.
- c 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.
- 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.
 - 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
75		
4c		
5a		
5b 5c		
6		
7		
-8		
9a		
_9b	L	
9c		
10a	ļ	
10b		
990 or 99	90-EZ) 2017

Sche	dule A (Form 990 or 990-EZ) 2017 La Frontera Center, Inc.	86-02150	09 Pa	<u>age 5</u>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1	ł	l
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1	
	below, the governing body of a supported organization?	11a	- -	
b	A family member of a person described in (a) above?	11b	+	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	_1	<u> </u>
Sec	tion B. Type I Supporting Organizations			
			Yes	No_
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Ì	l	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			İ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1 -	
	controlled the organization's activities. If the organization had more than one supported organization,	j		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<u> 1</u>		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	ł	ł	
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	}	1	}
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1	
	or management of the supporting organization was vested in the same persons that controlled or managed		İ	l
500	the supported organization(s)	1		
<u>3ec</u>	tion D. All Type III Supporting Organizations		Von	No
	Did the expensestion provide to each of its supported expensions, by the lost day of the fifth month of the	ļ	Yes	No_
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		ļ	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	i		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		+	
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	j		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		ļ
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
J	significant voice in the organization's investment policies and in directing the use of the organization's		1	1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1	
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee ins	tructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	ty (see instructio	ns)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		ł	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		-	
	how the organization was responsive to those supported organizations, and how the organization determined		-	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		ļ
3	Parent of Supported Organizations Answer (a) and (b) below.		}	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		ļ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			ـــــــــــــــــــــــــــــــــــ
	-			71 20 17

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions)

Schedule A (Form 990 or 990-EZ) 2017

d Excess from 2016e Excess from 2017

Part VI	Suppleme Part'IV, Section 1; Part I	ental Inform tion A, lines 1, 2 V, Section D, line nes 5, 6, and 8,	ation. Provide the , 3b, 3c, 4b, 4c, 5a, es 2 and 3; Part IV, and Part V, Section	explana 6, 9a, 9b Section E	tions require), 9c, 11a, 11 E, lines 1c, 2	d by Part II b, and 11c a, 2b, 3a, a	; Part IV, Sed nd 3b; Part V	t II, line 17a or 1 ction B, lines 1 a /, line 1; Part V, S	7b; Part III, III nd 2; Part IV, Section B, Iin	Section C, e 1e; Part V,
Part I	II, col	lumn (e)								
The am	ounts 1	reported	in column	(e)	are fo	r the	short	year pe	riod fr	om
July,	1 2017	through	September	30.	2017.					
								<u>.</u>		
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number La Frontera Center, Inc. 86-0215009

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for any other purpose	e conferning
	impermissible private benefit?	<u> </u>	Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		_2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	<u> </u>	
5	Does the organization have a written policy regarding the per	- · · · · · · · · · · · · · · · · · · ·	
_	violations, and enforcement of the conservation easements it		L Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
_	Amount of our one of the control of		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
	Door cook consequences accomment reported on line (C/d) above		2/L\/4\/D\/2
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
9	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizationservation easements.	ion's financial statements that describes	the organization's accounting for
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures, or C	Other Similar Assets
	Complete if the organization answered "Yes" on Form		7.000.0.
1a	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS		at and balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	•	,,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X	•	\$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X	·	\$
	Fac Danier and Dark affect A and of the control of		

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

732051 10-09-17

Sche	dule D (Form 990) 2017 La Fron	tera Cente	r, I	nc.			86-	<u> 21500</u>	9 P	age 2
	rt III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, c	or Other	Similar As	sets(conti	nued)	
3	Using the organization's acquisition, accessi									ıs
	(check all that apply)									
а	Public exhibition		ı 🔲	Loan or exc	hange progra	ams				
b	Scholarly research	•	, 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how tl	hey further t	he organizati	on's exem	pt purpose in l	Part XIII.		
5	During the year, did the organization solicit of			-	=					
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	ınızatıon's c	ollection?			Yes		No_
Pa	rt IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	on answered '	'Yes" on F	orm 990, Part	IV, line 9, o	r	
	reported an amount on Form 990, Pa							_		
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as	sets not in	ncluded			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
	,	·	· ·					Amour	ıt	
С	Beginning balance						1c			
ď	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	21, for	escrow or c	ustodial acco	unt liability	رب ســــــــــــــــــــــــــــــــــــ	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	· ·				_]
	t V Endowment Funds. Complete).			
		(a) Current year		Prior year	(c) Two year) Three years ba	ick (e) Fou	r y ears	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end baland	e (line 1	a. column (a	a)) held as			<u></u>		
– a	Board designated or quasi-endowment	on your one balance	%	9, 00	a,,					
b	Permanent endowment ▶	%								
c	Temporarily restricted endowment	%								
-	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse		ation tha	at are held a	and administe	red for the	organization			
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?)			3b		
4	Describe in Part XIII the intended uses of the									
	t VI Land, Buildings, and Equipm					-				
	Complete if the organization answere		0. Part I\	V. line 11a. 9	See Form 990). Part X. Iu	ne 10			
	Description of property	(a) Cost or o			t or other		umulated	(d) Boo	k valu	<u>-</u>
	boothplich of property	basis (investi		, , ,	(other)		eciation	(4) 500	N VOIC	
12	Land	223.5 (304.			8,703.			2,24	8 7	03.
b	Buildings				3,359.	7 0	07,544.	$\frac{2,24}{6,21}$		
D	Leasehold improvements				2,681.	,,,,	2,306.		0,3	
ď	Equipment				5,131.	3 E	84,183.		0,3	
a e	Other			3,00	1,524.	٠, ٥	0=,103.	<u> </u>		24.
	Add lines 1a through 1e (Column (d) must e	aual Form 000 Part	Y colur	no (P) /roo :				8 76		65.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017	La	_Frontera	Center,	Inc

Part VII Investments - Other Securities. Complete if the organization answered "Yes" o	in Form 990 Part IV	line 11b. See Form 990. Part X. line	12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co		of-year market value
(1) Financial derivatives	`· <u>-</u>			
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)	_			
(D)				
(E)				
(F)				
(G)				
(H)	<u> </u>			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o	n Form 990, Part IV,	line 11c See Form 990, Part X, line	13	
(a) Description of investment	(b) Book value	(c) Method of valuation. Co	st or end-c	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.				
Complete if the organization answered "Yes" o	n Form 990, Part IV,	line 11d. See Form 990, Part X, line	15	
	escription			(b) Book value
(1) Other Assets				1,444,134
(2) Related Party Receivables	<u>_</u> :			194,281
(3)				
(4)				
(5)				
(6)	- -			
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)		▶	1,638,415
Part X Other Liabilities.				-
Complete if the organization answered "Yes" o	n Form 990, Part IV,	line 11e or 11f. See Form 990, Part	, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) Behavioral Health Care Ser	vices			
(3) Payable		1,034,647.		
(4) Related Party Payable		163,707.		
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	1,198,354.		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

0 - h -			86-	-0215009 <u>Page</u> 4
	dule D (Form 990) 2017 La Frontera Center, Inc. t XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per F		
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	por		•••
1	Total revenue, gains, and other support per audited financial statements		T ₁	11,309,276.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
_ a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	1	
c	Recoveries of prior year grants	2c	1	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	_ 0.
3	Subtract line 2e from line 1		3	11,309,276.
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	1	
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	11,309,276.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	11,047,003.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b]	
c	Other losses	2c]	
d	Other (Describe in Part XIII)	2d]	
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	11,047,003.
4	Amounts included on Form 990, Part IX, line 25, 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	Add lines 4a and 4b		4c	0.
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	11,047,003.
Par	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part i	V, lines 1b and 2b; Part V, line	4; Par	t X, line 2; Part XI,
lines :	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	tional information		
D				
<u>Pai</u>	t X, Line 2:			
The	<u> Center is a Section 501(c)(3) organization</u>	on exempt from t	axa	tion under
Int	ernal Revenue Code Section 501(a). Accordi	ngly, no provis	sion	n is made in
<u>the</u>	e accompanying financial statements for fed	leral and state	inc	come taxes.
Inc	come from certain activities not directly r	related to the C	Cent	er's tax
040	want nurnogo however may be subject to toy	ration of unrola	\ + 0 \	l buginess
exe	empt purpose however, may be subject to tax	tation as unitera	icec	Dusiness
inc	come. Management is not aware of any matter	s which would o	caus	se the
Cen	ter to lose its tax-exempt status.			
Mar	agement has considered its tax positions a	and believes tha	at a	all of the
pos	sitions taken in its federal and state exem	npt organizatior	ı ta	ax returns
are	more likely than not to be sustained upor	examination.	The	e Center's
a J		و بنده اهما		
	urns are subject to examination by federal	. and state taxi		edule D (Form 990) 2017

Schedule D (Form 990) 2017

SCHEDULEK

(Form 990)

OMB No 1545-0047 2017 Open to Public

Yes No (g) Defeased (h) On behalf (i) Pooled financing Employer identification number × ŝ ŝ Inspection 86-0215009 Yes No × of Issuer ۵ Yes Yes ŝ × Yes ŝ å 2007 Replacement Series 2005 and (f) Description of purpose O Yes Yes Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. ŝ ŝ œ 7,800,000. Yes Yes Continuations (e) ssne buce 608. 4,530,392. 3,215,000 7,800,000 × ŝ ŝ 54, (d) Date Issued 01/31/12 ⋖ Yes Yes × × × (L) Column (c) CUSIP# None Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of for La Frontera Center, Inc. Was the organization a partner in a partnership, or a member of an LLC, A Authority of Pima County 86-0445981 Part VI (b) issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? which owned property financed by tax-exempt bonds? See Has the final allocation of proceeds been made? Working capital expenditures from proceeds Industrial Development Capital expenditures from proceeds Credit enhancement from proceeds Amount of bonds legally defeased Capitalized interest from proceeds Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds (a) Issuer name Part III Private Business Use Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization **Bond Issues** Part II Proceeds Department of the Treasury Internal Revenue Service Part I 2 9 ო 8 O N 8 위 O F 42 15 9 13 4

732121 10-18-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 26

bond-financed property?

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Schedule K (Form 990) 2017

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These are remains and deep the organization and the formation and the state of the contract that may result in private being size as a sea of bond financial property? Yor's to live 3 and does the organization rounderly engage bond coursed or other outside. Yor's to live 3 and does the organization rounderly engage bond coursed or other outside. Yor's to live 3 and does the organization rounderly engage bond coursed or other outside. Yor's to live 3 and does the organization rounderly engage bond coursed or other outside. Yor's to live 3 organization and the state of	Interest or monotonical that may result in private that may result in private or other outside. Year to be as a doce the organization or obraries that may result or other outside. Year to be as a doce the organization rounderly engage bond counsed or other outside. Year to be as a doce the organization rounderly engage bond counsed or other outside. Year to be as a doce the organization rounderly engage bond counsed or other outside. Year to the society of the private statements selection to the private business to the private property and or a private business to see by the selection and or the private statements of the formation of the private business to the private property used in a private business to see a selection and the formation of any organization, another the preventage of financied property used in a great business to the private security or organization, another another than a section Solicy organization another another another another than a section of any of the bond financied property and or deposition of any of the bond financied property and or deposition of any of the bond financied property and or deposition of any of the bond financied property and or deposition or state or long-property and or deposition and the state of deposition or state or long-property and or deposition and the state or long-property and or deposition and the state or the proceediated in accordance with the requirements to make the state of the property and the property and or deposition and the organization and the organization and the process and the pr		•			_			j	
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Schedule K (Form 990) 2017 La Frontera Center, Inc.			98	86-0215009				Page 3
Part IV Arbitrage (Continued)								
	4		8	•		S		۵
	Yes	No	Yes	No	Yes	No No	Yes	· oN
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		×						
Part V Procedures To Undertake Corrective Action								
	Y		8	8)	S		٥
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable		>						
		4						
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	s on Schedule	K. See ınstr	uctions					
rate 1, bolld issues:								
Issuer Name: In	- 1	Pima County	nty					
(f) Description of Purpose:								
Series 2005 and 2007 Replacement Revenue Bonds/Acquisition	cquisit	ion of	New	Facilitie	e			
	:							
				!				
	,							
	į							
732123 10-18-17						Sct	nedule K (Fo	Schedule K (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

La Frontera Center, Inc. 86-021	5009
Form 990, Part III, Line 4d, Other Program Services:	
All other mental health programs.	
Expenses \$ 502,084. including grants of \$ 0. Revenue \$ 600,879	9
Form 990, Part VI, Section B, line 11b:	
The Form 990 is reviewed by the LFC Finance Committee before it is	s filed.
Form 990, Part VI, Section B, Line 12c:	
The Board of Directors must disclose any potential conflicts of in	nterest.
Form 990, Part VI, Section B, Line 15:	
The Organization engages with independent third parties to determine	ine
appropriate compensation arrangements.	
Form 990, Part VI, Section C, Line 19:	
The Organization's governing and related documents are available u	ipon
request.	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Part I

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.

2017

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number 86-0215009 La Frontera Center, Inc. Name of the organization

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Direct controlling entity 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. End-of-year assets <u>e</u> Total income চ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

Schedule R (Form 990) 2017 (g) Section 512(b)(13) ž × × × controlled entity? Yes Direct controlling Partners, Inc. Arizona Inc. Artzona, Inc, Arizona Inc entity a Frontera ia Frontera a Frontera ia Frontera ε status (if section 170(b)(1)(A) Public charity 501(c)(3)) 509(a)(2) 509(a)(3) 509(a)(2) e Exempt Code section (01(c)(3)501(c)(3) 501(c)(3) **501**(c)(3) ₤ Legal domicile (state or foreign country) Arizona rizona Arizona rizona Housing for low income and Support La Frontera Center HUD 811 PRAC housing for ow income and disabled Behavioral health care in providing community Primary activity nealth services <u>e</u> elderly 86-0475188, 504 W 29th Street, Tucson, AZ 74-2562293, 618 S Madison Dr., Tempe, AZ La Frontera Partners, Inc. - 86-0742427 La Frontera Housing, Inc. - 86-0940146 EMPACT Suicide Prevention Center, Inc. La Frontera Mariachi Conference, Inc. Name, address, and EIN of related organization Tucson, AZ 85713 504 W 29th Street Tucson, AZ 85713 504 W 29th Street 85713

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

732161 09-11-17 LHA

See Part VII for Continuations

86-0215009

La Frontera Center, Inc.

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

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(a)	(p)	©	(Q)	(e)	ω	(g)	2/hV13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled organization?	fled fled tion?
				501(c)(3))		Yes	Š
Glenn-Verde Housing, Inc - 27-2145525							
504 W 29th Street	Housing for low income and				La Frontera		
Tucson, AZ 85713	elderly	Arizona	501(c)(3)	170(b)(1)(A)	Partners, Inc.		×
LF Sunnyside Pointe, Inc - 27-0490096							
504 W 29th Street	Housing for low income and				La Frontera	-	
Tucson, AZ 85713	elderly	Arizona	501(c)(4)		Partners, Inc.		×
LF Bella Vista Apartments Inc - 27-3373292							
504 W 29th Street	HUD 811 PRAC housing for				La Frontera		
Tucson, AZ 85713	low income and disabled	Arizona	501(c)(3)	170(b)(1)(A)	Partners, Inc.		×
La Paloma Family Services, Inc - 86-0390583	Shelter, counseling, and						
870 W, Miracle Mile	assistance to at-risk				La Frontera		
Tucson, AZ 85705	children and families	Arizona	501(c)(3)	170(b)(1)(A)	Arizona, Inc.		×
Kids-Aid, Inc - 27-2261613	Fundraising for						
870 W, Miracle Mile	organizations dedicated to				La Paloma Family		
Tucson, AZ 85705	supporting children	Arizona	501(c)(3)	170(b)(1)(A)	Services, Inc		×
Arizona Center for the Study of Children &							!
Families Inc - 56-2647146, 870 W. Miracle	Studying/improving the				La Paloma Family		
Mile, Tucson, AZ 85705	child welfare system in AZ	Arizona	501(c)(3)	170(b)(1)(A)	Services, Inc		×
LF Kingman Place, Inc - 46-0598012	-						
504 W 29th Street	Housing for low income and				La Frontera		
Tucson, AZ 85713	elderly	Arizona	501(c)(3)	509(a)(2)	Partners Inc.		×
La Frontera New Mexico, Inc 90-1004999							
504 W 29th Street				-	La Frontera		
Tucson, AZ 85713	Behavioral health care	Arizona	501(c)(3)	509(a)(2)	Arizona, Inc.	-	×
La Frontera Community Solutions, Inc	Development of technology	-					
46-0947138, 504 W 29th Street, Tucson, AZ	systems for social				La Frontera		
85713	services to veterans and	Arizona	501(c)(3)	509(a)(2)	Arizona Inc.		×
LF Technologies, LLC - 37-1789680	Development of technology				La Frontera		
504 w 29th Street	systems for social				Community		
Tucson, AZ 85713	services to veterans and	Arizona	501(c)(3)	509(a)(2)	Solutions Inc.		×
							!
				•			

Page 2 86-0215009

Schedule R (Form 990) 2017 La Frontera Center, Inc.

Part III 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.

(a)	9	<u>ပ</u>	<u>0</u>	(e)	E	(6)	£	©	9	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership
		country)		sections 512-514)		assers	Yes No	K-1 (Form 1065)	YesNo	
	Low income	_					<u>-</u>			
Sunnyside Pointe Villas, LP - housing for	housing for		LF Sunnyside							
27-0490458, 504 W, 29th	elderly and		Pointe Villas,	,						
Street, Tucson, AZ 85713	disabled	AZ	Inc.	related			×	N/A	×	
							_			
Sunnyside Pointe Development,										
LLC - 26-4805555, 504 W, 29th Real Estate	Real Estate		La Frontera		-				_	
Street, Tucson, AZ 85713	Development	ΑZ	Partners, Inc.	related			×	N/A	×	
Rally Point Apartments, LP -			LF Rally Point				_			
46-4866814 504 W, 29th	Real Estate		Apartments,				_			
Street Tucson, AZ 85713	Development	AZ	Inc.	related			×	N/A	×	
	Low income								_	
Sunnyside Pointe Villas II,	housing for					•				
LP - 47-3198638, 504 W, 29th	elderly and		LF SSP Villas							
Street, Tucson, AZ 85713	disabled	AZ	II. Inc.	related			X	N/A	×	
		•	-		, m ,					

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)	(c)	(q)	(e)	(£)	(6)	(h)	()
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 entrty?
		country)		ol uder)		googlo		Yes No
La Frontera Enterprises, Inc 86-0693038								
504 West 29th Street			La Frontera					
Tucson, AZ 85713	Support/service	AZ	Arizona, Inc.	C CORP				×
na, Inc 86-0712606	Houses executive							
504 West 29th Street	board for all			-				
Tucson, AZ 85713	corporations	AZ		C CORP				×
LF Sunnyside Pointe Villas, Inc - 45-5589271								
504 West 29th Street	Housing for low		La Frontera					
	income and elderly	AZ	Partners Inc.	C CORP				×
Sunnyside Pointe Homeowners Association -			LF Sunnyside					
27-1062902, 504 West 29th Street, Tucson, AZ			Pointe Villas					
85713	Support/service	AZ	LP	C CORP				×
LF Rally Point Apartments, Inc 46-4843477	- 46-4843477 Housing for low							
504 West 29th Street	income and homeless		La Frontera					_
	veterans	AZ	Partners, Inc. C CORP	c corp				×
		32				Sche	Schedule R (Form 990) 2017	990) 2017

86-0215009

Schedule R (Form 990) La Frontera Center, Inc.

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or F managing partner?	(i) (k) General or Percentage managing ownership Pers No
West Point Apartments, LP - h 81-1546431, 504 W, 29th e Street, Tucson, AZ 85713 d	Low income housing for elderly and disabled	AZ	La Frontera Partners, Inc.	related			×	N/A	×	
Point Apartments, LP 517729, 504 W, 29th Tucson, AZ 85713	Low income and homeless housing		era Inc.	related		5	×	N/A	×	
e Point Apartments, LP 397791, 504 W, 29th Tucson, AZ 85713	Low income housing for families	AZ	era Inc.	related			×	N/A	×	
								·		

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86-0215009

La Frontera Center, Inc.

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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?
LF SSP Villas II, Inc 47-3198451 504 West 29th Street Tucson, AZ 85713	Housing for low income and elderly	AZ	La Frontera Partners, Inc. C	C CORP				
LF West Point, Inc 81-1531347 504 West 29th Street Tucson, AZ 85713	[]	AZ		: CORP				×
Point, Inc 81-1495153 th Street 85713	e	AZ	ra Inc.	C CORP				×
acle Point, Inc 81-4975418 it 29th Street AZ 85713	for l	AZ	era Inc.	C CORP				×
								· !
					·			

Yes

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Schedule R (Form 990) 2017 þ 뒫 19 ŧ 5 þ 무 Ξ 9 自 ÷ 100 (d) Method of determining amount involved 두 Ę ¥ 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 200,000.cash value 124,303.cash value 1,391,645.cash value 31,280 cash value 294,857.cash value 194,281.cash value During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (c) Amount involved (b) Transaction type (a·s) 35 Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Д Ω a А Ц Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Inc. Inc. Lease of facilities, equipment, or other assets to related organization(s) (1) EMPACT Suicide Prevention Center, (6) La Frontera Community Solutions, Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses (6) La Paloma Family Services, Inc. r Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization Loans or loan guarantees by related organization(s) (3) La Frontera Partners, Inc. (4) La Frontera Partners, Inc. Purchase of assets from related organization(s) Exchange of assets with related organization(s) Inc. Sale of assets to related organization(s) Dividends from related organization(s) (2) La Frontera Housing,

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86-0215009

Schedule R (Form 990) 2017 La Frontera Center, Inc.

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 renarding exclusion for certain investment partnerships.

(a) (b) (c) (d)	(a)	(0)	(p)	9	(6)	£	(3)	S	3
Name, address, and EIN of entity	Primary activity	ë g	Predominant income parties sec (related, unrelated, 501(c)(3) excluded from tax under ons?	••	Share of end-of-year	Dispropor- tonate allocations?	Ospropor- Lonate amount in box 20 managing ownership allocations? of Schedule K-1 pariner?	General or managing partner?	Percentage ownership
		country)	sections 512-514) Yes No	No	assets	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2017 La Frontera Center, Inc.	86-0215009 Page 5
Part VII Supplemental Information.	
Provide additional information for responses to questions on Schedule R. See instructions.	
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Part II, Identification of Related Tax-Exempt Organizations) <u>:</u>
Name of Related Organization:	
To Brondone Communities Collections Two	
La Frontera Community Solutions, Inc.	
Primary Activity: Development of technology systems for soc	ial services to
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veterans and others	
Name of Related Organization:	
LF Technologies, LLC	
Primary Activity: Development of technology systems for soc	ial services to
riimaly Accivity: Development of technology systems for soc	Tar services co
veterans and others	