

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

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
Open to Public Inspection

**A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017**

- B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final  
 Return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
CHICANOS POR LA CAUSA INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
1112 E BUCKEYE RD

City or town, state or province, country, and ZIP or foreign postal code  
PHOENIX, AZ 85034

**D** Employer identification number  
86-0227210

**E** Telephone number  
(602) 257-0700

**G** Gross receipts \$ 71,180,597

**F** Name and address of principal officer  
DAVID ADAME  
1112 E BUCKEYE RD  
PHOENIX, AZ 85034

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀(insert no )  4947(a)(1) or  527

**J** Website: ▶ WWW CPLC ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1969

**M** State of legal domicile AZ

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
CHICANOS POR LA CAUSA, INC (CPLC) IS A STATEWIDE COMMUNITY DEVELOPMENT CORPORATION (CDC), COMMITTED TO BUILDING STRONGER, HEALTHIER COMMUNITIES AS A LEAD ADVOCATE, COALITION BUILDER AND DIRECT SERVICE PROVIDER CPLC PROMOTES POSITIVE CHANGE AND SELF-SUFFICIENCY TO ENHANCE THE QUALITY OF LIFE FOR THE BENEFIT OF THOSE WE SERVE

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	22
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	22
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	992
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	4,432
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	25,828,761	8,965,239
<b>9</b> Program service revenue (Part VIII, line 2g)	37,922,978	49,940,745
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-397,894	503,602
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	909	7,976,903
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	63,354,754	67,386,489

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	375,418	498,065
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	33,029,744	36,193,606
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶717,632		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	25,572,016	27,024,397
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	58,977,178	63,716,068
<b>19</b> Revenue less expenses Subtract line 18 from line 12	4,377,576	3,670,421

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	130,280,355	149,681,640
<b>21</b> Total liabilities (Part X, line 26)	78,950,511	94,649,966
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	51,329,844	55,031,674

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2018-05-14  
ALICIA NUNEZ CFO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: BRENDA BLUNT  
Preparer's signature: BRENDA BLUNT  
Date: 2018-05-14  
Check  if self-employed  
PTIN: P00075126  
Firm's name: EIDE BAILLY LLP  
Firm's EIN: 45-0250958  
Firm's address: 1850 N CENTRAL AVE STE 400  
Phone no: (602) 264-5844  
PHOENIX, AZ 850044624

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

CHICANOS POR LA CAUSA, INC (CPLC) IS A STATEWIDE COMMUNITY DEVELOPMENT CORPORATION (CDC), COMMITTED TO BUILDING STRONGER, HEALTHIER COMMUNITIES AS A LEAD ADVOCATE, COALITION BUILDER AND DIRECT SERVICE PROVIDER CPLC PROMOTES POSITIVE CHANGE AND (CON'T ON SCH O) SELF-SUFFICIENCY TO ENHANCE THE QUALITY OF LIFE FOR THE BENEFIT OF THOSE WE SERVE

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 23,595,196 including grants of \$ 498,065 ) (Revenue \$ 23,622,895 )  
See Additional Data

**4b** (Code ) (Expenses \$ 18,774,209 including grants of \$ ) (Revenue \$ 21,613,710 )  
See Additional Data

**4c** (Code ) (Expenses \$ 8,410,998 including grants of \$ ) (Revenue \$ 8,131,742 )  
See Additional Data

(Code ) (Expenses \$ 4,318,302 including grants of \$ ) (Revenue \$ 4,643,889 )

ECONOMIC DEVELOPMENT/ BUSINESS ENTERPRISES ECONOMIC DEVELOPMENT PROVIDES PRINCIPAL PURPOSE PLANNING, DEVELOPINGAND/OR MANAGING LOW INCOME HOUSING, AND COMMUNITY DEVELOPMENT ACTIVITIES THE PROGRAM UTILIZES RESOURCES TO ATTRACT CAPITAL AND INCREASE PHYSICAL, COMMERCIAL, AND BUSINESS DEVELOPMENT THEREFORE CREATING EDUCATION AND JOB OPPORTUNITIES FOR THE RESIDENTS OF THE NEIGHBORHOOD BEING SERVED PRESTAMOS CDFI - SMALL BUSINESS LENDING THE PROGRAM PROVIDES ACCESS TO CAPITAL FOR MICROENTERPRISES, EMERGING SMALL BUSINESSES AND ECONOMIC DEVELOPMENT PROJECTS IN TARGETED LOW INCOME COMMUNITIES SERVICES INCLUDE LOANS/EQUITY INVESTMENTS ALONG WITH TECHNICAL ASSISTANCE THE FOLLOWING PROGRAMS ARE OFFERED SBA MICROLOAN PROGRAM \$5,000 TO \$50,000, SMALL BUSINESS LOANS UP TO \$1,000,000, EQUITY INVESTMENTS UP TO \$750,000 AND NEW MARKETS TAX CREDIT FINANCING UP TO \$10 MILLION CAPITAL ACCESS PROGRAMS ADDRESS THE PROBLEMS ENCOUNTERED BY SMALL BUSINESS ENTREPRENEURS SEEKING CAPITAL FOR THEIR BUSINESS BUT DO NOT QUALIFY FOR BANK FINANCING WITH THE TARGET AREAS

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 4,318,302 including grants of \$ ) (Revenue \$ 4,643,889 )

**4e Total program service expenses** ▶ 55,098,705

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a-24d, 25a-25b, 26-27, 28a-28c, 29-31, 32-34, 35a-35b, 36-37, 38.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (22); 1b Enter the number of voting members included in line 1a, above, who are independent (22); 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? (Yes); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 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 (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website, [ ] 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 financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (JESSE SATTERLEE 1112 EAST BUCKEYE ROAD PHOENIX, AZ 85034 (602) 257-0700)







**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	253,030				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	409,769				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	2,620,067				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	5,682,373				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		333,060				
	<b>h Total.</b> Add lines 1a-1f . . . . .		8,965,239				
<b>Program Service Revenue</b>		Business Code					
	<b>2a</b> SERVICE FEES	900099	32,343,687	32,343,687			
	<b>b</b> RENTAL INCOME	532000	13,679,097	13,679,097			
	<b>c</b> CLIENT FEES	900099	1,529,325	1,529,325			
	<b>d</b> LOAN REVENUE	900099	1,234,259	1,234,259			
	<b>e</b> ADMINISTRATIVE INCOME	900099	1,146,877	1,146,877			
	<b>f</b> All other program service revenue . . . . .		7,500	7,500			
<b>g Total.</b> Add lines 2a-2f . . . . .		49,940,745					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		898,486			898,486	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses	394,884				
		<b>c</b> Gain or (loss)	-394,884				
		<b>d</b> Net gain or (loss) . . . . .		-394,884			-394,884
	<b>8a</b> Gross income from fundraising events (not including \$ 253,030 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	820,846				
		<b>b</b> Less direct expenses . . . . .	<b>b</b>	924,927			
		<b>c</b> Net income or (loss) from fundraising events . . . . .		-104,081			-104,081
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	10,555,281					
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	2,474,297				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		8,080,984	8,080,984			
Miscellaneous Revenue	Business Code						
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .							
<b>12 Total revenue.</b> See Instructions . . . . .			67,386,489	58,021,729	0	399,521	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	416,637	416,637		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	81,428	81,428		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,507,447	1,309,185	180,313	17,949
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	28,378,785	24,642,434	3,393,535	342,816
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	193,081	167,620	23,078	2,383
<b>9</b> Other employee benefits	3,501,848	3,040,627	418,708	42,513
<b>10</b> Payroll taxes	2,612,445	2,268,491	312,396	31,558
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	925,132	803,329	110,627	11,176
<b>b</b> Legal	384,998	328,055	51,718	5,225
<b>c</b> Accounting	196,488	170,618	23,496	2,374
<b>d</b> Lobbying	47,500	47,500		
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees	43,649		43,649	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,498,344	1,301,072	179,172	18,100
<b>12</b> Advertising and promotion	321,507	279,177	38,446	3,884
<b>13</b> Office expenses	994,253	863,349	118,893	12,011
<b>14</b> Information technology	1,003,168	871,091	119,959	12,118
<b>15</b> Royalties				
<b>16</b> Occupancy	343,561	298,328	41,083	4,150
<b>17</b> Travel	612,353	531,731	73,225	7,397
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	30,830	26,771	3,687	372
<b>20</b> Interest	2,116,998	1,838,274	253,151	25,573
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	4,598,855	3,993,370	549,931	55,554
<b>23</b> Insurance	895,672	777,748	107,104	10,820
<b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> REPAIRS AND MAINTENANCE	3,268,504	2,838,172	390,848	39,484
<b>b</b> UTILITIES	2,903,235	2,520,995	347,169	35,071
<b>c</b> PROGRAM CONSTRUCTION	2,106,843	2,106,843	0	0
<b>d</b> BAD DEBT EXPENSE	1,349,648	597,406	752,242	
<b>e</b> All other expenses	3,382,859	2,978,454	367,301	37,104
<b>25</b> Total functional expenses. Add lines 1 through 24e	63,716,068	55,098,705	7,899,731	717,632
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	4,194,791	<b>1</b>	18,173,116
	<b>2</b> Savings and temporary cash investments . . . . .	3,306,452	<b>2</b>	5,138,318
	<b>3</b> Pledges and grants receivable, net . . . . .	2,301,505	<b>3</b>	41,967
	<b>4</b> Accounts receivable, net . . . . .	553,618	<b>4</b>	1,737,795
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	209,810	<b>5</b>	133,093
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	10,206,918	<b>7</b>	10,760,982
	<b>8</b> Inventories for sale or use . . . . .	6,717,972	<b>8</b>	6,206,509
	<b>9</b> Prepaid expenses and deferred charges . . . . .	933,360	<b>9</b>	828,706
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	134,581,959		
	<b>b</b> Less accumulated depreciation	44,028,643		
		83,081,490	<b>10c</b>	90,553,316
	<b>11</b> Investments—publicly traded securities . . . . .	2,989,311	<b>11</b>	3,161,838
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	4,125,025	<b>13</b>	3,262,478
	<b>14</b> Intangible assets . . . . .	397,304	<b>14</b>	490,472
<b>15</b> Other assets See Part IV, line 11 . . . . .	11,262,799	<b>15</b>	9,193,050	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	130,280,355	<b>16</b>	149,681,640	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,922,724	<b>17</b>	4,608,393
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	3,274,535	<b>19</b>	3,919,398
	<b>20</b> Tax-exempt bond liabilities . . . . .	9,830,000	<b>20</b>	15,672,600
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	172,141	<b>21</b>	179,858
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	60,670,461	<b>23</b>	69,183,935
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,080,650	<b>25</b>	1,085,782	
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	78,950,511	<b>26</b>	94,649,966	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	47,332,181	<b>27</b>	53,314,451
	<b>28</b> Temporarily restricted net assets . . . . .	1,237,663	<b>28</b>	1,465,223
	<b>29</b> Permanently restricted net assets	2,760,000	<b>29</b>	252,000
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	51,329,844	<b>33</b>	55,031,674	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	130,280,355	<b>34</b>	149,681,640	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	67,386,489
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	63,716,068
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	3,670,421
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	51,329,844
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	152,648
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-121,239
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	55,031,674

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 86-0227210

**Name:** CHICANOS POR LA CAUSA INC

Form 990 (2016)

## Form 990, Part III, Line 4a:

SOCIAL SERVICES AND EDUCATION 1 EARLY HEAD START AND MIGRANT HEAD START CHICANOS POR LA CAUSA EARLY CHILDHOOD DEVELOPMENT (CPLC ECD) PROGRAMS PROMOTE SCHOOL READINESS FOR CHILDREN AND FAMILIES THROUGHOUT ARIZONA CPLC ECD IS FOCUSED ON MEETING THE EDUCATION AND CHILDCARE NEEDS OF FAMILIES AND FOSTERING FAMILY SELF-SUFFICIENCY THROUGH THE PROVISION OF SUPPORTIVE CARE AND DEVELOPMENTALLY APPROPRIATE EARLY CHILDHOOD EDUCATION SERVICES TO CHILDREN UNDER FIVE YEARS OLD CPLC'S FIRST HEAD START GRANT WAS AWARDED IN 1996 WHEN THE AGENCY BECAME THE STATEWIDE GRANTEE FOR MIGRANT & SEASONAL HEAD START WITH 301 FUNDED SLOTS IN 2000, THE AGENCY WON A SECOND GRANT TO PROVIDE EARLY HEAD START SERVICES IN SOUTH CENTRAL PHOENIX WITH 52 FUNDED SLOTS AS OF TODAY, BOTH PROGRAMS HAVE GROWN WITH MIGRANT & SEASONAL HEAD START HAVING 930 FUNDED SLOTS AND EARLY HEAD START HAVING 112 FUNDED SLOTS CPLC ECD FAMILIES REPRESENT AN UNDERSERVED POPULATION WITH MOUNTING CHALLENGES POVERTY, HOUSING SHORTAGES, UNEMPLOYMENT, HEALTH CONCERNS, HAZARDOUS WORKING CONDITIONS, POOR NUTRITION, AND A HOST OF CULTURAL AND LANGUAGE BARRIERS COLLABORATING WITH COMMUNITY PARTNERS WHO SHARE CPLC'S COMMITMENTS TO ALL FAMILIES IN NEED, ECD TURNS THE TIDE, PROVIDING AN ARRAY OF SERVICES TO SUPPORT THE HEALTH, WELL-BEING, AND FUTURE EDUCATIONAL SUCCESS OF YOUNG CHILDREN WITHIN ARIZONA'S AGRICULTURAL COMMUNITIES, MIGRANT AND SEASONAL FARM WORKING FAMILIES FACE ADDITIONAL OBSTACLES AS THEY STRUGGLE TO FIND ACCESS TO HEALTH CARE, SOCIAL SERVICES, HOUSING, TRANSPORTATION AND EDUCATION MANY FAMILIES STRUGGLE TO CARE FOR CHILDREN WITH DISABILITIES AND MENTAL HEALTH CHALLENGES THEREFORE, CPLC ECD MIGRANT & SEASONAL / MIGRANT & EARLY HEAD START (MSHS AND MEHS) SERVICES ARE PROVIDED IN THOSE AREAS WHERE HANDICAPPED AND ROW CROPS ARE MOST PREVALENT PROGRAM CENTERS PROVIDE FULL-DAY FULL YEAR SERVICES AND CHILDREN ARE TRANSPORTED TO THE CENTERS DAILY ON BUSES WHICH MEET HEAD START PROGRAM PERFORMANCE STANDARDS (HSPPS) FOR SAFETY CPLC ECD IS THE SOLE GRANTEE FOR MIGRANT & SEASONAL HEAD START IN THE STATE OF ARIZONA, PROVIDING SERVICE TO 930 CHILDREN AGES 0 TO 5 YEARS OLD IN THE COMMUNITIES OF YUMA, SOMERTON, SAN LUIS, ELOY, WILLCOX, SURPRISE AND QUEEN CREEK CPLC ECD EARLY HEAD START (EHS) IS FUNDED TO SERVE 112 CHILDREN AGES 0-3 WITH A FOCUS ON PREGNANT AND PARENTING TEENS THE SERVICE AREA INCLUDES THE PHOENIX, MURPHY, WILSON & ROOSEVELT ELEMENTARY SCHOOL DISTRICTS AND THE TOWN OF QUEEN CREEK 2 ELDERLY SERVICES CPLC ADDRESSES THE NEEDS OF ARIZONA'S GROWING SENIOR POPULATION THROUGH A COMPREHENSIVE, CENTER BASED PROGRAM THAT OFFERS ADVOCACY AND CASE MANAGEMENT SERVICES THIS PROGRAM IS CENTERED ON THE SOCIAL AND NUTRITIONAL NEEDS OF OUR SENIORS THIS FOCUS CONSISTS OF DAILY ACTIVITIES TO PROMOTE SOCIAL, EMOTIONAL, HEALTH AND WELLNESS, CONGREGATE MEALS, AND HOME DELIVERED MEALS THIS PROGRAM ANNUALLY SERVES OVER 450 ELDERLY CLIENTS 3 IMMIGRATION SERVICES IMMIGRATION SERVICES PROVIDES AFFORDABLE AND COMPREHENSIVE CASE MANAGEMENT IN VARIOUS IMMIGRATION PROCEDURES STAFF IS FULLY TRAINED IN IMMIGRATION LAW AND PROCEDURES AND PROVIDES THE SUPPORT NECESSARY TO ENSURE THAT THE NEEDS OF EVERY INDIVIDUAL CASE ARE MET THE PROGRAM HAS BEEN SERVING THE SOMERTON COMMUNITY SINCE 1978, IN 2017 3,516 CLIENTS WERE SERVED 4 WORKFORCE SOLUTIONS CPLC WORKFORCE DEVELOPMENT CENTER HAS BEEN IN OPERATION FOR 30 YEARS, IN 2017, 4,396 CLIENTS WERE SERVED THROUGH THE PROGRAM ITS MISSION IS TO STRENGTHEN THE LOCAL WORKFORCE AND HELP CONSTITUENTS IMPROVE THEIR QUALITY OF LIFE THIS IS ACCOMPLISHED BY HELPING INDIVIDUALS WHO ARE UNDEREMPLOYED OR UNEMPLOYED FIND GAINFUL EMPLOYMENT THE WDC HIGHLY MOTIVATED BI-LINGUAL STAFF HELP CUSTOMERS WITH ALL ASPECTS OF OBTAINING AND KEEPING A JOB PROGRAM STAFF WORK CLOSELY WITH LOCAL EMPLOYERS TO ENSURE THEY FULFILL THEIR HIRING NEEDS, WHICH PROVIDES GREAT EMPLOYMENT OPPORTUNITIES FOR THE MANY PARTICIPANTS WHO SEEK EMPLOYMENT ASSISTANCE WORKFORCE DEVELOPMENT SERVES PEOPLE IN NEED OF VARIOUS SERVICES INCLUDING GENERAL EDUCATION CLASSES (GED), OCCUPATIONAL TRAINING, JOB PLACEMENT ASSISTANCE AND SUPPORT SERVICES THE CENTER RESOURCE ROOM PROVIDES OUR CLIENTS ACCESS TO INTERNET READY COMPUTERS, CURRENT JOB LISTINGS, JOB FAIR INFORMATION, FAX MACHINE, TELEPHONE AND RESUME WRITING ASSISTANCE IN ADDITION TO THE SELF-SERVICE ASPECT OF THE OPERATION, THE CENTER ALSO HAS A STRONG NETWORK OF EMPLOYERS WHO UTILIZE THE SERVICES OF THE CENTER TO RECRUIT EMPLOYEES THE CENTER OFFERS SERVICES THAT REVOLVE AROUND EDUCATION, EMPLOYMENT, AND TRAINING 5 HOUSING & HOUSING COUNSELING HOUSING COUNSELING AND EMERGENCY ASSISTANCE-THE PROGRAM PROVIDES MORTGAGE DEFAULT AND RENTAL DELINQUENCY TO LOW TO MODERATE INCOME RESIDENTS-CPLC ALSO PROVIDES HOME BUYER EDUCATION, OFFERS WORKSHOPS LIKE FINANCIAL EDUCATION AND INDIVIDUAL COUNSELING CPLC ALSO HAS A SELF HELP PROGRAM IN NOGALES THAT PROVIDES OPPORTUNITIES FOR FAMILIES IN RURAL ARIZONA TO CASH IN ON "SWEAT EQUITY" BY PROVIDING THEIR OWN LABOR IN TOTAL, ALL PROGRAMS DIRECTLY IMPACTED 3,942 CLIENTS IN 2017 6 CARL HAYDEN COMMUNITY CENTER THE PROGRAM PROVIDES A VARIETY OF SERVICES FOR YOUTH AND THEIR FAMILIES FOR ADULTS, THE PROGRAM PROVIDES CLASSROOM BASED GED, ESL, AND TUTORING SESSIONS STAFF ALSO PROVIDE SOCIAL SERVICES, REFERRALS TO CPLC PROGRAMS, AS WELL AS OTHER SERVICES/RESOURCES PROVIDED BY OTHER ORGANIZATIONS FOR YOUTH, THE PROGRAM PROVIDES STEM PROGRAMS, TUTORING, MEALS, AND PHYSICAL ACTIVITIES THIS INCLUDES A VARIETY OF FIELD TRIPS THE COMPUTER LAB IS USED FOR ALL EDUCATIONAL PROGRAMS AND FAMILY NEEDS INCLUDING USE FOR HOMEWORK, FINDING JOBS, OR GETTING TRAINING THE CENTER ALSO HOSTS A VARIETY OF COMMUNITY ACTIVITIES AND THROUGHOUT THE YEAR, THE CENTER PROVIDES A VARIETY OF VOLUNTEER ACTIVITIES TO PARTNER ORGANIZATIONS THE PROGRAM DIRECTLY SERVED 370 PEOPLE IN 2017

**Form 990, Part III, Line 4b:**

REAL ESTATE OPERATIONS UNDER THIS DIVISION VARIOUS MISSION DRIVEN DEVELOPMENT ACTIVITIES OCCUR INCLUDING MULTI-FAMILY, COMMERCIAL AND SINGLE FAMILY CONSTRUCTION, SINGLE FAMILY SELF-HELP HOUSING AND ACTING AS A GENERAL CONTRACTOR ON PROJECTS 1 MULTIFAMILY APARTMENTS PROVIDING AFFORDABLE RENTAL UNITS HAS BEEN A MAJOR COMPONENT OF CPLC'S AFFORDABLE HOUSING EFFORTS CPLC CURRENTLY OWNS AND MANAGES MORE THAN 2,500 APARTMENT UNITS THROUGHOUT THE STATE OF ARIZONA HOUSING 3,423 RESIDENTS THESE UNITS OFFER RENTS AND DEPOSITS THAT ARE MANAGEABLE FOR LOW-INCOME AND/OR ELDERLY RESIDENTS MOST OF THE PROPERTIES ARE NEWLY REFURBISHED AND OFFER AMENITIES SUCH AS FREE LEARNING CENTERS FOR ADULT LEARNING AND AFTERSCHOOL PROGRAMMING FOR CHILDREN, EXPANSIVE PLAYGROUNDS AND REGULAR SOCIAL ACTIVITIES 2 NEIGHBORHOOD STABILIZATION PROGRAM NEIGHBORHOOD STABILIZATION PROGRAM IS A FEDERALLY FUNDED PROGRAM BEING USED TO STABILIZE AND REVITALIZE NEIGHBORHOODS THAT HAVE BEEN NEGATIVELY IMPACTED BY FORECLOSURES, THE PROGRAM PURCHASES AND REHABILITATES FORECLOSURE OR ABANDONED PROPERTIES AND RESELLS THESE PROPERTIES TO INCOME-QUALIFIED INDIVIDUALS 3 SINGLE FAMILY HOMES CPLC HAS STABILIZED NEIGHBORHOODS BY PROVIDING HOME OWNERSHIP OPPORTUNITIES TO 273 INCOME ELIGIBLE INDIVIDUALS AND FAMILIES CREATING WEALTH THROUGH HOME OWNERSHIP AND EDUCATION TOWARDS SUSTAINABLE OWNERSHIP REMAINS A PRIORITY TO CPLC WE ARE COMMITTED TO ASSISTING LOW, MODERATE AND MIDDLE INCOME HOMEBUYERS BY OFFERING SAFE, HABITABLE AND EFFICIENT HOMES AT AFFORDABLE PRICES WE WANT TO ASSIST FAMILIES AND INDIVIDUALS IN ACHIEVING THEIR DREAM OF PURCHASING A HOME

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## Form 990, Part III, Line 4c:

INTEGRATED HEALTH SERVICES CPLC OFFERS OUTPATIENT BEHAVIORAL HEALTH SERVICES TO FAMILIES, ADULTS, CHILDREN, AND ADOLESCENTS, SHELTER AND CASE MANAGEMENT, AND LEGAL SERVICES FOR WOMEN WHO ARE VICTIMS OF DOMESTIC VIOLENCE, HIV, AND BEHAVIORAL HEALTH 1 CPLC CENTRO DE LA FAMILIA (CDLF) IS A PROVIDER OF COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES FOR OVER 30 YEARS AND CURRENTLY OPERATES AN OUTPATIENT BEHAVIORAL HEALTH CLINIC IN PHOENIX, SPECIALIZING IN SERVICES TO YOUTH, ADULT, AND PERSONS LIVING WITH HIV CENTRO DE LA FAMILIA PROVIDES COMPREHENSIVE, CULTURALLY COMPETENT SERVICES TO ADULTS, CHILDREN, AND ADOLESCENTS OF LOW TO MIDDLE-INCOME FAMILIES WITH A FOCUS ON LATINO AND OTHER MINORITY POPULATIONS SERVICES ARE DELIVERED AT THE CENTERS AS WELL AS IN HOMES, SCHOOLS, AND OTHER COMMUNITY-BASED LOCATIONS THESE SERVICES INCLUDE INDIVIDUAL, MARRIAGE, GROUP AND FAMILY COUNSELING AND INCLUDE PSYCHIATRIC EVALUATIONS AND MEDICATION MANAGEMENT SERVICES IN ACCORDANCE WITH THE CHILD AND FAMILY TEAM MODEL OF CARE CENTRO DE LA FAMILIA SERVES OVER 2,000 INDIVIDUALS, CHILDREN AND FAMILIES EACH YEAR CPLC'S CENTRO DE LA FAMILIA HAS SUCCESSFULLY ESTABLISHED A COMPREHENSIVE SERVICE DELIVERY SYSTEM INCLUSIVE OF OUTPATIENT AND PSYCHIATRIC SERVICES CDLF CURRENTLY PROVIDES SUBSTANCE ABUSE INTENSIVE OUTPATIENT SERVICES CENTRO DE LA FAMILIA IS CURRENTLY ACCREDITED THROUGH THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF) 2 CENTRO ESPERANZA PROGRAM PROVIDES PSYCHIATRIC EVALUATIONS, MEDICATION MANAGEMENT, CASE MANAGEMENT, REHABILITATION SERVICES, EMPLOYMENT SERVICES, HOUSING SERVICES, INDIVIDUAL AND GROUP COUNSELING SERVICES FOR ADULTS DIAGNOSED WITH A SERIOUS MENTAL ILLNESS 3 CPLC LUCES RYAN WHITE PART A SERVICE THE PROGRAM HAS FIVE COMPONENTS, MEDICAL CASE MANAGEMENT, SUPPORTIVE CASE MANAGEMENT, MENTAL HEALTH, SUBSTANCE ABUSE, AND PSYCHOSOCIAL SUPPORT FOR INDIVIDUALS LIVING WITH AN HIV/AIDS DIAGNOSIS THIS PROGRAM PROVIDES SERVICES TO ALL INDIVIDUALS LIVING WITH HIV/AIDS IN MARICOPA COUNTY THE VAST MAJORITY OF THE CLIENTS THAT WE PROVIDE SERVICES TO ARE LATINO INDIVIDUALS WHO ARE PREDOMINANTLY SPANISH-SPEAKING AND WHO ARE UNINSURED OR UNDERINSURED APPROXIMATELY 250 CLIENTS ARE SERVED ANNUALLY BY THE CPLC LUCES PROGRAM 4 CORAZON IS A LICENSED LEVEL II RESIDENTIAL SUBSTANCE ABUSE TREATMENT CENTER FOR MEN OVER THE AGE OF EIGHTEEN CORAZON HAS BEEN PROVIDING SERVICES TO THE COMMUNITY SINCE 1983 IN MAY 2015 A HOSPITAL STEP DOWN PROGRAM WAS ADDED TO SERVE BOTH MEN AND WOMEN DIAGNOSED WITH A SERIOUS MENTAL ILLNESS POST PSYCHIATRIC HOSPITALIZATION THE CENTER CURRENTLY HAS 50 BEDS FOR RESIDENTIAL SUBSTANCE ABUSE TREATMENT AND 10 BEDS FOR THE HOSPITAL STEP DOWN PROGRAM THE CENTER SPECIALIZES IN PROVIDING SUBSTANCE ABUSE TREATMENT IN AN ENVIRONMENT THAT IS CULTURALLY SENSITIVE AND INCLUSIVE CORAZON UTILIZES A VARIETY OF TREATMENT MODALITIES, INTEGRATING IDENTIFIED BEST PRACTICES WITH TRADITIONAL HEALING ACTIVITIES CORAZON PROVIDES THE TOOLS NECESSARY FOR THE MEN TO BE SUCCESSFUL AS THEY PURSUE A LIFELONG CHALLENGE TO LIVE FREE OF SUBSTANCE ABUSE IN THE HOSPITAL STEP DOWN PROGRAM THE FOCUS IS ON WELLNESS AND RECOVERY, AND PROVIDES A TRANSITIONAL SAFE PLACE TO BE FOR THOSE STEPPING DOWN FROM A HOSPITAL SETTING BETWEEN BOTH PROGRAMS APPROXIMATELY 666 CLIENTS ARE SERVED ANNUALLY BY CORAZON PROGRAMS 5 DE COLORES IS A DOMESTIC VIOLENCE SHELTER THAT SERVES WOMAN AND CHILDREN FLEEING VIOLENT RELATIONSHIPS THE SHELTER WAS OPENED IN 1986 WITH 16 BEDS TODAY DE COLORES HAS 58 BEDS FOR THE CRISIS PROGRAM AND 42 BEDS FOR THE TRANSITIONAL LIVING PROGRAM THE STAFF IS BI-CULTURAL/BI-LINGUAL AND SPECIALIZES IN SERVING MONOLINGUAL SPANISH SPEAKING WOMEN THE PROGRAM PROVIDES ALL OF THE BASIC NEEDS FOR THE FAMILIES LIVING IN THE CRISIS PROGRAM FOR THE FAMILIES LIVING IN THE TRANSITIONAL PROGRAM THE SHELTER PROVIDES APARTMENTS AND TRAINING THAT WILL ASSIST THEM AS THEY BEGIN THEIR JOURNEY TOWARD HEALING AND INDEPENDENCE THE SHELTER SERVES APPROXIMATELY 1,186 CLIENTS ANNUALLY WITH THE MAJORITY BEING CHILDREN THE AVERAGE NUMBER OF CHILDREN ENTERING WITH THEIR MOTHER IS FOUR THE SHELTER PROVIDES SERVICES FOR BOTH WOMEN AND CHILDREN AND HAS BEEN CREATED TO BE RELEVANT FOR THE LATINO POPULATION THE SHELTER IS FUNDED BY A VARIETY OF SOURCES INCLUDING GOVERNMENT, FOUNDATIONS, AND INDIVIDUAL DONATIONS 6 PARENTING ARIZONA CPLC PARENTING ARIZONA PROVIDES POSITIVE PARENT EDUCATION TO ALL ARIZONA FAMILIES THROUGH HOME VISITATION, PARENTING CLASSES, COMMUNITY OUTREACH, SCHOOL BASED AND AFTER SCHOOL PROGRAMS THE PROGRAM SERVES OVER 57,000 PARTICIPANTS DIRECTLY AND INDIRECTLY ANNUALLY THROUGH NATIONAL/INTERNATIONAL CERTIFIED PROFESSIONAL STAFF AND USES NUMEROUS EVIDENCE BASED CURRICULUMS, SUCH AS "PARENTS AS TEACHERS", "TRIPLE P", AND "PARENTING AND NURTURING PARENT" THE PROGRAM HAS AN EXTENSIVE STATEWIDE COLLABORATION EFFORT WITH PARTNER AGENCIES AND SUPPORT THROUGH THE USE OF OVER 1900 VOLUNTEER HOURS ANNUALLY

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CARMEN CORNEJO CHAIR	2 00	X		X				0	0	0
ANTONIO MOYA VICE CHAIR	2 00	X		X				0	0	0
DELMA HERRERA SECRETARY	2 00	X		X				0	0	0
ALEX VARELA TREASURER	2 00	X		X				0	0	0
STEPHANIE ACOSTA DIRECTOR	2 00	X						0	0	0
ABE ARVIZU JR DIRECTOR	2 00	X						0	0	0
TERRY CAIN DIRECTOR	2 00	X						0	0	0
ALBERTO ESPARZA DIRECTOR	2 00	X						0	0	0
ERICA GONZALEZ-MELENDEZ DIRECTOR	2 00	X						0	0	0
JOSE ANTONIO HABRE DIRECTOR	2 00	X						0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEONARDO LOO ..... DIRECTOR	2 00 .....	X						0	0	0
MANNY MOLINA ..... DIRECTOR	2 00 .....	X						0	0	0
MIKE ESPARZA ..... DIRECTOR	2 00 .....	X						0	0	0
ROBERT ORTIZ ..... DIRECTOR	2 00 .....	X						0	0	0
RODOLFO PARGA JR ..... DIRECTOR	2 00 .....	X						0	0	0
RUDY PEREZ ..... DIRECTOR	2 00 .....	X						0	0	0
NAPOLEON PISANO TO 032017 ..... DIRECTOR	2 00 .....	X						0	0	0
SILVIA SALAS TO 032017 ..... DIRECTOR	2 00 .....	X						0	0	0
RAY SALAZAR ..... DIRECTOR	2 00 .....	X						0	0	0
JODY SARCHETT ..... DIRECTOR	2 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RAQUEL TERAN ..... DIRECTOR	2 00 .....	X						0	0	0
TED GEISLER ..... DIRECTOR	2 00 .....	X						0	0	0
JAVIER CARDENAS MD ..... DIRECTOR	2 00 .....	X						0	0	0
DAN HERNANDEZ ..... DIRECTOR	2 00 .....	X						0	0	0
DAVID ADAME ..... PRESIDENT/CEO	38 00 .....			X				301,930	0	19,834
GERMAN REYES ..... EXECUTIVE VP-REAL ESTATE	2 00 38 00 .....			X				162,083	0	27,456
MARIA SPELLERI ..... EXECUTIVE VP-GENERAL	40 00 .....			X				244,031	0	16,073
PEDRO CONS ..... EXECUTIVE VP-INTEGRATED	38 00 .....			X				183,650	0	22,430
JOHN RAMIREZ ..... EXECUTIVE VP-BUSINESS	2 00 38 00 .....			X				147,762	0	16,932
ANDRES CONTRERAS ..... EXECUTIVE VP-SOCIAL	37 00 ..... 3 00			X				183,893	0	20,475

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MAX GONZALEZ ..... EXECUTIVE VP	38 00 ..... 2 00			X				152,803	0	22,558
ALICIA NUNEZ ..... CHIEF FINACIAL OFFICER	37 00 ..... 3 00			X				169,139	0	16,801
JENNIFER LINEHAN ..... NURSE PRACTIONER	40 00 .....					X		158,054	0	11,230
MARILYN PUPO-GUILLEN ..... PSYCHIATRIST	40 00 .....					X		190,704	0	24,818
GRACE R KECKEISEN ..... NURSE PRACTIONER	40 00 .....					X		148,448	0	20,973
JOSE AGOSTO ..... PSYCHIATRIST	40 00 .....					X		245,172	0	20,200
BRANDY HAMMOND ..... NURSE PRACTIONER	40 00 .....					X		158,174	0	15,516
MARTIN QUINTANA ..... FORMER CHIEF FINACIAL OFFI	40 00 .....						X	139,559	0	1,631
EDMUNDO HIDALGO ..... FORMER CHIEF EXECUTIVE OFFICER	38 00 ..... 2 00						X	165,954	0	2,714

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service  
**Name of the organization**  
CHICANOS POR LA CAUSA INC

**Employer identification number**  
86-0227210

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  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 )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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 )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **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 university \_\_\_\_\_
- 10  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
  - a  **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.**
  - 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.**
  - 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.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) 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.**
  - e  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 \_\_\_\_\_
  - g Provide the following information about the supported organization(s) \_\_\_\_\_

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	89,439,885	48,924,431	30,188,001	25,828,761	8,965,239	203,346,317
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	89,439,885	48,924,431	30,188,001	25,828,761	8,965,239	203,346,317
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						203,346,317

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b> Amounts from line 4	89,439,885	48,924,431	30,188,001	25,828,761	8,965,239	203,346,317
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	882,515	590,915	1,335,731	470,726	898,486	4,178,373
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,702,650	2,640,844	2,332,969			8,676,463
<b>11 Total support.</b> Add lines 7 through 10						216,201,153
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	179,525,747

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

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	94.050 %
<b>15</b> Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	93.810 %

**16a 33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2015.** 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—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2015.** 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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

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

<b>15</b>	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a</b>	<b>33 1/3% support tests—2016.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b</b>	<b>33 1/3% support tests—2015.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20</b>	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> 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>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> 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).		
<b>8</b> 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).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>b</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.)		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		



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

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

**Section A - Adjusted Net Income**

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

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d <b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 <b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

**Section C - Distributable Amount**

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2016			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2016 from Section D, line 7			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b> Excess from 2013. . . . .			
<b>c</b> Excess from 2014. . . . .			
<b>d</b> Excess from 2015. . . . .			
<b>e</b> Excess from 2016. . . . .			

**Part VI Supplemental Information.**

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

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	ADMINISTRATIVE SERVICES - 2012 AMOUNT \$ 3,702,650 2013 AMOUNT \$ 2,640,844 2014 AMOUNT \$ 2,332,969

Schedule A Form 990 of 990-E 2016

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

OMB No 1545-0047  
  
**2016**  
  
**Open to Public Inspection**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
 ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**  
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C  
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B  
 ● Section 527 organizations Complete Part I-A only

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**  
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B  
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**  
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization CHICANOS POR LA CAUSA INC	Employer identification number 86-0227210
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				



**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		47,500
<b>j</b>	Total Add lines 1c through 1i			47,500
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	MONITORING FEDERAL AND STATE LEGISLATION THROUGH OTHER PROFESSIONAL ENTITIES

**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.**  
**Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

**Name of the organization**  
CHICANOS POR LA CAUSA INC

**Employer identification number**  
86-0227210

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ► \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

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

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

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

**(i)** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ► \$ \_\_\_\_\_



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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	2,687,663	2,643,317	2,697,352	2,629,170	2,531,344
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses	327,560	44,346	60,965	403,182	297,826
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	2,500,000		115,000	335,000	200,000
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	515,223	2,687,663	2,643,317	2,697,352	2,629,170

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶ 100 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		10,966,016		10,966,016
<b>b</b> Buildings		104,102,463	33,554,911	70,547,552
<b>c</b> Leasehold improvements		3,230,898	1,926,593	1,304,305
<b>d</b> Equipment . . . . .		6,711,492	5,130,820	1,580,672
<b>e</b> Other . . . . .		9,571,090	3,416,319	6,154,771
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				90,553,316

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )		

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DEPOSITS AND FUNDED RESERVES	1,603,910
(2) INTERCOMPANY RECEIVABLE	7,033,927
(3) OTHER LONG TERM ASSETS	555,213
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	9,193,050

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
SELF FUNDING ADMIN & CLAIMS	965,175
DEPOSITS AND OTHER LIABILITIES	120,607
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	1,085,782

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 86-0227210

**Name:** CHICANOS POR LA CAUSA INC

## Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	THERE ARE A FEW CLIENTS THAT CPLC SERVES, AS A FISCAL AGENT FUNDS ARE HOUSED IN A SAVINGS ACCOUNT AND RECORDED UNDER FUNDS HELD IN CUSTODY OF OTHER REQUEST FOR PAYMENT IS MADE BY THE ENTITIY WHEN PAYMENT IS REQUIRED

**Supplemental Information**

Return Reference	Explanation
PART V, LINE 4	A FUND WAS ESTABLISHED IN 1991 WITH A GRANT FROM THE FORD FOUNDATION, OF WHICH \$2,500,000 WAS TO BE USED STRICTLY TO ESTABLISH AN ENDOWMENT THE PURPOSE OF THE ENDOWMENT FUND IS TO FUND THE ADMINISTRATIVE COSTS OF CPLC HOWEVER, UNDER THE TERMS OF THE GRANT, THE ENDOWMENT FUND AND INCOME EARNED BY THE FUND WERE TO REMAIN UNUSED FOR FIVE YEARS, AFTER WHICH CPLC COULD BEGIN USING INVESTMENT EARNINGS TO FUND ADMINISTRATIVE COSTS DURING THE FISCAL YEAR, CPLC RECEIVED APPROVAL FROM THE DONOR TO RELEASE THE \$2,500,000 GRANT FROM PERMANENTLY RESTRICTED NET ASSETS THE REMAINING VALUE IN THE ENDOWMENT IS ACCUMULATION OF EARNINGS AND ARE CONSIDERED TEMPORARILY RESTRICTED UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE BY THE ORGANIZATION IN A MANNER CONSISTENT WITH THE STANDARD OF PRUDENCE PRESCRIBED BY ARIZONA UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA)

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY INCOME TAX POSITIONS TAKEN AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS

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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
 Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CHICANOS POR LA CAUSA INC

Employer identification number

86-0227210

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>PHOENIX DINNER</b> (event type)	<b>PHOENIX GOLF</b> (event type)	<b>12</b> (total number)	Total events (add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	267,768	257,976	548,132	1,073,876
<b>2</b>	Less Contributions . . . . .	100,932	94,680	57,418	253,030
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	166,836	163,296	490,714	820,846
Direct Expenses	<b>4</b> Cash prizes . . . . .			5,098	5,098
	<b>5</b> Noncash prizes . . . . .	10,112	53,085	71,502	134,699
	<b>6</b> Rent/facility costs . . . . .			1,816	1,816
	<b>7</b> Food and beverages . . . . .		13,299	58,511	71,810
	<b>8</b> Entertainment . . . . .	115,912	51,860	206,172	373,944
	<b>9</b> Other direct expenses . . . . .	76,648	20,659	240,253	337,560
	<b>10</b>	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
<b>11</b>	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-104,081

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b>	Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b>	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
<b>7</b>	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b>	Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain \_\_\_\_\_

-----

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain \_\_\_\_\_

-----

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in
- |          |                             |   |
|----------|-----------------------------|---|
| <b>a</b> | The organization's facility | % |
| <b>b</b> | An outside facility         | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2016

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization CHICANOS POR LA CAUSA INC

Employer identification number 86-0227210

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance

Summary table with 2 rows: 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (6); 3 Enter total number of other organizations listed in the line 1 table (1)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS TO INDIVIDUALS	3	5,544			
(2) PAYMENT TO AVOID EVICTION	55	40,802			
(3) EMERGENCY ASSISTANCE TO INDIVIDUALS	42	16,222			
(4) BUS TOKENS	6000		18,860	COST	PROVISION OF BUS TOKENS
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	CPLC PUBLICALLY SOLICITS APPLICATIONS FOR ITS SCHOLARSHIP PROGRAM APPLICATIONS ARE SUBMITTED TO ASU AND MARICOPA COMMUNITY COLLEGES AND REVIEWED BY A SCHOLARSHIP COMMITTEE MADE UP OF CPLC EMPLOYEES AND VOLUNTEERS ACCORDING TO A PRE-DETERMINED SCORING RUBRIC THE RUBRIC COVERS THE STUDENT'S GPA, EDUCATION AND CAREER GOALS, AND COMMITMENT TO COMMUNITY SERVICE ONCE AWARDED, THE SCHOLARSHIP COORDINATOR MANAGES DAY TO DAY COMMUNICATION WITH THE SCHOLARSHIP RECIPIENTS AS WELL AS WITH PARTNER COLLEGES THE COORDINATOR ALSO ENSURES THAT ALL RECIPIENTS CONTINUE TO MEET ELIGIBILITY CRITERIA, INCLUDING MAINTAINING THEIR GRADES AND PROVIDING A CERTAIN AMOUNT OF VOLUNTEER HOURS TO CPLC OR ANY OTHER ORGANIZATION CPLC AND THE COLLEGES WORK TOGETHER TO ENSURE EACH STUDENT MEETS THE CRITERIA TO MAINTAIN OR RENEW THE SCHOLARSHIP FOR GRANTS GIVEN TO ORGANIZATION THAT DO NOT SUPPORT SCHOLARSHIPS THE ORGANIZATION CHOOSES TO PROVIDE SUPPORT TO ORGANIZATIONS WITH SIMILAR PROGRAM INITIATIVES ONCE THE GRANTS ARE GIVEN NO FURTHER MONITORING IS CONSIDERED NECESSARY NON-SCHOLARSHIP ASSISTANCE GIVEN TO INDIVIDUALS IS EITHER A CASH DONATION PAID TO A PROVIDER ON THE INDIVIDUALS BEHALF OR ITEMS SUCH AS BUS TOKENS ARE PROVIDE TO THE INDIVIDUAL AT THE TIME OF NEED AND NO FURTHER MONITORING IS CONSIDERED NECESSARY

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 86-0227210  
**Name:** CHICANOS POR LA CAUSA INC

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ASU FOUNDATION FOR A NEW AMERICAN UNIVERSITY PO BOX 2260 TEMPE, AZ 852802260	86-0196696	501(C)(3)	100,000				FREEPORT-MCMORAN UNA PROMESA COMMUNITY SCHOLARSHIP FUND
THE UNIVERSITY OF ARIZONA FOUNDATION 111 N CHERRY AVE TUCSON, AZ 85721	86-6050388	501(C)(3)	50,000				2016-2017 PUBLIC HEALTH SCHOLARSHIPS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARIZONA- MEXICO COMMISSION 118 N 7TH AVENUE STE 400 PHOENIX, AZ 85007	23-7290803	501(C)(4)	17,500				SCHOLARSHIP
WEGROW PHX 7602 NORTH 7TH AVE PHOENIX, AZ 85021	81-2845007	501(C)(3)	10,000				RESOURCES, EDUCATION FOR GROWTH OF WOMEN OWNED BUSINESSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ABILITY 360 5031 E WASHINGTON ST PHOENIX, AZ 85034	86-0486447	501(C)(3)	5,000				LATINO DISABILITY SUMMIT SPONSOR
CPLC COMMUNITY SCHOOLS 1112 E BUCKEYE RD PHOENIX, AZ 85034	86-0842209	501(C)(3)	9,123				EDUCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CPLC NEVADA INC 1112 E BUCKEYE RD PHOENIX, AZ 85034	47-2624854	501(C)(3)	125,000				COMMUNITY DEVELOPMENT



**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**▶ Attach to Form 990.**

**2015**  
**Open to Public Inspection**

**▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization  
CHICANOS POR LA CAUSA INC

**Employer identification number**  
86-0227210

**Part I Questions Regarding Compensation**

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III** **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 86-0227210  
**Name:** CHICANOS POR LA CAUSA INC

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID ADAME PRESIDENT/CEO	(i)	289,277	0	12,653	3,071	17,223	322,224	0
	(ii)	0	0	0	0	-	-	0
1 GERMAN REYES EXECUTIVE VP-REAL ESTATE	(i)	130,076	12,000	20,007	6,859	20,847	189,789	0
	(ii)	0	0	0	0	-	-	0
2 MARIA SPELLERI EXECUTIVE VP-GENERAL	(i)	207,785	15,000	21,246	0	16,453	260,484	0
	(ii)	0	0	0	0	-	-	0
3 PEDRO CONS EXECUTIVE VP-INTEGRATED	(i)	132,201	30,000	21,449	5,667	16,978	206,295	0
	(ii)	0	0	0	0	-	-	0
4 JOHN RAMIREZ EXECUTIVE VP-BUSINESS	(i)	139,796	0	7,966	6,028	11,119	164,909	0
	(ii)	0	0	0	0	-	-	0
5 ANDRES CONTRERAS EXECUTIVE VP-SOCIAL	(i)	132,221	30,000	21,672	3,712	16,979	204,584	0
	(ii)	0	0	0	0	-	-	0
6 MAX GONZALEZ EXECUTIVE VP	(i)	130,853	0	21,950	6,379	16,380	175,562	0
	(ii)	0	0	0	0	-	-	0
7 ALICIA NUNEZ CHIEF FINACIAL OFFICER	(i)	135,974	15,000	18,165	2,939	13,896	185,974	0
	(ii)	0	0	0	0	-	-	0
8 JENNIFER LINEHAN NURSE PRACTITIONER	(i)	151,668	0	6,386	1,034	10,441	169,529	0
	(ii)	0	0	0	0	-	-	0
9 MARILYN PUPO-GUILLEN PSYCHIATRIST	(i)	187,044	0	3,660	19,359	5,776	215,839	0
	(ii)	0	0	0	0	-	-	0
10 GRACE R KECKEISEN NURSE PRACTITIONER	(i)	148,170	0	278	6,228	15,000	169,676	0
	(ii)	0	0	0	0	-	-	0
11 JOSE AGOSTO PSYCHIATRIST	(i)	224,615	10,000	10,557	2,496	18,080	265,748	0
	(ii)	0	0	0	0	-	-	0
12 BRANDY HAMMOND NURSE PRACTITIONER	(i)	150,367	0	7,807	6,400	9,373	173,947	0
	(ii)	0	0	0	0	-	-	0
13 MARTIN QUINTANA FORMER CHIEF FINACIAL OFFI	(i)	139,559	0	0	1,631	0	141,190	0
	(ii)	0	0	0	0	-	-	0
14 EDMUNDO HIDALGO FORMER CHIEF EXECUTIVE OFFICER	(i)	103,800	62,154	0	2,714	159	168,827	0
	(ii)	0	0	0	0	-	-	0

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CHICANOS POR LA CAUSA INC

**Employer identification number**

86-0227210

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

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

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

- 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) MOLINA OUTDOOR	BOARD MEMBER	SMALL BUSINESS LOAN		X	209,362	133,093		No	Yes		Yes	
<b>Total</b>						▶ \$	133,093					

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CHICANOS POR LA CAUSA INC

Employer identification number  
86-0227210

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .	X	2	333,060	FMV
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 2

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

**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	NUMBER OF CONTRIBUTIONS IS LISTED



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

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

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

▶ Attach to Form 990 or 990-EZ.

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

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CHICANOS POR LA CAUSA INC

Employer identification number

86-0227210

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE CONSISTING OF THE CHAIRPERSON, VICE CHAIRPERSON, SECRETARY AND TREASURER OF THE BOARD HAVE THE AUTHORITY TO ACT DURING INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS AND POSSESS THE POWERS TO EXERCISE THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE ORDINARY COURSE OF BUSINESS OTHER THAN A) FILLING VACANCIES, B) AUTHORIZING DISTRIBUTIONS, C) ADOPTING AMENDMENTS OR REPEALING THE ARTICLES OF INCORPORATION OR BYLAWS, D) ENCUMBER THE ASSETS OF THE CORPORATION, E) APPROVE THE GIVING OF GUARANTEES OF THE CORPORATION, F) APPROVE ANY PLAN OF MERGER OR CONSOLIDATION OF CORPORATION, G) APPROVE THE SALE, LEASE, MORTGAGE OR OTHER DISPOSITION OF ALL, OR SUBSTANTIALLY ALL, OF THE ASSETS OF THE CORPORATION, H) APPROVE THE DISSOLUTION OF CORPORATION OR APPROVE ANY FUNDAMENTAL CHANGE IN THE CHARACTER OR BUSINESS OF THE CORPORATION

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 2	ALBERTO ESPARZA AND MIKE ESPARZA HAVE A FAMILY RELATIONSHIP

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY ACCOUNTING STAFF AND CPA FIRM, THEN REVIEWED BY THE VICE PRESIDENT OF FINANCE, FOR ACCURACY AND CONSISTENCY, WITH THE CPLC FINANCIAL STATEMENTS IT IS THEN GIVEN TO CPLC'S CFO FOR DISCUSSION AND REVIEW ONCE APPROVED BY THE FINANCE COMMITTEE, THE FORM 990 TAX RETURN IS PRESENTED TO THE CPLC'S BOARD OF DIRECTOR'S

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST REQUIRES AN ANNUAL DECLARATION BY ALL BOARD MEMBERS AND KEY STAFF WE ADHERE TO THE CODE OF CONDUCT GUIDELINES IN THE OMB A110 CIRCULAR ALL POTENTIAL CONFLICTS ARE REVIEWED BY THE BOARD OF DIRECTORS ANY BOARD MEMBER OF CPLC'S BOARD WHO HAS A POTENTIAL CONFLICT OF INTEREST IN A SPECIFIC ACTION OF THE BOARD UNDER CONSIDERATION AT A MEETING IS EXPECTED TO EXCUSE THEMSELVES FROM ANY INFLUENCE ON SUCH ACTION SINCE EVERY SITUATION AND CIRCUMSTANCE CANNOT BE ANTICIPATED OR DISCLOSED IN ADVANCED, CPLC RELIES UPON THE HONESTY AND INTEGRITY OF EACH INDIVIDUAL TO COMPLY WITH THIS PROTOCOL

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS REVIEWED BY INDEPENDENT PERSONS BASED ON COMPENSATION STUDY, RECOMMENDATION IS PROVIDED TO THE EXECUTIVE COMMITTEE OF THE BOARD, AND THE BOARD, THEN, APPROVES THE COMPENSATION THE PROCESS IS DOCUMENTED IN THE MEETING MINUTES AND IS DONE ON AN ANNUAL BASIS

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY REQUEST

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	IMPAIRMENT LOSS -121,239

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CHICANOS POR LA CAUSA INC

**Employer identification number**

86-0227210

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

See Additional Data Table

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II 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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No



**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.

See Additional Data Table

(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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV 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.

(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?	
								Yes	No
<b>(1)</b> FUTURO INVESTMENT CORP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0329801	HOLDING COMPANY	AZ	CHICANOS POR LA CAUSA INC	C	2,818,350	4,990,189	100 000 %	Yes	
<b>(2)</b> COMMERCIO ARIZONA INC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 20-1549598	DEVELOPMENT	AZ	PRESTAMOS CDFI	C	464	2,454	100 000 %	Yes	
<b>(3)</b> FUTURO ENTERPRISE SERVICES INC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 80-0412929	HOLDING COMPANY	AZ	FUTURO INVESTMENT CORPORATION	C	14,743		100 000 %	Yes	
<b>(4)</b> TIEMPO INC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271918	REAL ESTATE	AZ	FUTURO INVESTMENT CORPORATION	C	1,181,670	558,572	100 000 %	Yes	
<b>(5)</b> CPLC INSURANCE COMPANY INC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271919	INSURANCE BROKERAGE	AZ	FUTURO INVESTMENT CORPORATION	C	27,202	1,509	100 000 %	Yes	
<b>(6)</b> FRIENDSHIP COMMUNITY MENTAL HEALTH CENTER 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 93-1182443	MENTAL HEALTH SERVICES	AZ	CHICANOS POR LA CAUSA INC	C	1,148,520	597,079	100 000 %	Yes	

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b> Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b> Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b> Yes	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b> Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b> Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b> Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

**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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 86-0227210  
**Name:** CHICANOS POR LA CAUSA INC

**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) CASA DE ENCANTO OPERATING COMPANY LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	INVESTMENT MANAGEMENT	AZ	-5	222,446	CHICANOS POR LA CAUSA INC
(1) CASA DE FLORES OPERATING COMPANY LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	INVESTMENT MANAGEMENT	AZ	0	60,984	CHICANOS POR LA CAUSA INC
(2) CASA DE PRIMAVERA APT LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0897878	HOUSING	AZ	1,219,377	1,685,270	CHICANOS POR LA CAUSA INC
(3) CASA LOMA AFFORDABLE APARTMENTS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-3030876	HOUSING	AZ	257,601	2,095,319	CHICANOS POR LA CAUSA INC
(4) CHICANOS POR LA CAUSA LAND BANK LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-2787045	HOUSING	AZ	0	0	CHICANOS POR LA CAUSA INC
(5) CPLC DONATION PARTNERS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-2813544	HOUSING	AZ	0	0	CHICANOS POR LA CAUSA INC
(6) CPLC ESTANCIA LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 36-4825346	HOUSING	AZ	2,141,885	14,290,644	CPLC HOUSING & HEALTH LLC
(7) CPLC FOUNTAIN VILLAS 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 35-2553825	HOUSING	AZ	925,868	6,405,298	CPLC HOUSING & HEALTH LLC
(8) CPLC HOLDING AND ASSET MANAGEMENT COMPANY LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-2781685	HOUSING	AZ	0	0	CHICANOS POR LA CAUSA INC
(9) CPLC HOUSING AND HEALTH LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 81-0973252	HOUSING	AZ	0	0	CHICANOS POR LA CAUSA INC
(10) CPLC LAND BANK MANAGER LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	HOUSING	AZ	0	0	CHICANOS POR LA CAUSA INC
(11) FUTURO EQUITY FUND LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 46-3781260	INVESTMENTS	AZ	-62,853	985,261	PRESTAMOS CDFI
(12) GLENROSA AFFORDABLE APARTMENTS LLC DBA BUENA VIDA 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-3050416	HOUSING	AZ	229,915	2,758,549	CHICANOS POR LA CAUSA INC
(13) GRAND VICTORIA HOUSING LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0985482	HOUSING	AZ	3,927,703	13,515,300	CHICANOS POR LA CAUSA INC
(14) GUADALUPE HUERTA OPERATING COMPANY LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271919	INVESTMENT MANAGEMENT	AZ	-1	241,746	CHICANOS POR LA CAUSA INC
(15) HAZELWOOD AFFORDABLE APARTMENTS LLC DBA STARLIGHT 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-3220322	HOUSING	AZ	175,664	1,168,299	CHICANOS POR LA CAUSA INC
(16) MOUNTAIN POINTE APARTMENTS LIHTC LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	INVESTMENT MANAGEMENT	AZ	318,798	3,512,674	CHICANOS POR LA CAUSA INC
(17) MOUNTAIN POINTE APARTMENTS LIHTC PHASE II LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 01-0857328	INVESTMENT MANAGEMENT	AZ	-32	-358	CHICANOS POR LA CAUSA INC
(18) PRESTAMOS CDFI LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 26-0020430	LENDING	AZ	4,165,319	19,979,801	CHICANOS POR LA CAUSA INC
(19) ROSA LINDA OPERATING COMPANY 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	INVESTMENT MANAGEMENT	AZ	-8	275,970	CHICANOS POR LA CAUSA INC

**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
(21) SAN MARINA AFFORDABLE APARTMENTS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-2999355	INVESTMENT MANAGEMENT	AZ	2,966,496	11,720,184	CHICANOS POR LA CAUSA INC
(1) CPLC PICKLE HOUSE LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-2240497	HOUSING	AZ	0	0	CHICANOS POR LA CAUSA INC
(2) VISTA VILLAGE ON VAN BUREN LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-3239819	HOUSING	AZ	0	0	CHICANOS POR LA CAUSA INC
(3) CPLC SHOUSE LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 82-2126115	HOUSING	AZ	0	0	CHICANOS POR LA CAUSA INC
(4) CPLC 25TH AND BELL LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	HOUSING	AZ	0	0	CHICANOS POR LA CAUSA INC
(5) CPLC FNMA FIRST LOOK LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 81-1405916	INACTIVE	AZ	0	0	CHICANOS POR LA CAUSA INC
(6) CPLC HOUSING PARTNERS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-2799386	HOUSING	AZ	0	0	CHICANOS POR LA CAUSA INC

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1)  1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0757227	HOUSING	AZ	501(C)(3)	LINE 10	CHICANOS POR LA CAUSA INC	Yes	
(1)  1112 E BUCKEYE ROAD PHOENIX, AZ 85034 39-0275488	HOUSING	AZ	501(C)(3)	LINE 10	CHICANOS POR LA CAUSA INC	Yes	
(2)  1112 E BUCKEYE ROAD PHOENIX, AZ 85034 74-2465161	HOUSING	AZ	501(C)(3)	LINE 10	CHICANOS POR LA CAUSA INC	Yes	
(3)  1112 E BUCKEYE ROAD PHOENIX, AZ 85034 74-2465130	HOUSING	AZ	501(C)(3)	LINE 10	CHICANOS POR LA CAUSA INC	Yes	
(4)  1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0842209	EDUCATION	AZ	501(C)(3)	LINE 2	CHICANOS POR LA CAUSA INC	Yes	
(5)  1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-2621854	SOCIAL SERVICES	AZ	501(C)(3)	LINE 7	CHICANOS POR LA CAUSA INC	Yes	
(6)  1112 E BUCKEYE ROAD PHOENIX, AZ 85034 20-3992584	FOUNDATION	AZ	501(C)(3)	LINE 7	CHICANOS POR LA CAUSA INC	Yes	
(7)  1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0712873	HOUSING	AZ	501(C)(3)	LINE 7	CHICANOS POR LA CAUSA INC	Yes	
(8)  1112 E BUCKEYE ROAD PHOENIX, AZ 85034 85-0227776	SOCIAL SERVICES	NM	501(C)(3)	LINE 7	CHICANOS POR LA CAUSA INC	Yes	
(9)  1112 E BUCKEYE ROAD PHOENIX, AZ 85034 82-2418349	HEALTH CARE	AZ	501(C)(3)	LINE 7	CHICANOS POR LA CAUSA INC	Yes	





<b>Form 990, Schedule R, Part V - Transactions With Related Organizations</b>			
<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b> CPLC COMMUNITY SCHOOLS	D	1,157,839	FMV
<b>(1)</b> CPLC COMMUNITY SCHOOLS	P	1,512,798	FMV
<b>(2)</b> CPLC COMMUNITY SCHOOLS	R	296,797	FMV
<b>(3)</b> CPLC FOUNTAIN VILLAS	P	176,967	FMV
<b>(4)</b> CPLC INSURANCE	D	31,500	FMV
<b>(5)</b> CPLC NEVADA	D	594,560	FMV
<b>(6)</b> CPLC NEVADA	P	888,522	FMV
<b>(7)</b> CPLC NEVADA	R	205,542	FMV
<b>(8)</b> LA CAUSA CONSTRUCTION INC	D	1,046,650	FMV
<b>(9)</b> LA CAUSA CONSTRUCTION INC	P	776,642	FMV
<b>(10)</b> LA CAUSA CONSTRUCTION INC	R	75,661	FMV
<b>(11)</b> LA CAUSA DEVELOPMENT INC	P	1,251,756	FMV
<b>(12)</b> LA CAUSA DEVELOPMENT NEVADA INC	D	235,000	FMV
<b>(13)</b> LA CAUSA DEVELOPMENT NEVADA INC	R	427,350	FMV
<b>(14)</b> LA CAUSA DEVELOPMENT NEVADA INC	P	434,410	FMV
<b>(15)</b> LA CAUSA REALTY INC	P	141,822	FMV
<b>(16)</b> MOUNTAIN POINT II	P	88,923	FMV
<b>(17)</b> PRESTAMOS	D	1,787,771	FMV
<b>(18)</b> PRESTAMOS	R	218,201	FMV
<b>(19)</b> PRESTAMOS	P	1,196,856	FMV
<b>(20)</b> PRESTAMOS - PICKLE HOUSE LLC	D	531,934	FMV
<b>(21)</b> SANTA MARINA APARTMENTS INC	P	689,913	FMV
<b>(22)</b> SANTA CRUZ APARTMENTS INC	C	409,770	CASH
<b>(23)</b> SANTA CRUZ APARTMENTS INC	P	196,278	FMV
<b>(24)</b> CPLC NEW MEXICO INC	D	220,000	FMV

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(26)</b>	CPLC NEW MEXICO INC	P	627,890	FMV
<b>(1)</b>	CPLC NEW MEXICO INC	R	123,178	FMV
<b>(2)</b>	CASA DE ENCANTO	P	136,194	FMV
<b>(3)</b>	CASA DE FLORES	P	86,713	FMV
<b>(4)</b>	CPLC ESTANCIA	P	469,973	FMV
<b>(5)</b>	CPLC ESTANCIA	Q	129,241	FMV
<b>(6)</b>	GRAND VICTORIA HOUSING LLC	F	724,288	FMV
<b>(7)</b>	GRAND VICTORIA HOUSING LLC	P	606,662	FMV
<b>(8)</b>	GRAND VICTORIA HOUSING LLC	R	9,570,544	FMV
<b>(9)</b>	GUADALUPE HUERTA	P	78,931	FMV
<b>(10)</b>	CPLC NEVADA INC	B	125,000	CASH