

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2018**, and ending **06-30-2019**

- 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
CPLC

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 \$ 78,212,364

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)

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

J Website: WWW CPLC ORG

H(c) Group exemption number

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
EMPOWERED LIVES WE DRIVE ECONOMIC AND POLITICAL EMPOWERMENT

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

3 Number of voting members of the governing body (Part VI, line 1a)	26
4 Number of independent voting members of the governing body (Part VI, line 1b)	26
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	1,009
6 Total number of volunteers (estimate if necessary)	2,856
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8,828,576	8,143,206
9 Program service revenue (Part VIII, line 2g)	54,872,088	60,305,368
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	980,639	2,940,323
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,488,091	992,561
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	66,169,394	72,381,458
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	691,568	1,307,549
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	36,339,034	37,822,034
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) <u>113,270</u>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	31,338,264	33,469,006
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	68,368,866	72,598,589
19 Revenue less expenses Subtract line 18 from line 12	-2,199,472	-217,131
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	179,112,199	199,028,705
21 Total liabilities (Part X, line 26)	126,279,997	147,205,869
22 Net assets or fund balances Subtract line 21 from line 20	52,832,202	51,822,836

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: 2020-05-07

ALICIA NUNEZ CFO Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check if self-employed PTIN P02087031

Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749

Firm's address 20 E THOMAS RD STE 2300 Phone no (602) 266-2248
PHOENIX, AZ 85012

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

WE DRIVE ECONOMIC AND POLITICAL EMPOWERMENT

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 \$ 23,757,683 including grants of \$ 750) (Revenue \$ 17,270,426)
See Additional Data

4b (Code) (Expenses \$ 20,737,247 including grants of \$ 593,134) (Revenue \$ 21,873,923)
See Additional Data

4c (Code) (Expenses \$ 13,001,612 including grants of \$ 140,910) (Revenue \$ 16,364,224)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses \$ 3,275,921 including grants of \$ 572,755) (Revenue \$ 5,779,250)

4e Total program service expenses ▶ 60,772,463

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, political activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	1,009		
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	No
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a	No
<p>b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a	No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b	No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c	
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a	No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a	Yes
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	Yes
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c	No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e	No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f	No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g	
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h	
8 Sponsoring organizations maintaining donor advised funds.				
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				
			8	
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a	
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b	
10 Section 501(c)(7) organizations. Enter				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b			
11 Section 501(c)(12) organizations. Enter				
<p>a Gross income from members or shareholders</p>	11a			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>				
			13a	
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b			
<p>c Enter the amount of reserves on hand</p>	13c			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a	No
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>			14b	
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15	No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16	No

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



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; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 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 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 E BUCKEYE RD 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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	717,182		
	d Related organizations	1d			
	e Government grants (contributions)	1e	1,864,007		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,562,017		
	g Noncash contributions included in lines 1a - 1f \$ _____		1,835		
	h Total. Add lines 1a-1f		8,143,206		

Program Service Revenue			Business Code			
	2a SERVICES FEES		900099	41,759,526	41,759,526	
b RENTAL INCOME		532000	16,140,022	16,140,022		
c LOAN REVENUE		900099	1,478,350	1,478,350		
d CLIENT FEES		900099	886,644	886,644		
e ADMINISTRATIVE INCOME		900099	40,826	40,826		
f All other program service revenue						
g Total. Add lines 2a-2f			60,305,368			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,201,108			1,201,108
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)				1,739,215		1,739,215
	8a Gross income from fundraising events (not including \$ 717,182 of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events				-59,745		-59,745
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory				982,455	982,455		
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS INCOME		900099	69,851			69,851	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d				69,851			
12 Total revenue. See Instructions				72,381,458	61,287,823	0	2,950,429

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	569,117	569,117		
2 Grants and other assistance to domestic individuals See Part IV, line 22	738,432	738,432		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,627,103		1,610,832	16,271
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	29,012,650	23,995,045	4,967,429	50,176
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	370,944	370,944		
9 Other employee benefits	4,093,637	3,289,497	796,098	8,042
10 Payroll taxes	2,717,700	2,318,927	394,785	3,988
11 Fees for services (non-employees)				
a Management	1,178,061	1,178,061		
b Legal	460,210	292,230	167,980	
c Accounting	286,605	104,202	182,403	
d Lobbying	88,820		88,820	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	59,905		59,905	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,199,297	2,252,885	936,948	9,464
12 Advertising and promotion	614,223	389,405	222,570	2,248
13 Office expenses	1,028,898	996,771	31,806	321
14 Information technology	1,295,299	716,945	572,570	5,784
15 Royalties				
16 Occupancy	1,534,832	1,429,307	104,470	1,055
17 Travel	776,972	486,071	287,992	2,909
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	40,757	22,850	17,728	179
20 Interest	3,473,618	3,288,354	183,411	1,853
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,667,601	4,441,662	223,680	2,259
23 Insurance	925,356	837,232	87,243	881
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM CONSTRUCTION	2,840,790	2,840,790		
b REPAIRS & MAINTENANCE	2,519,645	2,519,645		
c UTILITIES	2,449,778	2,449,778		
d LICENSES AND TAXES	2,108,029	2,032,380	74,893	756
e All other expenses	3,920,310	3,211,933	701,293	7,084
25 Total functional expenses. Add lines 1 through 24e	72,598,589	60,772,463	11,712,856	113,270
26 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
Assets	1 Cash—non-interest-bearing	9,896,037	1	6,741,591
	2 Savings and temporary cash investments	6,783,823	2	6,225,279
	3 Pledges and grants receivable, net	101,336	3	264,868
	4 Accounts receivable, net	2,265,196	4	838,110
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	17,570,125	7	23,372,031
	8 Inventories for sale or use	5,703,239	8	5,873,271
	9 Prepaid expenses and deferred charges	772,184	9	984,196
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 178,682,882		
	b Less accumulated depreciation	10b 51,257,320	113,277,384	10c 127,425,562
	11 Investments—publicly traded securities	4,198,837	11	3,935,289
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11	4,689,856	13	4,194,991
	14 Intangible assets	932,351	14	784,967
	15 Other assets See Part IV, line 11	12,921,831	15	18,388,550
16 Total assets. Add lines 1 through 15 (must equal line 34)	179,112,199	16	199,028,705	
Liabilities	17 Accounts payable and accrued expenses	5,189,259	17	10,853,361
	18 Grants payable		18	
	19 Deferred revenue	4,773,140	19	2,877,024
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	154,599	21	107,269
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	113,378,098	23	132,021,885
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	2,784,901	25	1,346,330
	26 Total liabilities. Add lines 17 through 25	126,279,997	26	147,205,869
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	49,908,286	27	48,805,297
	28 Temporarily restricted net assets	2,747,516	28	2,893,429
	29 Permanently restricted net assets	176,400	29	124,110
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	52,832,202	33	51,822,836	
34 Total liabilities and net assets/fund balances	179,112,199	34	199,028,705	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	72,381,458
2	Total expenses (must equal Part IX, column (A), line 25)	2	72,598,589
3	Revenue less expenses Subtract line 2 from line 1	3	-217,131
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52,832,202
5	Net unrealized gains (losses) on investments	5	-432,180
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-360,055
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	51,822,836

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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
- 3a** 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?
- 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	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 86-0227210

Name: CHICANOS POR LA CAUSA INC
CPLC

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:

SEE SCHEDULE O

Form 990, Part III, Line 4c:

SEE SCHEDULE O

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code	) (Expenses \$	2,704,289	including grants of \$	1,123	) (Revenue \$	3,985,965
<p>ECONOMIC DEVELOPMENT/ BUSINESS ENTERPRISES ECONOMIC DEVELOPMENT PROVIDES PRINCIPAL PURPOSE PLANNING, DEVELOPING AND/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 LA CAUSA DEVELOPMENT, TIEMPO INC , LA CAUSA CONSTRUCTION LLC, AND LA CAUSA REALTY LLC PROVIDES COMPREHENSIVE PROFESSIONAL EXPERTISE IN DESIGN AND CONSTRUCTION, IN ADDITION CONSTRUCTION MANAGEMENT, PROPERTY MANAGEMENT, AND SALE OF COMPLETED PROJECTS, THAT INCLUDE RETAIL, MEDICAL AND MIXED-USE DEVELOPMENT, AS WELL AS RESIDENTIAL MULTI-FAMILY AND SINGLE FAMILY HOMES CPLC PROVIDES LEASING AND PROPERTY MANAGEMENT SERVICES FOR SENIORS, PROJECT-BASED, AFFORDABLE AND MARKET-RATE MULTIFAMILY HOUSING WITH CPLC CURRENTLY MANAGING 2,406 MULTIFAMILY RENTAL UNITS CPLC REAL ESTATE DIVISION ALSO SPECIALIZES IN CONTRACTING WITH MUNICIPALITIES AND FUNDING SOURCES VIA FEDERAL AND STATE LEVEL GRANTS CPLC HAS A SUCCESSFUL RECORD IN UTILIZING LOW INCOME HOUSING TAX CREDITS (LIHTC), NEW MARKET TAX CREDIT, FUNDING FROM HUD, ECONOMIC DEVELOPMENT ADMINISTRATION (EDA) AND OTHER COMMUNITY CAPITAL FUNDING IN ORDER TO PROVIDE AFFORDABLE HOUSING ALTERNATIVES AND COMMERCIAL DEVELOPMENT TO THE COMMUNITIES SERVED PRESTAMOS CDFI - SMALL BUSINESS LENDING CPLC CREATED PRESTAMOS CDFI IN 2000, A WHOLLY OWNED SUBSIDIARY TO PROVIDE EMERGING SMALL BUSINESSES IN TARGETED LOW INCOME COMMUNITIES' ACCESS TO AFFORDABLE CAPITAL THROUGH NON-TRADITIONAL FINANCING PRESTAMOS PROVIDES 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 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 IN FY 2019, IT LOANED \$12 MILLION IN CAPITAL TO SMALL BUSINESSES</p>						

(Code	) (Expenses \$	571,632	including grants of \$	571,632	) (Revenue \$	1,793,285
<p>NEW MEXICO OPERATIONS AND OTHER PROGRAMS CPLC NEW MEXICO EXISTS TO EMPOWER POSITIVE ACTION THROUGH SUSTAINABLE SOCIAL SERVICES THROUGH THREE EXECUTIVE BRANCHES THE OFFICE OF ECONOMIC EMPOWERMENT, OFFICE OF LEARNING & ACADEMIC OPPORTUNITY AND THE OFFICE OF FINANCE AND ADMINISTRATION HELP NEW MEXICO AIMS TO ENGAGE, INSPIRE, AND MOTIVATE THROUGH EFFECTIVE COMMUNITY IMPROVEMENT PROGRAMS AND TO EDUCATE FAMILIES AND COMMUNITIES THROUGH INNOVATIVE COACHING IN THE FOLLOWING AREAS EMPLOYMENT SERVICES, EDUCATION & COGNITIVE DEVELOPMENT, HOUSING SERVICES, HEALTH & SOCIAL/BEHAVIORAL DEVELOPMENT SERVICES, CIVIC ENGAGEMENT & COMMUNITY INVOLVEMENT SERVICES, FAMILY STABILITY, EMERGENCY ASSISTANCE AND ECONOMIC ASSET ENHANCEMENT/UTILIZATION CPLC NEW MEXICO SERVED 22,955 CLIENTS IN 2019</p>						

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 0 00	X		X				0	0	0
ANTONIO MOYA VICE CHAIR	2 00 0 00	X		X				0	0	0
DELMA HERRERA SECRETARY	2 00 0 00	X		X				0	0	0
ALEX VARELA TREASURER	2 00 0 00	X		X				0	0	0
STEPHANIE ACOSTA DIRECTOR	2 00 0 00	X						0	0	0
ABE ARVIZU JR DIRECTOR	2 00 0 00	X						0	0	0
TERRY CAIN DIRECTOR	2 00 0 00	X						0	0	0
ALBERTO ESPARZA DIRECTOR	2 00 0 00	X						0	0	0
JOSE ANTONIO HABRE DIRECTOR	2 00 0 00	X						0	0	0
LEONARDO LOO DIRECTOR	2 00 0 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			
MANNY MOLINA DIRECTOR	2 00 0 00	X						0	0	0
MIKE ESPARZA DIRECTOR	2 00 0 00	X						0	0	0
ROBERT ORTIZ DIRECTOR	2 00 0 00	X						0	0	0
RUDY PEREZ DIRECTOR	2 00 0 00	X						0	0	0
RAY SALAZAR DIRECTOR	2 00 0 00	X						0	0	0
JODY SARCHETT DIRECTOR	2 00 0 00	X						0	0	0
RAQUEL TERAN DIRECTOR	2 00 0 00	X						0	0	0
TED GEISLER DIRECTOR	2 00 0 00	X						0	0	0
JAVIER CARDENAS MD DIRECTOR	2 00 0 00	X						0	0	0
DAN HERNANDEZ DIRECTOR	2 00 0 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			
JOE GAUDIO DIRECTOR	2 00 0 00	X						0	0	0
BARBARA BOONE DIRECTOR	2 00 0 00	X						0	0	0
LETICIA DE LA VARA DIRECTOR	2 00 0 00	X						0	0	0
MIKE SOLIS DIRECTOR	2 00 0 00	X						0	0	0
JIM VIGIL DIRECTOR	2 00 0 00	X						0	0	0
PATRICIA TAYLOR DIRECTOR	2 00 0 00	X						0	0	0
DAVID ADAME PRESIDENT/CEO	38 00 2 00			X				517,088	0	34,776
GERMAN REYES EXECUTIVE VP-REAL ESTATE	38 00 2 00			X				174,349	0	49,894
ALICIA NUNEZ CFO-TREASURER	37 00 3 00			X				183,712	0	28,882
MAX GONZALES SECRETARY-EXECUTIVE EVP	38 00 2 00			X				163,999	0	44,519

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			
ANDRES CONTRERAS EXECUTIVE VP	37 00			X				182,803	0	37,083
JOHN RAMIREZ EXECUTIVE VP	38 00			X				166,545	0	30,659
MARIA SPELLERI EXECUTIVE VP	38 00			X				252,783	0	25,514
PEDRO CONS EXECUTIVE VP	38 00			X				164,089	0	24,381
JENNIFER LINEHAN NURSE PRACTIONER	40 00					X		163,686	0	20,061
BRANDY HAMMOND NURSE PRACTIONER	40 00					X		162,486	0	30,283
NIRVA JEAN-BAPTISTE NURSE PRACTIONER	40 00					X		147,751	0	18,356
JOSE LORETO MARTINEZ VP PRESTAMOS	40 00					X		132,563	0	12,429
RAMIRO GUILLEN NURSE PRACTIONER	40 00					X		149,239	0	5,211

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CHICANOS POR LA CAUSA INC
CPLC

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		
Total						

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

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	30,188,001	25,828,761	8,965,239	8,828,576	8,143,206	81,953,783
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	30,188,001	25,828,761	8,965,239	8,828,576	8,143,206	81,953,783
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						81,953,783

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	30,188,001	25,828,761	8,965,239	8,828,576	8,143,206	81,953,783
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,335,731	470,726	898,486	925,883	1,201,108	4,831,934
9	Net income from unrelated business activities, whether or not the business is regularly carried on	9,729	909				10,638
10	Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.)	1,888,959			71,602	69,851	2,030,412
11	Total support. Add lines 7 through 10						88,826,767
12	Gross receipts from related activities, etc. (see instructions)					12	240,295,063

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

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	92.260 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	93.530 %

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	A family member of a person described in (a) above?		
c	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
1	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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1	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
1	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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	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>	Yes	No
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>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	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	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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER INCOME - 2014 AMOUNT \$ 1,888,959 2017 AMOUNT \$ 71,602 2018 AMOUNT \$ 69,851

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
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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 CPLC	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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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-
1				
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
1 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			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		88,820
j Total Add lines 1c through 1i			88,820
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 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?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
CHICANOS POR LA CAUSA INC
CPLC

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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (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	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

4 Number of states where property subject to conservation easement is located ► _____

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

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

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

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

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

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

1a If the organization elected, as permitted under 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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
1a Beginning of year balance	176,400	767,223	2,947,663	2,643,317	2,697,352
b Contributions				260,000	
c Net investment earnings, gains, and losses	7,960		327,560	44,346	60,965
d Grants or scholarships					
e Other expenditures for facilities and programs	60,250	590,823	2,508,000		115,000
f Administrative expenses					
g End of year balance	124,110	176,400	767,223	2,947,663	2,643,317

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 100 000 %
 - c** Temporarily restricted endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,555,514		15,555,514
b Buildings		121,762,750	39,672,947	82,089,803
c Leasehold improvements		3,674,623	2,151,090	1,523,533
d Equipment		9,982,459	5,758,687	4,223,772
e Other		27,707,536	3,674,596	24,032,940
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				127,425,562

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)		
Total. (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)		
Total. (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	3,251,308
(2) INTERCOMPANY RECEIVABLE	15,137,242
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	18,388,550

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
SELF FUNDING ADMIN & CLAIMS	642,185
DEPOSITS	676,020
INTERCOMPANY PAYABLES	28,125
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,346,330

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.

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

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.

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

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
CPLC

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 ENTITY WHEN PAYMENT IS REQUIRED

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	<p>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 FISCAL YEAR 2017, CPLC RECEIVED APPROVAL FROM THE DONOR TO RELEASE THE \$2,500,000 GRANT FROM PERMANENTLY RESTRICTED NET ASSETS THE REMAINING VALUE IN THIS ENDOWMENT IS THE 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) THESE REMAINING EARNINGS WERE EXPENDED DURING FISCAL 2018 THE FISCAL 2016 COLUMN (COLUMN D) WAS UPDATED TO INCLUDE A PERMANENTLY RESTRICTED AWARD OF \$260,000 THAT HAD BEEN OMITTED FROM THE SCHEDULE PREVIOUSLY THIS AWARD IS PERMANENTLY RESTRICTED AND THE RELATED RELEASES WERE BASED ON APPROVAL FROM THE DONOR COLUMNS B AND C WERE UPDATED ACCORDINGLY THIS AWARD IS RESTRICTED FOR THE NEIGHBORWORK PROGRAM</p>

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

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)
		PHOENIX DINNER (event type)	PHOENIX GOLF (event type)	12 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	659,054	250,179	445,959	1,355,192
	2 Less Contributions	403,357	104,529	209,296	717,182
	3 Gross income (line 1 minus line 2)	255,697	145,650	236,663	638,010
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	9,192		3,286	12,478
	7 Food and beverages	152,594	23,640	79,613	255,847
	8 Entertainment	60,438		22,167	82,605
	9 Other direct expenses	203,737	117,814	25,274	346,825
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				697,755
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-59,745

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 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
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| 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 provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization
CHICANOS POR LA CAUSA INC
CPLC

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? Yes No
- 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.

(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 (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	▶ 10
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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) TUITION SCHOLARSHIPS	52	43,441		N/A	N/A
(2) RENT ASSISTANCE	306	194,332		N/A	N/A
(3) EMERGENCY UTILITY AND RENT ASSISTANCE	71	29,162		N/A	N/A
(4) BUS TOKENS	8000	30,857		BOOK VALUE	PROVISION OF BUS TOKENS
(5) UTILITY ASSISTANCE	27	430,539		N/A	N/A
(6) FUNERAL ASSISTANCE	35	10,100		N/A	N/A
(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 INDIVIDUAL'S 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
CPLC

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

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASU FOUNDATION FOR A NEW AMERICAN UNIVERSITY PO BOX 2260 TEMPE, AZ 852802260	86-0196696	501(C)(3)	232,500		N/A	N/A	LATINO PARTNERSHIP SCHOLARS
THE UNIVERSITY OF ARIZONA FOUNDATION 111 N CHERRY AVE TUCSON, AZ 85721	86-6050388	501(C)(3)	90,442		N/A	N/A	LORRAINE LEE SCHOLARSHIP

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

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VICTORIA FOUNDATION 1122 E BUCKEYE STE B-5 PHOENIX, AZ 85034	23-7091708	501(C)(3)	45,000		N/A	N/A	ANNUAL SUPPORT & KEEP THE DREAM ALIVE SCHOLARSHIP
AMERICAN HEART ASSOCIATION PO BOX 50085 PRESCOTT, AZ 86304	13-5613797	501(C)(3)	15,000		N/A	N/A	AHA PHX HEART WALK PLEDGE

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

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATINO PRIDE ALLIANCE 6850 W INDIAN SCHOOL ROAD G1 PHOENIX, AZ 85034	82-3136052	501(C)(3)	25,000		N/A	N/A	PRIDE FESTIVAL
ARIZONA PUBLIC INTEGRITY 534 N ORANGE STREET MESA, AZ 85201	46-0793813	501(C)(3)	12,000		N/A	N/A	UNRESTRICTED

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

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESCOTT COLLEGE 220 GROVE AVENUE PRESCOTT, AZ 86301	86-0294012	501(C)(3)	11,000		N/A	N/A	AMERICORPS VISTA
COLLEGE SUCCESS ARIZONA 4040 E CAMELBACK ROAD STE 220 PHOENIX, AZ 85018	20-2366755	501(C)(3)	9,500		N/A	N/A	SUCCESS PROGRAMS 2018-2019 ACADEMIC YEAR

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

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUST FIX OUR ROADS 6401 S COUNTRY CLUB ROAD TUCSON, AZ 85706	83-2068048	CITY OF TUCSON	7,500		N/A	N/A	UNRESTRICTED
GO MEDIA COMPANIES LLC PO BOX 72925 PHOENIX, AZ 85051	45-3358404		9,000		N/A	N/A	UNRESTRICTED

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

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIVE HEALTH 4041 N CENTRAL AVENUE BUILDING C PHOENIX, AZ 85012	94-2540194	501(C)(3)	36,667		N/A	N/A	UNRESTRICTED

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

2018

Open to Public Inspection

Name of the organization
CHICANOS POR LA CAUSA INC
CPLC

Employer identification number
86-0227210

Part I Questions Regarding Compensation

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

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
PART I, LINE 7	BONUSES ARE DETERMINED BY THE RECEIPT OF A CLEAN AUDIT REPORT PROVIDED WITHIN THE REQUIRED TIME FRAME AND BY THE FEEDBACK AND EVALUATION ON THE DEPARTMENT DURING THE YEAR



Schedule J (Form 990) 2018

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.

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

2018

Open to Public Inspection

Department of the Treasury

Name of the organization
CHICANOS POR LA CAUSA INC
CPLC

Employer identification number

86-0227210

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>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 2,650 APARTMENT UNITS THROUGHOUT THE STATE OF ARIZONA HOUSING 3,975 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 SOME 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 IN 2010, AS THE LEAD AGENCY IN A 13-MEMBER CONSORTIUM OF NON-PROFIT COMMUNITY DEVELOPMENT ORGANIZATIONS, CHICANOS POR LA CAUSA INC., (CPLC) WAS AWARDED A U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) NEIGHBORHOOD STABILIZATION II (NSP2) AWARD IN THE AMOUNT OF \$137-MILLION TO STABILIZE COMMUNITIES IMPACTED BY HOME FORECLOSURE AND ABANDONMENT CPLC, AS THE LEAD AGENCY, IMPLEMENTED THE PROGRAM ACTIVITIES AND PROTOCOLS FOR THE 13 NON-PROFIT ENTITIES ACROSS EIGHT STATES WHICH INCLUDE NOT ONLY ARIZONA, BUT CALIFORNIA, ILLINOIS, PHILADELPHIA, COLORADO, TEXAS, MARYLAND, NEW MEXICO, AND THE DISTRICT OF COLUMBIA CPLC'S RESPONSIBILITY AS THE LEAD AGENCY UNDER THE NSP2 PROGRAM INCLUDES MANAGING ALL FUNDS OF THE GRANT, ENSURING ALL ACTIVITIES MEET REGULATORY COMPLIANCE ACCORDING TO THE TERMS OF THE GRANT AND REPORTING THE CONSORTIUM HAS IDENTIFIED FOUR (4) ELIGIBLE ACTIVITIES UNDER THE NSP2 PROGRAM WHICH ARE AS FOLLOWS - ESTABLISH FINANCING MECHANISMS FOR THE PURCHASE AND REDEVELOPMENT OF FORECLOSED UPON HOMES AND RESIDENTIAL PROPERTIES - PURCHASE AND REHABILITATE HOMES AND RESIDENTIAL PROPERTIES THAT HAVE BEEN ABANDONED OR FORECLOSED UPON - ESTABLISH LAND BANKS FOR HOMES AND RESIDENTIAL PROPERTIES THAT HAVE BEEN FORECLOSED AND DEMOLITION OF BLIGHTED STRUCTURES - REDEVELOP DEMOLISHED OR VACANT PROPERTIES AS HOUSING SINCE THE AWARD OF \$137,107,133 WAS GIVEN ON JANUARY 2010, THE LEAD AGENCY (CPLC) AND MEMBERS OF THE CONSORTIUM ACQUIRED OVER 1,000 SINGLE FAMILY HOMES FOR REHAB AND RESALE IN 7 STATES AND THE DISTRICT OF COLUMBIA THE CONSORTIUM HAS OBLIGATED AND/OR EXPENDED OVER \$225 MILLION DOLLARS OF ALLOCATED FUNDS WHICH INCLUDES GENERATING MORE THAN \$100 MILLION IN PROGRAM INCOME THE CONSORTIUM HAS ACQUIRED, REHABBED OR REDEVELOPED AND SOLD OR RENTED OVER A 1,000 OF THESE SINGLE FAMILY UNITS IN ADDITION, THE CONSORTIUM HAS ALSO ACQUIRED SEVERAL MULTIFAMILY PROPERTIES WHICH TOTAL 1,200 UNITS MEMBERS OF THE CONSORTIUM HAVE CONTINUED TO LEVERAGE THE SUCCESS OF THE NSP2 PROGRAM TO COMPLETE NEW CONSTRUCTION, ACQUIRE, REHAB, MANAGE, RESELL AND OBTAIN ADDITIONAL AFFORDABLE HOUSING PROPERTIES WITH MANY OTHER GRANT AND COMMUN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	ITY INITIATIVES 3 SINGLE FAMILY HOMES CPLC HAS STABILIZED NEIGHBORHOODS BY PROVIDING HOME OWNERSHIP OPPORTUNITIES TO NEARLY 40 PEOPLE ANNUALLY CREATING WEALTH THROUGH HOME OWNERSHIP EDUCATION TOWARDS SUSTAINABLE OWNERSHIP REMAINS A PRIORITY TO CPLC WE ARE COMMITTED TO ASSIST LOW, MODERATE AND MIDDLE INCOME HOME BUYERS BY OFFERING SAFE, HABITABLE AND EFFICIENT HOMES AT AFFORDABLE PRICES WE WANT TO ASSIST FAMILIES AND INDIVIDUALS ACHIEVE THEIR DREAM OF PURCHASING A HOME

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4B</p>	<p>SOCIAL SERVICES AND EDUCATION 1 EARLY HEADSTART AND MIGRANT HEADSTART EARLY HEAD START AND MIGRANT HEAD START CHICANOS POR LA CAUSA EARLY CHILDHOOD DEVELOPMENT (CPLC ECD) PROGRAM S PROMOTE SCHOOL READINESS FOR CHILDREN AND FAMILIES THROUGHOUT ARIZONA CPLC ECD IS FOCUS ED ON MEETING THE EDUCATION AND CHILDCARE NEEDS OF FAMILIES AND FOSTERING FAMILY SELF-SUFF ICIENCY THROUGH THE PROVISION OF SUPPORTIVE CARE AND DEVELOPMENTALLY APPROPRIATE EARLY CHI LDHOOD 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 HE AD START WITH 301 FUNDED SLOTS IN 2000, THE AGENCY WON A SECOND GRANT TO PROVIDE EARLY HE AD START SERVICES IN SOUTH CENTRAL PHOENIX WITH 52 FUNDED SLOTS AS OF TODAY, BOTH PROGRAM S HAVE GROWN WITH MIGRANT & SEASONAL HEAD START HAVING 930 FUNDED SLOTS AND EARLY HEAD STA RT HAVING 112 FUNDED SLOTS CPLC ECD FAMILIES REPRESENT AN UNDERSERVED POPULATION WITH MOU NTING CHALLENGES POVERTY, HOUSING SHORTAGES, UNEMPLOYMENT, HEALTH CONCERNS, HAZARDOUS WOR KING CONDITIONS, POOR NUTRITION, AND A HOST OF CULTURAL AND LANGUAGE BARRIERS COLLABORATI NG 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 ED UCATIONAL SUCCESS OF YOUNG CHILDREN WITHIN ARIZONA'S AGRICULTURAL COMMUNITIES, MIGRANT AN D SEASONAL FARM WORKING FAMILIES FACE ADDITIONAL OBSTACLES AS THEY STRUGGLE TO FIND ACCESS TO HEALTH CARE, SOCIAL SERVICES, HOUSING, TRANSPORTATION AND EDUCATION MANY FAMILIES STR UGGLE 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 HANDPICKED AND ROW CROPS ARE MOST PREVALENT PROGRAM CENTERS PROVIDE FULL-DAY FULL YEAR SERVICES AND CHILDREN ARE TRANSPORTED TO THE CENTERS DAILY ON BUSES WH ICH 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 9 30 CHILDREN AGES 0 TO 5 YEARS OLD IN THE COMMUNITIES OF YUMA, SOMERTON, SAN LUIS, ELOY, WI LLOCOX, SURPRISE AND QUEEN CREEK CPLC ECD EARLY HEAD START (EHS) IS FUNDED TO SERVE 112 CH ILDREN AGES 0-3 WITH A FOCUS ON PREGNANT AND PARENTING TEENS THE SERVICE AREA INCLUDES TH E PHOENIX, MURPHY, WILSON & ROOSEVELT ELEMENTARY SCHOOL DISTRICTS AND THE TOWN OF QUEEN CR EEK 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 SER VICES 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, CONGR EGATE MEALS, AND HOME DELIVERED MEALS THIS PROGRAM ANNUALLY SERVES OVER 400 ELDERLY CLIE N TS LIVING IN ITS 162-UNIT FACI</p>

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<p>FORM 990, PART III, LINE 4B</p>	<p>LITY IN WEST PHOENIX TO QUALIFY, RESIDENTS MUST BE 62+ EARN LESS THAN 30% OF THE AREA ME DIAN INCOME OF \$49,328 ALMOST NINE OUT OF TEN RESIDENTS ARE HISPANIC THE PROGRAM USES HO LISTIC SOLUTIONS THAT ADDRESS NON-MEDICAL ISSUES TO BOOST RESIDENTS WELL-BEING AND OVERALL HEALTH ACCORDING TO A STUDY FUNDED BY THE ROBERT WOOD JOHNSON FOUNDATION, RESIDENTS INVO LVED IN THE SOCIAL ACTIVITIES AT THE CENTER ARE LESS LIKELY TO BE DEPRESSED AND CLAIM THEY ARE BETTER ABLE TO MANAGE THEIR CHRONIC DISEASES LIKE ARTHRITIS AND DIABETES THE FACILIT Y, WHICH DID NOT OFFER NURSING SERVICES, IS IN THE PROCESS OF LAUNCHING AN ELDERLY HOME HE ALTH CARE PROGRAM ON-SITE 3 CPLC FAMILY IMMIGRATION SERVICES CPLC HAS BEEN ACCREDITED WITH THE DEPARTMENT OF JUSTICE SINCE 1980 TO PROVIDE LEGAL IMMIGRATION SERVICES IN SOMERTON , AZ RECENTLY, THE ORGANIZATION HAS ALSO BEEN RECOGNIZED FOR ACCREDITATION IN TUCSON, AZ THE TUCSON IMMIGRATION SERVICES PROGRAM HELPS FAMILIES AND INDIVIDUALS NAVIGATE THE COMPL EX IMMIGRATION SYSTEM THE PROGRAM OFFERS THESE SERVICES THROUGH KNOWLEDGEABLE, ACCREDITED INDIVIDUALS, AT AN AFFORDABLE COST OUR GOAL IS TO REUNITE FAMILIES DIVIDED BY INTERNATIO NAL BORDERS, HELP ELIGIBLE INDIVIDUALS IN THIS COUNTRY APPLY FOR IMMIGRATION BENEFITS, OR APPLY FOR CITIZENSHIP, WHILE MAKING SURE THESE INDIVIDUALS ARE NOT VICTIMS OF SCAMS OR POO R REPRESENTATION THROUGH THE RAMPANT ISSUE OF NOTARIO FRAUD" IN OUR COMMUNITY THIS PROGRA M OFFERS A BROAD RANGE OF SERVICES DESIGNED TO FIT THE NEEDS OF EVERY FAMILY OR INDIVIDUAL GOING THROUGH THE IMMIGRATION PROCESS IN FY 2019, CPLC FAMILY IMMIGRATION SERVICES WERE ABLE TO SERVE 2,521 CLIENTS ON THEIR PATHWAY TOWARDS BECOMING U S CITIZENS RESULTS FROM A CLIENT SATISFACTION STUDY CONDUCTED IN FY 2019 IN THE SOMERTON OFFICE, DEMONSTRATED A ST RONG TRUST TOWARDS CPLC IMMIGRATION AND ITS ABILITY TO SERVE THE COMMUNITY CLIENTS THAT T RIED USING A DIFFERENT IMMIGRATION SERVICE TO PROCESS THEIR CASES ULTIMATELY STATED THAT C PLC UNDOUBTEDLY OFFERS A BETTER EXPERIENCE, BETTER PRICES AND FASTER PROCESSING ALL PARTI CIPANTS AGREED THAT IT IS CREDIBLE, RELIABLE AND HONEST THIS CAN BE SUBSTANTIATED BY CPLC 'S NET PROMOTER SCORE, WHICH IS A METRIC THAT QUANTIFIES CUSTOMER LOYALTY OF 81% THIS SCO RE IS HIGHER THAN THE BENCHMARK OF 70% FOR OTHER SOCIAL SERVICES ORGANIZATIONS 4 WORKFOR CE SOLUTIONS IN OPERATION FOR 33 YEARS, THE WORKFORCE SOLUTIONS PROGRAM IS TO "EMPOWER EC ONOMIC MOBILITY THROUGH WORKFORCE DEVELOPMENT AND AS SUCH, PROGRAMMING AIMS TO EMPOWER MEM BERS OF THE COMMUNITY TO ACHIEVE SELF-SUFFICIENCY THROUGH SERVICES THAT HELP DEFINE AND LA UNCH CAREER PATHWAYS WHILE ADDRESSING BARRIERS TO EMPLOYMENT SERVICES INCLUDE WALK-IN JOB SEARCH ASSISTANCE AND RESUME DEVELOPMENT AT THE CPLC ENGAGEMENT CENTER, VOCATIONAL TRAINI NGS IN BANKING/FINANCE, CUSTOMER SERVICE, AND RETAIL, GED AND COMPUTER SKILLS PROFICIENCY CLASSES, JOB FAIRS AND HIRING EVENTS, PAID INTERNSHIPS, AND CASE MANAGEMENT CPLC WORKFORC E SOLUTIONS SUPPORTS THE LOCAL</p>

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<p>FORM 990, PART III, LINE 4B</p>	<p>ECONOMY BY UPSKILLING CLIENTS WITH SKILL SETS DESIRED BY LOCAL EMPLOYERS, IN ADDITION TO FACILITATING JOB PLACEMENTS IN 2019, CPLC WORKFORCE SOLUTIONS PROVIDED THESE EMPLOYMENT AND TRAINING SERVICES TO APPROXIMATELY 4,174 CLIENTS 5 THE FAMILY ASSISTANCE PROGRAM (EMERGENCY SERVICES) CPLC OFFERS SERVICES TO THOSE WHO NEED IT MOST THROUGH THE FAMILY ASSISTANCE (FORMERLY KNOWN AS EMERGENCY ASSISTANCE) PROGRAM THE CPLC FAMILY ASSISTANCE PROGRAM ACTS AS THE TRIAGE HUB (SIMILAR TO ARIZONA 211) FOR CPLC SOCIAL SERVICES, PROVIDING SERVICES FOR THE SAFETY NET POPULATION IN THE FORM OF RESOURCE NAVIGATION, FUNERAL ASSISTANCE, ARIZONA PUBLIC SERVICE UTILITY ASSISTANCE, AND SNAP OUTREACH/ENROLLMENT IN FY 2019, FAMILY ASSISTANCE HELPED ALMOST 1,000 (951) HOUSEHOLDS WITH ELECTRIC UTILITY ASSISTANCE CPLC'S PRIMARY DATA FROM FY 2019 FOUND THAT CLIENTS WHO REQUEST TRIAGE SERVICES PREDOMINATELY REQUIRE ACCESS TO HEALTHCARE, UTILITY ASSISTANCE, AND/OR BEHAVIORAL/MENTAL HEALTH SERVICES IN FY 2019, THE FAMILY ASSISTANCE PROGRAM WAS ABLE TO SUPPORT AND PROVIDE SERVICES TO 1,235 FAMILIES 6 HOUSING & HOUSING COUNSELING HOUSING COUNSELING PROVIDES PROGRAMS INCLUDING HOMEBUYING FOR FIRST TIME BUYERS AND CLIENTS WHO ARE RE-ENTERING THE HOUSING MARKET, FINANCIAL EDUCATION, MORTGAGE DEFAULT, AND RENTAL ASSISTANCE (TUCSON ONLY) HOUSING COUNSELING PARTNERS WITH OTHER CPLC PROGRAMS TO IDENTIFY CLIENTS WHO WOULD BENEFIT FROM FINANCIAL EDUCATION PROVIDED BY HOUSING COUNSELING IN 2019, HOUSING COUNSELING RECEIVED A GRANT TO EDUCATE YOUNG ADULTS ON THE FUTURE WEIGHT OF THEIR FINANCIAL CHOICES SERVICES ARE OFFERED ONE-ON-ONE, ONLINE, IN WORKSHOPS, AND COLLEGE CAMPUSES HOUSING COUNSELING SERVED 4,203 CLIENTS IN FY 19 ADDITIONALLY, CPLC PROVIDED PERMANENT SUPPORTIVE HOUSING TO 100 CLIENTS 7 PARENTING ARIZONA CHICANOS POR LA CAUSA'S PARENTING ARIZONA SERVES FAMILIES THROUGH NUMEROUS SERVICES TO ADDRESS RISK FACTORS AND TO HELP PARENTS AND CHILDREN THRIVE TOGETHER THE HOME VISITATION PROGRAM PROMOTES HEALTH, OPTIMAL DEVELOPMENT, AND SCHOOL READINESS FOR CHILDREN UNDER THE AGE OF FIVE THE HEALTHY FAMILIES PROGRAM AIMS TO REDUCE CHILD ABUSE IN THESE FAMILIES, AND PROMOTES POSITIVE PARENTING AND HEALTHY CHILD DEVELOPMENT FURTHERMORE, THESE FAMILY PRESERVATION SERVICES PROVIDE THE MOST AT-RISK POPULATION THE SUPPORT THEY NEED TO IMPROVE THEIR PARENTING SKILLS AND QUALITY OF LIVING THROUGH PERSON-CENTERED CARE AND ASSESSMENT PARENTING ARIZONA PREDOMINATELY SERVES LOW-INCOME FAMILIES AND CHILDREN WHO REQUIRE A FAIR AMOUNT OF EXTRA SOCIAL SERVICES IN FY 2019, PARENTING ARIZONA IMPACTED 31,072 INDIVIDUALS THROUGH DIRECT, INDIRECT, AND OUTREACH SERVICES ALMOST HALF OF CLIENTS DIRECTLY SERVED REPORTED BEING HISPANIC, WITH 20% OF CLIENTS NOTING THAT THEIR PRIMARY LANGUAGE WAS SPANISH</p>

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FORM 990, PART III, LINE 4B CONTINUED	<p>PARENTING ARIZONA CONTINUED A MAJORITY OF FAMILIES REPORTED HAVING A FEMALE HEAD OF HOUSE HOLD AND 44% OF CLIENTS WERE CONSIDERED "HIGH NEED," WITH 23% HAVING "MULTIPLE HIGH NEEDS " RESULTS FROM PARENTING ARIZONA'S FY 2019 ANNUAL PROGRAM EVALUATION SPEAKS TO THE SUCCESS ES OF CHILDHOOD DEVELOPMENT INTERVENTION IN FY 2019, 80% OF SCREENED CHILDREN DEMONSTRATE D IMPROVED SCORES IN AT LEAST ONE OF THE DEVELOPMENTAL DOMAINS ASSESSED (COMMUNICATION, GR OSS MOTOR, FINE MOTOR, PROBLEM SOLVING, AND PERSONAL-SOCIAL) IN THE COCONINO HOME VISITATION PROGRAM, 84% OF CHILDREN SAW IMPROVEMENTS IN AT LEAST ONE DOMAIN IN THE SOUTH PHOENIX HOME VISITATION PROGRAM PARENTING ARIZONA ALSO HAS A PROGRAM-WIDE GOAL OF INCREASED LITER ACY AMONG CHILDREN AND FAMILIES AND ENCOURAGES PARENTS/GUARDIANS TO READ TO THEIR CHILDREN AND MAKE THE READING EXPERIENCE ENJOYABLE WITHIN PARENTING ARIZONA'S FAMILY RESOURCE CEN TER, 95% OF GUARDIANS REPORTED READING TO THEIR CHILDREN BETWEEN 1-7+ TIMES A WEEK, WITH 4 6% OF GUARDIANS READING TO THEIR CHILDREN BETWEEN 31-60+ MINUTES FURTHERMORE, ALMOST ALL CHILDREN (91%) PARTICIPATING IN THE FAMILY RESOURCE CENTER ASKED THEIR GUARDIAN TO READ TO THEM WITHIN THE LAST WEEK OF BEING SURVEYED 8 FAMILY EMPOWERMENT AND EDUCATION FAMILY EMPOWERMENT INCLUDES PROVIDING SERVICES AT ITS DROP IN CENTERS FOR SCHOOL AGED YOUTH THE PROGRAM PROVIDES GED, ESL AND TUTORING TO YOUTH AND THEIR FAMILIES THE PROGRAM ALSO PROVI DES SOCIAL SERVICES, REFERRALS TO OTHER SERVICES AND A COMPUTER LAB FOR FAMILIES TO USE FO R HOMEWORK, FIND JOBS OR GET TRAINING THE FAMILY EMPOWERMENT PROGRAMS DIRECTLY SERVED OVER 370 PEOPLE IN FY 2019 THE CENTERS BUILD UP THEIR COMMUNITIES BY PROVIDING TOOLS TO EMPOW ER CLIENTS CENTERS OFFER PROGRAMS, BUT ALSO ALLOW FOR DROP IN SERVICES PROGRAMS ARE AVAIL LABLE FOR ADULTS AND YOUTHS IN GED, ESL, FINANCIAL LITERACY, AND YOUTH GROUPS, DROP IN SER VICES INCLUDE A COMPUTER LAB FOR HOMEWORK OR JOB SEARCHING/TRAINING, AFTER SCHOOL TUTORING FOR YOUTH, A SECURE PLAYGROUND FOR YOUNGER CHILDREN, AND REFERRALS TO OTHER SERVICES COM MUNITY CENTERS PARTNER WITH OTHER CPLC PROGRAMS TO PROVIDE HEALTH SERVICES IN THE FORM OF CHECK-UPS AND EXERCISE PROGRAMS CENTERS ALSO PARTNERS WITH LOCAL GROCERS TO PROVIDE FOOD PANTRY SERVICES FOR THE COMMUNITY THE CENTER ALSO OFFERS COMMUNITY OUTREACH EVENTS INCLUD ING THANKSGIVING AND CHRISTMAS DINNERS ABC 15, SANDERSON FORD/LINCOLN AND WALMART HOSTED THE 19TH ANNUAL OPERATION SANTA CLAUS CHARITY DRIVE THAT TOOK PLACE FROM NOVEMBER 14TH TO DECEMBER 19TH, 2019 40+ VOLUNTEERS WERE TASKED WITH COLLECTING TOYS, UNLOADING AND SORTIN G OF TOYS, AND PROMOTING OF THE CAMPAIGN CHICANOS POR LA CAUSA WAS A BENEFICIARY OF THE T HOUSANDS OF TOYS, CLOTHING ITEMS, PACKAGED FOOD ITEMS AND MONETARY DONATIONS THAT WERE DON ATED BY THE COMMUNITY IN THE VARIOUS DROP OFF LOCATIONS THE CPLC COMMUNITY CENTER RECEIVE D AND HANDED OUT 350 TOYS TO THE FAMILIES IN THE SURROUNDING COMMUNITY AND OVER \$20,000 OF THE FUNDS RAISED WILL BE USED</p>

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FORM 990, PART III, LINE 4B CONTINUED	TO MAKE FACILITY IMPROVEMENTS SUCH AS A SECURITY AND OUTDOOR LIGHT SYSTEM AND FOOD PANTRY EXPANSION IN FY 2019 THE CENTERS WERE ABLE TO SERVE 563 CLIENTS WITH DIRECT SERVICES 9 YOUTH SERVICES YOUTH SERVICES OFFERS PROGRAMS TO HIGH SCHOOL AGED YOUTH IN SCHOOLS DURING SCHOOL HOURS IN TUCSON, AZ THE PROGRAMS USE CULTURALLY RELEVANT TEACHING TECHNIQUES AND TOPICS TO EMPOWER YOUTH WITH PROBLEM SOLVING SKILLS, COPING FROM STRESS IN POSITIVE WAY, AND POSITIVE ATTITUDE TOWARD THEMSELVES YOUTH SERVICES USES HARM REDUCTION MODELS FOR EDUCATION ON SUBSTANCE ABUSE AND PREVENTING HIGH-RISK BEHAVIORS AND SECURES YOUTHS' CULTURAL IDENTITY BY FINDING HOW THEY ARE INTERCONNECTED WITH FAMILY, FRIENDS, CLASSMATES, TEACHERS AND THEIR COMMUNITY YOUTH SERVICES DIRECTLY SERVED 971 YOUTHS IN FY 19 THE NAHUI OLLIN PROGRAM FOCUSES ON DECREASING HIGH-RISK BEHAVIORS AMONG HIGH SCHOOL STUDENTS BY FOCUSING ON THEIR INTERCONNECTEDNESS TO THEIR FAMILY, FRIENDS, CLASSMATES, TEACHERS, AND COMMUNITY AFTER THE PROGRAM, MORE STUDENTS BELIEVED THEIR CHOICES CAN HAVE A NEGATIVE IMPACT ON THEIR COMMUNITY (43%, UP FROM 12%) AND STUDENTS FOUND THEIR CLASSMATES ARE MORE WILLING TO PROTECT COMMON PROPERTY (57%, UP FROM 31%), STAND UP FOR RIGHT AND WRONG (58%, UP FROM 37%), AND ACCEPTING PEOPLE FOR WHO THEY ARE (82%, UP FROM 67%) THE TOWARDS NO DRUG (TND) CURRICULUM WAS ALSO TAUGHT IN THE NAHUI OLLIN PROGRAM AND IT FOCUSED ON PREVENTING DRUG ABUSE BY DEVELOPING AND TESTING PREVENTION BASED STRATEGIES FOR UPPERCLASSMEN IN HIGH SCHOOL AFTER THE PROGRAM, A SIGNIFICANT AMOUNT OF STUDENTS DECREASED THEIR ALCOHOL INTAKE TO 0 TIMES (78%, UP FROM 31%), 92% OF STUDENTS REPORTED THEY HAVE NOT TRIED CIGARETTES, 98% OF STUDENTS HAVE NOT TRIED COCAINE, 99% OF STUDENTS HAVE NOT TRIED OTHER DRUGS (HEROIN) AND 100% OF STUDENTS HAVE NOT TRIED STIMULANTS

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<p>FORM 990, PART III, LINE 4C</p>	<p>INTEGRATED HEALTH SERVICES - IHHS CPLC OFFERS OUTPATIENT BEHAVIORAL HEALTH SERVICES TO FAMILIES, ADULTS, CHILDREN, AND ADOLESCENTS, SHELTER, COMMUNITY-BASED SERVICES, CASE MANAGEMENT, AND LEGAL SERVICES FOR WOMEN WHO ARE VICTIMS OF DOMESTIC VIOLENCE, AND HIV SCREENING, CASE MANAGEMENT, PSYCHOSOCIAL SERVICES, AND PREP/PEP NAVIGATION FOR INDIVIDUALS WHO ARE LIVING WITH HIV/AIDS AND/OR ARE AT RISK OF BECOMING INFECTED IN FY 2019, IHHS IMPACTED 66,114 PEOPLE THROUGH DIRECT, INDIRECT, AND OUTREACH SERVICES 63% OF IHHS CLIENTS REPORT BEING OF HISPANIC DESCENT 83% OF IHHS CLIENTS ARE CURRENTLY UTILIZING ARIZONA'S MEDICAID SERVICES, AND 94% OF IHHS CLIENTS ARE BELOW 100% OF THE FEDERAL POVERTY LINE 1 CPLC CENTRO DE LA FAMILIA (CDLF) 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 1,000 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) RECENTLY, CDLF WAS GRANTED SAMHSA FUNDING FOR THE "TREATMENT FOR INDIVIDUALS EXPERIENCING HOMELESSNESS" PROGRAM IT WAS CREATED TO TARGET INDIVIDUALS WHO ARE CURRENTLY EXPERIENCING HOMELESSNESS AND HAVE CO-OCCURRING SUBSTANCE USE DISORDERS AND SERIOUS MENTAL ILLNESS WITHIN PHOENIX, ARIZONA'S MARYVALE NEIGHBORHOOD WITHIN THE FIRST YEAR OF THE TIE H PROGRAM (2019), 152 UNDUPLICATED INDIVIDUALS WERE OUTREACHED AND 71 INDIVIDUALS WERE ENROLLED IN THE PROGRAM 100% PARTICIPANTS HAD A COMPREHENSIVE ASSESSMENT, WERE PROVIDED ANNUAL PREVENTATIVE CARE, AND WERE DETERMINED AND ENROLLED IN INSURANCE 25% OF CLIENTS ARE STILL RECEIVING MENTAL HEALTH AND HOUSING SERVICES THROUGH CPLC WHILE THEY ARE GAINING SELF-SUFFICIENCY 2 CENTRO ESPERANZA THE CENTRO ESPERANZA PROGRAM PROVIDES PSYCHIATRIC EVALUATIONS, MEDICATION MANAGEMENT, CASE MANAGEMENT, REHABILITATION SERVICES, PEER SERVICE, EMPLOYMENT SERVICES, HOUSING SERVICES, INDIVIDUAL AND GROUP COUNSELING SERVICES FOR ADULTS DIAGNOSED WITH A SERIOUS MENTAL ILLNESS IN FY 2019, ESPERANZA DIRECTLY SERVED 1,441 CLIENT AND HAS CONSISTENTLY SERVED A SI</p>

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FORM 990, PART III, LINE 4C	<p>MILAR NUMBER SINCE 2016 3 CPLC LUCES RYAN WHITE PART A SERVICES & ARIZONA DEPARTMENT OF HEALTH SERVICES THE CPLC LUCES PROGRAM HAS FIVE COMPONENTS UNDER RWPA THAT INCLUDE MEDICAL CASE MANAGEMENT, SUPPORTIVE CASE MANAGEMENT, MENTAL HEALTH, SUBSTANCE ABUSE, AND PSYCHOSOCIAL SUPPORT FOR INDIVIDUALS LIVING WITH AN HIV/AIDS DIAGNOSIS THE CPLC LUCES PROGRAM, UNDER RWPA, PROVIDES SERVICES TO ALL INDIVIDUALS LIVING WITH HIV/AIDS IN MARICOPA COUNTY THE CPLC LUCES PROGRAM HAS TWO COMPONENTS UNDER ADHS PREP & PEP NAVIGATION AND BEHAVIORAL HEALTH INTERVENTIONS CPLC LUCES, UNDER ADHS, PROVIDES PREP & PEP SERVICES TO PREVENT HIV TRANSMISSION FOR INDIVIDUALS AT HIGH RISK CPLC LUCES, UNDER ADHS BEHAVIORAL HEALTH INTERVENTIONS, PROVIDES SERVICES TO HIV POSITIVE AND HIV NEGATIVE INDIVIDUALS THE VAST MAJORITY OF THE CLIENTS THAT LUCES PROVIDES SERVICES TO ARE LATINO INDIVIDUALS WHO ARE PREDOMINANTLY SPANISH-SPEAKING AND WHO ARE UNINSURED OR UNDERINSURED IN FY 2019, LUCES IMPACTED 3,784 LIVES THROUGH DIRECT, INDIRECT, AND OUTREACH SERVICES TO HELP IMPROVE HEALTH OUTCOMES AND MAKE OUR COMMUNITY A SAFER PLACE TO LIVE AMONG NEW CLIENTS TESTED FOR VIRAL LOADS FOR THE FIRST TIME IN FY 2019, 79% OF CLIENTS WERE VIRALLY SUPPRESSED/UNDETECTABLE AT THEIR MOST RECENT VIRAL LOAD COUNT, HOWEVER, 92% OF LUCES CLIENTS WERE VIRALLY SUPPRESSED/UNDETECTABLE, WHICH WAS A STATISTICALLY SIGNIFICANT CHANGE (P<05) FROM PRE TO POST 4 CORAZON CORAZON IS A CARF-ACCREDITED, 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 IN FY 2019, CORAZON IMPACTED 1,622 PEOPLE THROUGH DIRECT, INDIRECT, AND OUTREACH SERVICES OF 708 CLIENT RECORDS COLLECTED IN FY 2019 FOR DIRECT SERVICE, 60% OF PARTICIPANTS SUCCESSFULLY GRADUATED FROM CORAZON'S SUBSTANCE USE PROGRAM 5 DE COLORES DE COLORES IS A DOMESTIC VIOLENCE SHELTER THAT SERVES WOMEN AND CHILDREN FLEEING VIOLENT RELATIONSHIPS THE SHELTER WAS OPENED IN 1986 WITH 16 BEDS TODAY DE COLORES HAS 52 BEDS FOR THE CRISIS PROGRAM AND 16 BEDS FOR THE TRANSITIONAL LIVING PROGRAM THE STAFF IS BI-CULTURAL/BI-LINGUAL AND IT</p>

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FORM 990, PART III, LINE 4C	<p>IS THE ONLY DOMESTIC VIOLENCE PROGRAM IN MARICOPA COUNTY THAT SPECIALIZES IN CULTURALLY AND LINGUISTICALLY SPECIFIC SERVICES FOR HISPANIC VICTIMS OF DOMESTIC VIOLENCE 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 IN FY 2019, DE COLORES IMPACTED 8,246 CLIENTS THROUGH DIRECT, INDIRECT, AND OUTREACH SERVICES DE COLORES PUTS A SPECIAL EMPHASIS ON INCREASING SELF-SUFFICIENCY AND DV KNOWLEDGE WHILE RECEIVING SERVICES IN FY 2019, UPON EXIT, 74% OF CLIENTS WHO WERE INTERVIEWED MADE AN IMPROVEMENT IN AT LEAST ONE SELF-SUFFICIENCY DOMAIN TWO DOMAIN INCREASES (FOOD SECURITY AND HOUSING) WERE STATISTICALLY SIGNIFICANT FROM PRE TO POST-TESTING ADDITIONALLY, UPON EXIT, WOMEN REPORTED HAVING AN INCREASED KNOWLEDGE ABOUT THEIR RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT AND HAVING KNOWLEDGE ON HOW TO RECEIVE LEGAL SERVICES FOR DOMESTIC VIOLENCE RECENTLY, DECOLORES WAS AWARDED A GRANT TO PROVIDE FOUR APARTMENTS (20 BEDS) RESERVED FOR THE CITY OF PHOENIX FIRST RESPONDERS TO REFER HOMELESS FAMILIES IN NEED OF EMERGENCY CRISIS SHELTER WITHIN ITS FIRST YEAR, DE COLORES HELPED PROVIDE EMERGENCY SHELTER TO 48 FAMILIES (195 PARENTS, ADULTS, AND CHILDREN) OF THE 43 FAMILIES WHO HAD EXITED THE PROGRAM IN JUNE 2019, 91% WERE SUCCESSFULLY PLACED OR DIVERTED TO EITHER PERMANENT HOUSING OR A TRANSITIONAL SHELTER ALMOST EVERY 2 IN 3 FAMILIES WERE DIVERTED TO A MORE PERMANENT RESIDENCE (MOST NOTABLY A PERMANENT APARTMENT)</p>

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FORM 990, PART VI, SECTION A, LINE 2	ALBERTO ESPARZA AND MIKE ESPARZA HAVE A FAMILY RELATIONSHIP

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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 DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO FILING

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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 CONDUCTED IN ACCORDANCE WITH THE IRS SAFEHARBOR PROVISIONS BEGINNING WITH AN IRS INTERMEDIATE SANCTIONS REASONED ANALYSIS REVIEW AND CERTIFICATION BY AN INDEPENDENT COMPENSATION CONSULTANT SUPPORTING TOTAL COMPENSATION FOR PRESIDENT AND CEO AND EXECUTIVE KEY EMPLOYEES RECOMMENDATION FOR PRESIDENT AND CEO IS PROVIDED TO THE BOARD, AND THE BOARD REVIEWS, SETS AND APPROVES THE COMPENSATION THE PROCESS IS DOCUMENTED IN THE MEETING MINUTES AND IS DONE ON AN ANNUAL BASIS RECOMMENDATION FOR THE EXECUTIVES IS PROVIDED TO THE PRESIDENT & CEO WHO REVIEWS, SETS AND APPROVES THE COMPENSATION ON AN ANNUAL BASIS THE MOST RECENT YEAR THIS PROCESS WAS FOLLOWED WAS 2019

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 UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE THAT SHALL HAVE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIRPERSON OF THE BOARD, THE VICE CHAIRPERSON OF THE BOARD, THE SECRETARY OF CORPORATION AND THE TREASURER OF CORPORATION THE BOARD OF DIRECTORS WILL APPOINT, FROM AMONG ITS DIRECTORS, AN EXECUTIVE COMMITTEE WHICH SHALL SERVE AT THE PLEASURE OF THE BOARD OF DIRECTORS AND SHALL BE SUBJECT TO THE CONTROL AND DIRECTION OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE SHALL HAVE AUTHORITY TO ACT ONLY DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE SHALL POSSESS AND MAY EXERCISE THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE ORDINARY BUSINESS AFFAIRS OF CORPORATION, EXCEPT FOR THE PROHIBITIONS CONTAINED IN SECTION 6 1 NOTWITHSTANDING THE GENERALITY OF THE FOREGOING AND THE PROHIBITIONS CONTAINED IN SECTION 6 1, THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER AND AUTHORITY TO GUARANTY ANY OF THE DEBTS OF CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	IMPAIRMENT LOSS ON REAL ESTATE HELD FOR SALE -360,055

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CHICANOS POR LA CAUSA INC
CPLC

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
(1) FUTURO INVESTMENT CORP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0329801	HOLDING COMPANY	AZ	CHICANOS POR LA CAUSA INC	C			100 000 %	Yes	
(2) TIEMPO INC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271918	REAL ESTATE	AZ	FUTURO INVESTMENT CORPORATION	C			100 000 %	Yes	
(3) FRIENDSHIP COMMUNITY MENTAL HEALTH CENTER 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 93-1182443	MENTAL HEALTH SERVICES	AZ	CHICANOS POR LA CAUSA INC	C			100 000 %	Yes	
(4) HIGHLAND MANAGER LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034	HOUSING	NV	CPLC NEVADA INC	C					No
(5) CPLC PRESTAMOS 1112 E BUCKEYE ROAD PHOENIX, AZ 85034	INVESTMENT	AZ	PRESTAMOS CDFI LLC	C			100 000 %		No

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

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)

Return Reference	Explanation

Additional Data

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

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 65-1271915	INVESTMENT MANAGEMENT	AZ	-2	222,442	CHICANOS POR LA CAUSA INC
(1) CASA DE FLORES OPERATING COMPANY LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271917	INVESTMENT MANAGEMENT	AZ	0	60,985	CHICANOS POR LA CAUSA INC
(2) CASA DE PRIMAVERA APARTMENTS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0897878	HOUSING	AZ	1,270,902	1,340,790	CHICANOS POR LA CAUSA INC
(3) CASA LOMA AFFORDABLE APARTMENTS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-3030876	HOUSING	AZ	286,474	2,065,013	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	2,582,646	13,593,543	CHICANOS POR LA CAUSA INC
(7) CPLC FOUNTAIN VILLAS 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 35-2553825	HOUSING	AZ	964,991	6,220,164	CHICANOS POR LA CAUSA INC
(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 LB 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	INVESTMENT	AZ	0	0	CHICANOS POR LA CAUSA INC
(12) GLENROSA AFFORDABLE APARTMENTS LLC DBA LA BUENA VIDA 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-3050416	HOUSING	AZ	287,771	1,773,519	CHICANOS POR LA CAUSA INC
(13) GRAND VICTORIA HOUSING LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0985482	HOUSING	AZ	4,491,368	13,720,853	CHICANOS POR LA CAUSA INC
(14) GUADALUPE HUERTA OPERATING COMPANY LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271919	INVESTMENT MANAGEMENT	AZ	0	241,742	CHICANOS POR LA CAUSA INC
(15) HAZELWOOD AFFORDABLE APARTMENTS LLC DBA STARLIGHT 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-3220332	HOUSING	AZ	172,825	1,024,640	CHICANOS POR LA CAUSA INC
(16) MOUNTAIN POINTE APARTMENTS LIHTC LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	INVESTMENT MANAGEMENT	AZ	0	0	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	-37	-443	CHICANOS POR LA CAUSA INC
(18) PRESTAMOS CDFI LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 26-0020430	LENDING	AZ	4,445,428	32,963,030	CHICANOS POR LA CAUSA INC
(19) ROSA LINDA OPERATING COMPANY LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271918	INVESTMENT MANAGEMENT	AZ	-7	275,953	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
(21) SAN MARINA AFFORDABLE APARTMENTS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-2999355	INVESTMENT MANAGEMENT	AZ	3,177,259	10,825,982	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
(7) 59TH AVENUE AND ROOSEVELT LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 82-4302043	HOUSING	AZ	228,438	23,374,979	CHICANOS POR LA CAUSA INC
(8) NUEVAS VISTAS ON MAIN LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 82-3792122	HOUSING	AZ	0	0	CHICANOS POR LA CAUSA INC
(9) CPLC REIT LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 82-2766111	HOUSING	AZ	0	0	CHICANOS POR LA CAUSA INC
(10) CPLC PASTOR COURT LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 83-1190924	HOUSING	AZ	206,265	177,308	CHICANOS POR LA CAUSA INC
(11) CPLC 1551 W VAN BUREN LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	HOUSING	AZ	75,600	474,702	CHICANOS POR LA CAUSA INC
(12) MOUNTAIN POINTE APARTMENTS LP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0971578	HOUSING	AZ	647,648	4,239,904	CHICANOS POR LA CAUSA INC
(13) CPLC SOUTH PHOENIX CARTER SCHOOLS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034	COMMUNITY DEVELOPMENT	AZ	0	0	CHICANOS POR LA CAUSA INC
(14) CPLC BROADWAY REVITALIZATION 1112 E BUCKEYE ROAD PHOENIX, AZ 85034	COMMUNITY DEVELOPMENT	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
1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0757227	HOUSING	AZ	501(C)(3)	LINE 10	CHICANOS POR LA CAUSA INC	Yes	
1112 E BUCKEYE ROAD PHOENIX, AZ 85034 39-0275488	HOUSING	AZ	501(C)(3)	LINE 10	CHICANOS POR LA CAUSA INC	Yes	
1112 E BUCKEYE ROAD PHOENIX, AZ 85034 74-2465161	HOUSING	AZ	501(C)(3)	LINE 10	CHICANOS POR LA CAUSA INC	Yes	
1112 E BUCKEYE ROAD PHOENIX, AZ 85034 74-2465130	HOUSING	AZ	501(C)(3)	LINE 10	CHICANOS POR LA CAUSA INC	Yes	
1113 E BUCKEYE ROAD PHOENIX, AZ 85035 86-0842209	EDUCATION	AZ	501(C)(3)	LINE 2	CHICANOS POR LA CAUSA INC	Yes	
1114 E BUCKEYE ROAD PHOENIX, AZ 85036 47-2621854	SOCIAL SERVICES	AZ	501(C)(3)	LINE 7	CHICANOS POR LA CAUSA INC	Yes	
1115 E BUCKEYE ROAD PHOENIX, AZ 85037 20-3992584	FOUNDATION	AZ	501(C)(3)	LINE 7	CHICANOS POR LA CAUSA INC	Yes	
1116 E BUCKEYE ROAD PHOENIX, AZ 85038 86-0712873	HOUSING	AZ	501(C)(3)	LINE 7	CHICANOS POR LA CAUSA INC	Yes	
1117 E BUCKEYE ROAD PHOENIX, AZ 85039 85-0227776	SOCIAL SERVICES	AZ	501(C)(3)	LINE 7	CHICANOS POR LA CAUSA INC	Yes	
1118 E BUCKEYE ROAD PHOENIX, AZ 85040 82-2418349	HEALTH CARE	AZ	501(C)(3)	LINE 7	CHICANOS POR LA CAUSA INC	Yes	
1112 E BUCKEYE ROAD PHOENIX, AZ 85034 82-2471201	SOCIAL WELFARE	AZ	501(C)(4)	LINE 7	CHICANOS POR LA CAUSA INC	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) 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	
(1) CASA DE FLORES SENIOR APARTMENTS LIHTC LP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271909	HOUSING	AZ	CASA DE FLORES OPERATING COMPANY LLC	RELATED				No			No	0 010 %
(1) GUADALUPE HUERTA SENIOR APARTMENTS LIHTC LP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271912	HOUSING	AZ	GUADALUPE HUERTA OPERATING COMPANY LLC	RELATED				No			No	0 010 %
(2) MOUNTAIN POINTE APARTMENTS PHASE II LIHTC LP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 01-0857328	HOUSING	AZ	MOUNTAIN POINT APARTMENTS LIHTC PHASE II LLC	RELATED				No			No	0 010 %
(3) ROSA LINDA SENIOR APTS LIHTC LP DBA GENE RICE 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271911	HOUSING	AZ	ROSA LINDA OPERATING COMPANY LLC	RELATED				No			No	0 010 %
(4) COURTYARD AT ENCANTO LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 82-2605851	HOUSING	AZ	CPLC REIT LLC	RELATED		412,871		No			No	15 000 %
(5) LADERA VILLAGE LIMITED PARTNERSHIP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 03-0488886	HOUSING	NM	N/A	N/A				No			No	
(6) CASA DE ENCANTO SENIOR APARTMENTS LIHTC LP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271908	HOUSING	AZ	CASA DE ENCANTO OPERATING COMPANY LLC	RELATED				No			No	0 010 %
(7) OLD WOOD LLC 803 CALLE ROMOLO SANTA FE, NM 85034 86-0969541	DEVELOPMENT	NM	N/A	N/A				No			No	
(8) TAOS MOUNTAIN ENERGY FOODS LLC 2638 US HWY 522 QUESTA, NM 85034 47-3479869	FOOD DISTRIBUTION	NM	N/A	N/A				No			No	
(9) PRESTAMOS SUB CDE 5 LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 82-4808102	INVESTMENT	AZ	PRESTAMOS CDFI LLC					No			No	1 000 %
(10) PRESTAMOS SUB CDE 6 LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 82-4817308	INVESTMENT	AZ	PRESTAMOS CDFI LLC					No			No	1 000 %
(11) HIGHLAND AT VISTA LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 82-2892790	HOUSING	NV	HIGHLAND MANAGER LLC					No			No	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	LA CAUSA DEVELOPMENT NEVADA	D	125,000	FMV
(1)	LA CAUSA DEVELOPMENT NEVADA	Q	351,414	FMV
(2)	FRIENDSHIP COMMUNITY MENTAL HEALTH	Q	158,765	FMV
(3)	LA CAUSA CONSTRUCTION	Q	2,522,128	FMV
(4)	TIEMPO	P	110,401	FMV
(5)	FRIENDSHIP COMMUNITY MENTAL HEALTH	P	127,136	FMV
(6)	LA CAUSA CONSTRUCTION	P	112,693	FMV
(7)	TIEMPO	Q	710,379	FMV
(8)	LA CAUSA REALTY	F	85,000	FMV
(9)	COURTYARD AT ENCANTO	Q	133,237	FMV
(10)	GENE RICEROSA LINDA APARTMENTS	Q	90,326	FMV
(11)	MOUNTAIN POINTE II	Q	66,578	FMV
(12)	CASA DE ENCANTO	Q	90,578	FMV
(13)	CASA DE FLORES	Q	60,321	FMV
(14)	CPLC COMMUNITY SCHOOLS	D	630,000	FMV
(15)	CPLC NEVADA	D	130,000	FMV
(16)	CPLC NEW MEXICO	D	232,121	FMV
(17)	AZRA HOME HEALTH CARE	Q	152,107	FMV
(18)	CASA DE PUEBLO	Q	64,082	FMV
(19)	CASA MIA APARTMENTS	Q	81,659	FMV
(20)	CPLC COMMUNITY SCHOOLS	Q	139,801	FMV
(21)	CPLC NEVADA	Q	214,941	FMV
(22)	GUADALUPE BARRIO NUEVO	Q	101,324	FMV
(23)	AZRA HOME HEALTH CARE	S	158,332	FMV
(24)	CPLC COMMUNITY SCHOOLS	P	213,599	FMV

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26) CPLC NEW MEXICO	P	83,350	FMV
(1) SANTA CRUZ	Q	118,258	FMV
(2) CPLC NEW MEXICO	Q	211,700	FMV