

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

**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 \$ 88,651,002

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

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

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

**J** Website: ▶ WWW.CPLC.ORG

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

**L** Year of formation: 1969

**M** State of legal domicile: AZ

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
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.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	23
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	23
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	1,016
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1,850
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	8,143,206	9,124,577
<b>9</b> Program service revenue (Part VIII, line 2g)	60,305,368	57,792,730
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,940,323	18,786,158
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	992,561	1,925,359
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	72,381,458	87,628,824
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,307,549	2,146,064
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	37,822,034	40,368,642
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,188,570		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	33,469,006	31,981,716
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	72,598,589	74,496,422
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-217,131	13,132,402
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	199,028,705	204,748,364
<b>21</b> Total liabilities (Part X, line 26)	147,205,869	140,253,426
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	51,822,836	64,494,938

**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 2021-05-08  
ALICIA NUNEZ CFO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name Preparer's signature Date 2021-05-08 Check  if self-employed PTIN P02087031  
Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749  
Firm's address ▶ 20 EAST THOMAS ROAD SUITE 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 \$ 22,600,092 including grants of \$ 798,869 ) (Revenue \$ 18,524,462 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 21,935,848 including grants of \$ 796,297 ) (Revenue \$ 22,061,215 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 13,820,828 including grants of \$ 178,435 ) (Revenue \$ 14,980,731 )  
See Additional Data

See Additional Data Table

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 3,764,584 including grants of \$ 372,463 ) (Revenue \$ 4,310,238 )

**4e Total program service expenses** ▶ 62,121,352

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	Yes	
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
<b>c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

<b>2a</b> 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 . . . . .	<b>2a</b> 1,016			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		No	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>			
<b>4a</b> 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)? . . . . .	<b>4a</b>		No	
<b>b</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).				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b> 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? . . . . .	<b>6a</b>		No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> 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? . . . . .	<b>7a</b>	Yes		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	Yes		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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 . . . . .	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>			
<b>15</b> 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? . . . . . <b>If "Yes," see instructions and file Form 4720, Schedule N.</b>	<b>15</b>		No	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>If "Yes," complete Form 4720, Schedule O.</b>	<b>16</b>		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 (23), 1b (23), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 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.
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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	226,762				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	8,897,815				
	<b>g</b> Noncash contributions included in lines 1a - 1f: \$ . . . . .	<b>1g</b>					
	<b>h Total.</b> Add lines 1a-1f . . . . .			9,124,577			
<b>Program Service Revenue</b>	<b>2a</b> SERVICES FEES	Business Code					
		900099	39,140,156	39,140,156			
	<b>b</b> RENTAL INCOME	532000	15,770,281	15,770,281			
	<b>c</b> LOAN REVENUE	900099	1,748,681	1,748,681			
	<b>d</b> CLIENT FEES	900099	1,089,479	1,089,479			
	<b>e</b> ADMINISTRATIVE INCOME	900099	44,133	44,133			
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f. . . . .		57,792,730					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		1,325,249			1,325,249	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		17,916,493			
		<b>b</b> Less: cost or other basis and sales expenses		455,584	0		
		<b>c</b> Gain or (loss)		-455,584	17,916,493		
	<b>d</b> Net gain or (loss) . . . . .			17,460,909		17,460,909	
	<b>8a</b> Gross income from fundraising events (not including \$ 226,762 of contributions reported on line 1c). See Part IV, line 18 . . . . .						
		<b>8a</b>		343,117			
<b>b</b> Less: direct expenses . . . . .		<b>8b</b>	566,594				
<b>c</b> Net income or (loss) from fundraising events . . . . .			-223,477		-223,477		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .							
	<b>9a</b>						
	<b>b</b> Less: direct expenses . . . . .	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
	<b>10a</b>		2,083,916				
	<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>	0				
<b>c</b> Net income or (loss) from sales of inventory . . . . .			2,083,916	2,083,916			
Miscellaneous Revenue	Business Code						
<b>11a</b> MISCELLANEOUS INCOME	900099	64,920			64,920		
<b>b</b> . . . . .							
<b>c</b> . . . . .							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			64,920				
<b>12 Total revenue.</b> See instructions . . . . .			87,628,824	59,876,646	0	18,627,601	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	364,486	364,486		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	1,781,578	1,781,578		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,125,024		1,912,522	212,502
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	30,695,089	25,742,577	4,457,261	495,251
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	486,128	424,141	55,788	6,199
<b>9</b> Other employee benefits . . . . .	4,474,676	3,485,946	889,857	98,873
<b>10</b> Payroll taxes . . . . .	2,587,725	2,484,354	93,034	10,337
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	1,156,157	1,156,157		
<b>b</b> Legal . . . . .	427,930	253,183	174,747	
<b>c</b> Accounting . . . . .	194,554	88,715	105,839	
<b>d</b> Lobbying . . . . .	154,642		154,642	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	54,139		54,139	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,281,313	2,247,539	930,397	103,377
<b>12</b> Advertising and promotion . . . . .	566,346	360,006	185,706	20,634
<b>13</b> Office expenses . . . . .	1,135,576	1,058,416	69,444	7,716
<b>14</b> Information technology . . . . .	1,228,146	736,636	442,359	49,151
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	1,279,270	1,184,704	85,109	9,457
<b>17</b> Travel . . . . .	598,870	355,422	219,103	24,345
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	52,801	28,180	22,159	2,462
<b>20</b> Interest . . . . .	4,905,092	4,608,149	267,249	29,694
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	4,502,550	4,223,062	251,539	27,949
<b>23</b> Insurance . . . . .	942,647	812,338	117,278	13,031
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> REPAIRS & MAINTENANCE	2,401,300	2,401,300		
<b>b</b> UTILITIES	2,390,632	2,390,632		
<b>c</b> LICENSES AND TAXES	1,618,315	1,488,386	116,936	12,993
<b>d</b> SUPPLIES	1,517,893	1,460,392	51,751	5,750
<b>e</b> All other expenses	3,573,543	2,985,053	529,641	58,849
<b>25</b> Total functional expenses. Add lines 1 through 24e	74,496,422	62,121,352	11,186,500	1,188,570
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	6,741,591	<b>1</b>	22,964,022
	<b>2</b> Savings and temporary cash investments . . . . .	6,225,279	<b>2</b>	6,958,999
	<b>3</b> Pledges and grants receivable, net . . . . .	264,868	<b>3</b>	538,097
	<b>4</b> Accounts receivable, net . . . . .	838,110	<b>4</b>	899,614
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	23,372,031	<b>7</b>	43,205,441
	<b>8</b> Inventories for sale or use . . . . .	5,873,271	<b>8</b>	5,867,166
	<b>9</b> Prepaid expenses and deferred charges . . . . .	984,196	<b>9</b>	695,690
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 147,815,233		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 49,160,816	127,425,562	<b>10c</b> 98,654,417
	<b>11</b> Investments—publicly traded securities . . . . .	3,935,289	<b>11</b>	4,559,056
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	4,194,991	<b>13</b>	4,706,324
	<b>14</b> Intangible assets . . . . .	784,967	<b>14</b>	573,783
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	18,388,550	<b>15</b>	15,125,755
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	199,028,705	<b>16</b>	204,748,364	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	10,853,361	<b>17</b>	9,176,884
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	2,877,024	<b>19</b>	2,610,640
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	107,269	<b>21</b>	107,779
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	132,021,885	<b>23</b>	114,836,713
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	12,662,495
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,346,330	<b>25</b>	858,915
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	147,205,869	<b>26</b>	140,253,426
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	48,805,297	<b>27</b>	62,439,869
	<b>28</b> Net assets with donor restrictions . . . . .	3,017,539	<b>28</b>	2,055,069
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	51,822,836	<b>32</b>	64,494,938	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	199,028,705	<b>33</b>	204,748,364	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	87,628,824
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	74,496,422
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	13,132,402
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	51,822,836
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-399,443
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-60,857
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	64,494,938

**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
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 86-0227210

**Name:** CHICANOS POR LA CAUSA INC  
CPLC

Form 990 (2019)

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

SEE SCHEDULE O

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

SEE SCHEDULE O

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

SEE SCHEDULE O

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**Form 990, Part III - 4 Program Service Accomplishments (See 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 \$ 3,396,664 including grants of \$ 4,543 ) (Revenue \$ 2,791,685 )

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 TO CONSTRUCTION MANAGEMENT, PROPERTY MANAGEMENT, AND SALE OF COMPLETED PROJECTS, TO 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 SENIOR, 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 COMMUNITIED 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 ALSO INVESTS IN LARGE CATALYTIC ECONOMIC DEVELOPMENT PROJECTS THAT CREATE JOBS AND PROVIDE SERVICES TO ECONOMICALLY DISTRESSED AREAS. PRESTAMOS PROVIDES SBA MICROLOAN PROGRAM \$1,500 TO \$50,000, SBA 7A COMMUNITY ADVANTAGE LOANS UP TO \$250,000, SMALL BUSINESS LOANS UP TO \$1,000,000, EQUITY INVESTMENTS UP TO \$500,000 AND NEW MARKETS TAX CREDIT FINANCING UP TO \$15 MILLION. CAPITAL ACCESS PROGRAMS ADDRESS THE PROBLEMS ENCOUNTERED BY SMALL BUSINESS ENTREPRENEURS SEEKING CAPITAL FOR THEIR BUSINESS BUT DO NOT QUALIFY FOR BANK FINANCING WITHIN THE TARGET AREAS. IN 2020, IT LOANED \$23.5 MILLION IN CAPITAL TO SMALL BUSINESSES WHICH INCLUDES \$16M IN SBA PPP LOANS. PRESTAMOS SERVES THE MARKETS OF ARIZONA, NEVADA, NEW MEXICO, TEXAS AND CALIFORNIA.

(Code: ) (Expenses \$ 367,920 including grants of \$ 367,920 ) (Revenue \$ 1,518,553 )

OTHER MISCELLANEOUS PROGRAMS:1. 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 FY18-19. 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.2. NEW MEXICO OPERATIONS 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.



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			
DAVID ADAME ..... PRESIDENT/CEO	36.00 ..... 4.00			X				439,446	0	33,387
RAMIRO GUILLEN ..... NURSE PRACTIONER	40.00 ..... 0.00					X		267,228	0	49,183
MARIA SPELLERI ..... EXECUTIVE VP	40.00 ..... 0.00			X				247,623	0	32,110
ALICIA NUNEZ ..... CFO-TREASURER	35.00 ..... 5.00			X				197,695	0	34,939
GERMAN REYES ..... EXECUTIVE VP-REAL ESTATE	36.00 ..... 4.00			X				175,403	0	52,426
ANDRES CONTRERAS ..... EXECUTIVE VP	36.00 ..... 4.00			X				188,383	0	39,330
MAX GONZALES ..... SECRETARY-EXECUTIVE EVP	36.00 ..... 4.00			X				166,890	0	54,854
JOHN RAMIREZ ..... EXECUTIVE VP	36.00 ..... 4.00			X				171,131	0	30,809
PEDRO CONS ..... EXECUTIVE VP	36.00 ..... 4.00			X				166,865	0	24,511
BRANDY HAMMOND ..... NURSE PRACTIONER	40.00 ..... 0.00					X		167,862	0	20,650

**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			
JENNIFER LINEHAN ..... NURSE PRACTIONER	40.00 ..... 0.00					X		163,637	0	20,584
NICHOLAS SMITH ..... ARCHITECT	40.00 ..... 0.00					X		154,708	0	24,685
MARY HURTADO VIZZERRA ..... RESEARCH AND DEVELOPMENT	40.00 ..... 0.00					X		151,382	0	22,666
JOSE LORETO MARTINEZ ..... VP PRESTAMOS	36.00 ..... 4.00			X				152,273	0	13,819
ANTONIO MOYA ..... CHAIR	2.00 ..... 0.00	X		X				0	0	0
CARMEN CORNEJO ..... PAST CHAIR (LEFT FY20)	2.00 ..... 0.00	X		X				0	0	0
DELMA HERRERA ..... VICE CHAIR	2.00 ..... 0.00	X		X				0	0	0
ALEX VARELA ..... TREASURER	2.00 ..... 0.00	X		X				0	0	0
STEPHANIE ACOSTA ..... SECRETARY	2.00 ..... 0.00	X		X				0	0	0
BARBARA BOONE ..... 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			
ABE ARVIZU JR ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
RUDY PEREZ ..... 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
JOE GAUDIO ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
DAN HERNANDEZ ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
JAVIER CARDENAS MD ..... DIRECTOR (LEFT FY20)	2.00 ..... 0.00	X						0	0	0
LEONARDO LOO ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
RAQUEL TERAN ..... DIRECTOR (LEFT FY20)	2.00 ..... 0.00	X						0	0	0
JODY SARCHETT ..... 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			
LETICIA DE LA VARA ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
PATRICIA TAYLOR ..... DIRECTOR (LEFT FY20)	2.00 ..... 0.00	X						0	0	0
MANNY MOLINA ..... DIRECTOR (LEFT FY20)	2.00 ..... 0.00	X						0	0	0
JOSE ANTONIO HABRE ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
TERRY CAIN ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
TED GEISLER ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
MIKE ESPARZA ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
ROBERT ORTIZ ..... DIRECTOR (LEFT FY20)	2.00 ..... 0.00	X						0	0	0
ALBERTO ESPARZA ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
RAY SALAZAR ..... DIRECTOR (LEFT FY20)	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			
DINA DELEON ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
SAL MARTINEZ ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
REYNA MONTOYA ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
CECILIA ROSALEE ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**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		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
 If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	25,828,761	8,965,239	8,828,576	8,143,206	9,124,577	60,890,359
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3	25,828,761	8,965,239	8,828,576	8,143,206	9,124,577	60,890,359
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						60,890,359

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .	25,828,761	8,965,239	8,828,576	8,143,206	9,124,577	60,890,359
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	470,726	898,486	925,883	1,201,108	1,325,429	4,821,632
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .	909					909
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .			71,602	69,851	64,920	206,373
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						65,919,273

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12** 276,983,931

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

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

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	92.370 %
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	92.260 %

**16a** **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**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**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

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

<b>Facts And Circumstances Test</b>
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**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	OTHER INCOME - 2017 AMOUNT: \$ 71,602. 2018 AMOUNT: \$ 69,851. 2019 AMOUNT: \$ 64,920.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2019**  
**Open to Public Inspection**

**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-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	154,642	
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	154,642	
<b>d</b> Other exempt purpose expenditures .....	74,336,842	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	74,491,484	
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000	
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0	
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes  No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount				1,000,000	1,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,500,000
<b>c</b> Total lobbying expenditures				154,642	154,642
<b>d</b> Grassroots nontaxable amount				250,000	250,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					375,000
<b>f</b> Grassroots lobbying expenditures				154,642	154,642

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

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

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

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor/donor advisor notification.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements for art and historical treasures.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	124,110	176,400	767,223	2,947,663	2,643,317
<b>b</b> Contributions . . . . .					260,000
<b>c</b> Net investment earnings, gains, and losses		7,960		327,560	44,346
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	124,110	60,250	590,823	2,508,000	
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .		124,110	176,400	767,223	2,947,663

- 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 ▶ 0 %
  - 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:
- |  |            |           |
|--|------------|-----------|
|  | <b>Yes</b> | <b>No</b> |
| <b>(i)</b> unrelated organizations . . . . .   |            | No        |
| <b>(ii)</b> related organizations . . . . .  |            | No        |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |            |           |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		12,772,117		12,772,117
<b>b</b> Buildings . . . . .		100,014,266	37,967,692	62,046,574
<b>c</b> Leasehold improvements		3,031,791	1,993,487	1,038,304
<b>d</b> Equipment . . . . .		7,414,371	5,399,025	2,015,346
<b>e</b> Other . . . . .		24,582,688	3,800,612	20,782,076
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				98,654,417

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) DEPOSITS AND FUNDED RESERVES	2,025,489
(2) INTERCOMPANY RECEIVABLE	13,100,266
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	15,125,755

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SELF FUNDING ADMIN & CLAIMS	324,979
(3) DEPOSITS	487,970
(4) INTERCOMPANY PAYABLES	45,966
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	858,915

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 86-0227210

**Name:** CHICANOS POR LA CAUSA INC  
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 2020. THE FISCAL 2016 COLUMN (COLUMN E) 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 C AND D 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.



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
CHICANOS POR LA CAUSA INC  
CPLC

**Employer identification number**  
86-0227210

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GOLF</u> (event type)	<u>ESPERANZA</u> (event type)	<u>4</u> (total number)	(add col. (a) through col. (c))
<b>1</b>	Gross receipts . . . . .	342,940	75,666	151,273	569,879
<b>2</b>	Less: Contributions . . . . .	194,786	31,976		226,762
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	148,154	43,690	151,273	343,117
Direct Expenses	<b>4</b> Cash prizes . . . . .	52,106	30,010	7,869	89,985
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	1,036	2,668	8,633	12,337
	<b>7</b> Food and beverages . . . . .	15,099	14,514		29,613
	<b>8</b> Entertainment . . . . .		10,925		10,925
	<b>9</b> Other direct expenses . . . . .	360,970	47,250	15,514	423,734
<b>10</b>	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				566,594
<b>11</b>	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-223,477

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

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

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

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

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

---

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

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

---

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**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

**2019**

**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](http://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 . . . . . **6**

**3** Enter total number of other organizations listed in the line 1 table . . . . . **0**

**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) SCHOLARSHIPS TO INDIVIDUALS	11	12,830			
(2) PAYMENT TO AVOID EVICTION & RENTAL ASSISTANCE	274	213,674			
(3) EMERGENCY ASSISTANCE TO INDIVIDUALS	144	77,930			
(4) BUS TOKENS	10358		39,880	BOOK VALUE	PROVISION OF BUS TOKENS
(5) UTILITY ASSISTANCE	47	636,899			
(6) FUNERAL ASSISTANCE	19	4,350			
(7) RENTAL AND DOWNPAYMENT ASSISTANCE	983	796,015			
(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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARIZONA COMMUNITY FOUNDATION 2201 E CAMELBACK ROAD STE 405B PHOENIX, AZ 85016	86-0348306	501(C)(3)	25,000		N/A	N/A	ARIZONA UNDOCUMENTED WORKER RELIEF FUND
LULAC INSTITUTE 1133 19TH STREET NW STE 1000 WASHINGTON, DC 20036	52-2072106	501(C)(3)	15,000		N/A	N/A	2020 MULTI REGIONAL PARTNER

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VICTORIA FOUNDATION 1122 E BUCKEYE STE B-5 PHOENIX, AZ 85034	23-7091708	501(C)(3)	31,250		N/A	N/A	2020 PLEDGE COMMITMENT
AMERICAN HEART ASSOCIATION PO BOX 50085 PRESCOTT, AZ 86304	13-5613797	501(C)(3)	10,000		N/A	N/A	PHOENIX HEART WALK PLEDGE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PHOENIX POLICE RESERVE FOUNDATION 602 W WASHINGTON STREET ROOM 414 PHOENIX, AZ 85003	26-1508628	501(C)(3)	6,000		N/A	N/A	2020 ULTIMATE PHX PD DRIVING CHALLENGE & TEAM EVENT
UNIVERSITY OF ARIZONA FOUNDATION POBOX 245163 TUCSON, AZ 85724	86-6050388	501(C)(3)	197,500		N/A	N/A	SCHOLARSHIPS



**Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.**

SCHOLARSHIPS TO INDIVIDUALS	11	12,830		
SCHOLARSHIPS TO INDIVIDUALS	11	12,830		
PAYMENT TO AVOID EVICTION & RENTAL ASSISTANCE	274	213,674		
EMERGENCY ASSISTANCE TO INDIVIDUALS	144	77,930		
BUS TOKENS	10358		39,880	BOOK VALUE
UTILITY ASSISTANCE	47	636,899		PROVISION OF BUS TOKENS

<b>Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.</b>				
FUNERAL ASSISTANCE	19	4,350		
FUNERAL ASSISTANCE	19	4,350		
RENTAL AND DOWNPAYMENT ASSISTANCE	983	796,015		

**Schedule J**  
(Form 990)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

**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 Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	No								
	<b>4b</b>	No								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	No								
	<b>6b</b>	No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>	Yes								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									



**Part 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.

**Additional Data**

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID ADAME PRESIDENT/CEO	(i)	372,496	66,950	0	8,888	24,499	472,833	0
	(ii)	0	0	0	0	0	0	0
1 RAMIRO GUILLEN NURSE PRACTITIONER	(i)	267,228	0	0	22,844	26,339	316,411	0
	(ii)	0	0	0	0	0	0	0
2 MARIA SPELLERI EXECUTIVE VP	(i)	247,623	0	0	4,917	27,193	279,733	0
	(ii)	0	0	0	0	0	0	0
3 ALICIA NUNEZ CFO-TREASURER	(i)	165,609	32,086	0	9,800	25,139	232,634	0
	(ii)	0	0	0	0	0	0	0
4 GERMAN REYES EXECUTIVE VP-REAL ESTATE	(i)	175,403	0	0	25,000	27,426	227,829	0
	(ii)	0	0	0	0	0	0	0
5 ANDRES CONTRERAS EXECUTIVE VP	(i)	167,053	21,330	0	14,819	24,511	227,713	0
	(ii)	0	0	0	0	0	0	0
6 MAX GONZALES SECRETARY-EXECUTIVE EVP	(i)	166,890	0	0	22,947	31,907	221,744	0
	(ii)	0	0	0	0	0	0	0
7 JOHN RAMIREZ EXECUTIVE VP	(i)	171,131	0	0	16,391	14,418	201,940	0
	(ii)	0	0	0	0	0	0	0
8 PEDRO CONS EXECUTIVE VP	(i)	166,865	0	0	0	24,511	191,376	0
	(ii)	0	0	0	0	0	0	0
9 BRANDY HAMMOND NURSE PRACTITIONER	(i)	167,862	0	0	2,535	18,115	188,512	0
	(ii)	0	0	0	0	0	0	0
10 JENNIFER LINEHAN NURSE PRACTITIONER	(i)	163,637	0	0	3,360	17,224	184,221	0
	(ii)	0	0	0	0	0	0	0
11 NICHOLAS SMITH ARCHITECT	(i)	144,958	9,750	0	11,474	13,211	179,393	0
	(ii)	0	0	0	0	0	0	0
12 MARY HURTADO VIZZERRA RESEARCH AND DEVELOPMENT	(i)	109,749	41,633	0	13,584	9,082	174,048	0
	(ii)	0	0	0	0	0	0	0
13 JOSE LORETO MARTINEZ VP PRESTAMOS	(i)	152,273	0	0	11,569	2,250	166,092	0
	(ii)	0	0	0	0	0	0	0

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
CHICANOS POR LA CAUSA INC  
CPLC

**Employer identification number**  
86-0227210

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A:</p>	<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 AFFORADABLE 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 AFTERS CHOO L 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 FO RECLOSURE 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 NSP 2 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 NSP 2 PROGRAM TO ACCOMPLISH THE FOLLOWING GOALS: - 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 - 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 1000 SINGLE FAMILY HOMES FOR REHAB AND RESALE IN 7 STATES AND THE DISTRICT OF COLUMBIA. THE CONSORTIUM HAS OBLIGATED AND/OR EXPENDED OVER \$246 MILLION DOLLARS OF ALLOCATED FUNDS WHICH INCLUDES GENERATING MORE THAN \$120 MILLION IN PROGRAM INCOME. THE CONSORTIUM HAS ACQUIRED, REHABBED OR REDEVELOPED AND SOLD OR RENTED OVER A 1000 OF THESE SF UNITS. IN ADDITION, THE CONSORTIUM HAS ALSO ACQUIRED SEVERAL MULTIFAMILY PROPERTIES WHICH TOTAL 1200 UNITS. MEMBERS OF THE CONSORTIUM HAVE CONTINUE 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 COMM</p>



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

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<p>FORM 990, PART III, LINE 4B:</p>	<p>SOCIAL SERVICES AND EDUCATION: 1. EARLY HEADSTART AND MIGRANT HEADSTART CHICANOS POR LA CA USA EARLY CHILDHOOD DEVELOPMENT (CPLC ECD) EARLY HEAD START AND MIGRANT HEAD START 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 BY FOSTERING FAMILY SELF-SUFFI CIENCY THROUGH THE PROVISION OF SUPPORTIVE CARE AND DEVELOPMENTALLY APPROPRIATE EARLY CHIL DHOOD EDUCATION SERVICES TO CHILDREN UNDER FIVE YEARS OLD. CPLC'S FIRST HEAD START GRANT W AS AWARDED IN 1996 WHEN THE AGENCY BECAME THE STATEWIDE GRANTEE FOR MIGRANT &amp; SEASONAL HEA D START WITH 301 FUNDED SLOTS. IN 2000, THE AGENCY WON A SECOND GRANT TO PROVIDE EARLY HEA D START SERVICES IN SOUTH CENTRAL PHOENIX WITH 52 FUNDED SLOTS. AS OF TODAY, BOTH PROGRAMS HAVE GROWN WITH MIGRANT &amp; SEASONAL HEAD START HAVING 930 FUNDED SLOTS AND EARLY HEAD STAR T HAVING 112 FUNDED SLOTS. CPLC ECD FAMILIES REPRESENT AN UNDERSERVED POPULATION WITH MOUN TING CHALLENGES: POVERTY, HOUSING SHORTAGES, UNEMPLOYMENT, HEALTH CONCERNS, HAZARDOUS WORK ING CONDITIONS, POOR NUTRITION, AND A HOST OF CULTURAL AND LANGUAGE BARRIERS. COLLABORATIN G 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 EDU CATIONAL SUCCESS OF YOUNG CHILDREN. WITHIN ARIZONA'S AGRICULTURAL COMMUNITIES, MIGRANT AND SEASONAL FARM WORKING FAMILIES FACE ADDITIONAL OBSTACLES AS THEY STRUGGLE TO FIND ACCESS TO HEALTH CARE, SOCIAL SERVICES, HOUSING, TRANSPORTATION AND EDUCATION. MANY FAMILIES STRU GGLE TO CARE FOR CHILDREN WITH DISABILITIES AND HAVE CHALLENGES MEETING MENTAL HEALTH NEED S CHALLENGES. THEREFORE, CPLC ECD MIGRANT &amp; SEASONAL / MIGRANT &amp; EARLY HEAD START (MSH AN D MEHS) SERVICES ARE PROVIDED IN THOSE AREAS WHERE HANDPICKED AND ROW CROPS ARE MOST PREVA LENT. PROGRAM CENTERS PROVIDE FULL-DAY SERVICES BASED ON CROP SEASONS AND FAMILY MOVEMENT. CHILDREN ARE TRANSPORTED TO THE CENTERS DAILY ON BUSES WHICH MEET HEAD START PROGRAM PERF ORMANCE STANDARDS (HSPPS) FOR SAFETY. CPLC ECD IS THE SOLE GRANTEE FOR MIGRANT &amp; SEASONAL HEAD START IN THE STATE OF ARIZONA, PROVIDING SERVICE TO 930 CHILDREN AGES 0 TO 5 YEARS OL D IN THE COMMUNITIES OF YUMA, SOMERTON, SAN LUIS, ELOY, WILLCOX, SURPRISE AND QUEEN CREEK. CPLC ECD EARLY HEAD START (EHS) IS FUNDED TO SERVE 112 CHILDREN AGES 0-3 WITH A FOCUS ON PREGNANT AND PARENTING TEENS. THE SERVICE AREA INCLUDES THE PHOENIX, MURPHY, WILSON &amp; ROOS EVELT ELEMENTARY SCHOOL DISTRICTS AND THE TOWN OF QUEEN CREEK. 2. ELDERLY SERVICES CPLC AD DRESSES THE NEEDS OF ARIZONA'S GROWING SENIOR POPULATION THROUGH A COMPREHENSIVE, CENTER B ASED PROGRAM THAT OFFERS ADVOCACY AND CASE MANAGEMENT SERVICES. THIS PROGRAM IS CENTERED O N THE SOCIAL AND NUTRITIONAL NEEDS OF OUR SENIORS. THIS FOCUS CONSISTS OF DAILY ACTIVITIES TO PROMOTE SOCIAL, EMOTIONAL, HEALTH AND WELLNESS, CONGREGATE MEALS, AND HOME DELIVERED M EALS. THIS PROGRAM ANNUALLY SE</p>

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<p>FORM 990, PART III, LINE 4B:</p>	<p>RVES OVER 400 ELDERLY CLIENTS LIVING IN ITS 162-UNIT FACILITY IN WEST PHOENIX. TO QUALIFY, RESIDENTS MUST BE 62+. EARN LESS THAN 30% OF THE AREA MEDIAN INCOME OF \$49,328. ALMOST NI NE OUT OF TEN RESIDENTS ARE HISPANIC. THE PROGRAM USES HOLISTIC SOLUTIONS THAT ADDRESS NON -MEDICAL ISSUES TO BOOST RESIDENTS WELL-BEING AND OVERALL HEALTH. ACCORDING TO A STUDY FUN DED BY THE ROBERT WOOD JOHNSON FOUNDATION, RESIDENTS INVOLVED 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 FACILITY, WHICH DID NOT OFFER NURSING SE RVICES, IS IN THE PROCESS OF LAUNCHING AN ELDERLY HOME HEALTH CARE PROGRAM ON-SITE. 3. CPL C FAMILY IMMIGRATION SERVICES CPLC HAS BEEN ACCREDITED WITH THE DEPARTMENT OF JUSTICE SINC E 1980 TO PROVIDE LEGAL IMMIGRATION SERVICES IN SOMERTON, AZ. RECENTLY, THE ORGANIZATION H AS ALSO BEEN RECOGNIZED FOR ACCREDITATION IN TUCSON, AZ. THE TUCSON IMMIGRATION SERVICES P ROGRAM HELPS FAMILIES AND INDIVIDUALS NAVIGATE THE COMPLEX IMMIGRATION SYSTEM. THE PROGRAM OFFERS THESE SERVICES THROUGH KNOWLEDGEABLE, ACCREDITED INDIVIDUALS; AT AN AFFORDABLE COS T. OUR GOAL IS TO REUNITE FAMILIES DIVIDED BY INTERNATIONAL BORDERS, HELP ELIGIBLE INDIVID UALS IN THIS COUNTRY APPLY FOR IMMIGRATION BENEFITS, OR APPLY FOR CITIZENSHIP, WHILE MAKIN G SURE THESE INDIVIDUALS ARE NOT VICTIMS OF SCAMS OR POOR REPRESENTATION THROUGH THE RAMPAN T ISSUE OF NOTARIO FRAUD" IN OUR COMMUNITY. THIS PROGRAM OFFERS A BROAD RANGE OF SERVICES DESIGNED TO FIT THE NEEDS OF EVERY FAMILY OR INDIVIDUAL GOING THROUGH THE IMMIGRATION PRO CESS. IN FY20, CPLC FAMILY IMMIGRATION SERVICES WAS ABLE TO SERVE 2,521 CLIENTS ON THEIR P ATHWAY TOWARDS BECOMING U.S. CITIZENS. RESULTS FROM A CLIENT SATISFACTION STUDY CONDUCTED IN THE SOMERTON OFFICE DEMONSTRATE A STRONG TRUST TOWARDS CPLC IMMIGRATION AND ITS ABILITY TO SERVE THE COMMUNITY. CLIENTS THAT TRIED USING A DIFFERENT IMMIGRATION SERVICE TO PROCE SS THEIR CASES ULTIMATELY STATED THAT CPLC UNDOUBTEDLY OFFERS A BETTER EXPERIENCE, BETTER PRICES AND FASTER PROCESSING. ALL PARTICIPANTS AGREED THAT IS IS CREDIBLE, RELIABLE AND HO NEST. THIS CAN BE SUBSTANTIATED BY CPLC'S NET PROMOTER SCORE, WHICH IS A METRIC THAT QUANT IFIES CUSTOMER LOYALTY, OF 81%. THIS SCORE IS HIGHER THAN THE BENCHMARK OF 70% FOR OTHER S SOCIAL SERVICE ORGANIZATIONS. 4. WORKFORCE SOLUTIONS IN OPERATION FOR 33 YEARS, THE MISSION OF CHICANOS POR LA CAUSA WORKFORCE SOLUTIONS IS TO "EMPOWER ECONOMIC MOBILITY THROUGH WOR KFORCE DEVELOPMENT AND, AS SUCH, PROGRAMMING AIMS TO EMPOWER MEMBERS OF THE COMMUNITY TO A CHIEVE SELF-SUFFICIENCY THROUGH SERVICES THAT HELP DEFINE AND LAUNCH CAREER PATHWAYS WHILE ADDRESSING BARRIERS TO EMPLOYMENT. SERVICES INCLUDE WALK-IN JOB SEARCH ASSISTANCE AND RES UME DEVELOPMENT AT THE CPLC ENGAGEMENT CENTER; VOCATIONAL TRAININGS IN BANKING/FINANCE, CU STOMER SERVICE, AND RETAIL; GED AND COMPUTER SKILLS PROFICIENCY CLASSES; JOB FAIRS AND HIR ING EVENTS; PAID INTERNSHIPS;</p>

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<p>FORM 990, PART III, LINE 4B:</p>	<p>AND CASE MANAGEMENT. CPLC WORKFORCE SOLUTIONS SUPPORTS THE LOCAL ECONOMY BY UPSKILLING CLIENTS WITH SKILL SETS DESIRED BY LOCAL EMPLOYERS, IN ADDITION TO FACILITATING JOB PLACEMENT S. 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 FY20, FAMILY ASSISTANCE HELPED ALMOST 1000 (951) HOUSEHOLDS WITH ELECTRIC UTILITY ASSISTANCE. CPLC PRIMARY DATA FROM FY20 FOUND THAT CLIENTS WHO REQUEST TRIAGE SERVICES PREDOMINATELY REQUIRE ACCESS TO HEALTHCARE, UTILITY ASSISTANCE, AND/OR BEHAVIORAL/MENTAL HEALTH SERVICES. IN FAMILY ASSISTANCE PROGRAM WAS ABLE TO SUPPORT AND PROVIDE SERVICES TO 1,235 FAMILIES. 6. HOUSING &amp; 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. HOUSING COUNSELING PARTNERS WITH OTHER CPLC PROGRAMS SUCH AS WORKFORCE, TO IDENTIFY CLIENTS THAT WOULD BENEFIT FROM FINANCIAL EDUCATION PROVIDED BY HOUSING COUNSELING. ADDITIONALLY IN 2020 DURING THE COVID-19 PANDEMIC, HOUSING COUNSELING SUPPORTED THE CITY OF PHOENIX CARES ACT BY MANAGING THE DISTRIBUTION OF \$735K IN RENTAL AND UTILITY ASSISTANCE. HOUSING CONTINUES TO EDUCATE YOUNG ADULTS ON THE FUTURE WEIGHT OF THEIR FINANCIAL CHOICES PROVIDING SERVICES THROUGH TWICE MONTHLY ONLINE WORKSHOPS IN BOTH ENGLISH AND SPANISH. 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 FAMILY RESOURCE CENTER PROVIDES SUPPORT TO PARENTS IN THE COMMUNITY OF GUADALUPE THROUGH PARENT CENTERED ACTIVITIES AND RESOURCE REFERRALS. THE COMMUNITY BASED PROGRAMS PROVIDE PARENTING CLASS THROUGHOUT THE STATE OF ARIZONA TO ADDRESS POSITIVE DISCIPLINE, PARENT CHILD BONDING, AND REDUCING RISKY BEHAVIORS. PARENTING ARIZONA HAS PARENT RESOURCE COORDINATORS IN THREE MAJOR SCHOOLS WITHIN THE FLAGSTAFF UNIFIED SCHOOL DISTRICTS. PARENTING ARIZONA HAS CHILD ABUSE PREVENTION GRANTS IN SOUTH MOUNTAIN AND TUBA CITY, AND ADDITIONAL FUNDING TO PROVIDE CLASSES WITHIN THE JAIL SYSTEM IN FLAGSTAFF. PARENTING ARIZONA PREDOMINATELY SERVES LOW-INCOME FAMILIES AND CHILDREN WHO REQUIRE COMMUNITY REFERRALS TO RESOURCES, PARENTING SUPPORT, AND EXTRA SOCIAL SERVICES.</p>

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<p>FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE CONTINUED:</p>	<p>PARENTING ARIZONA CONTINUED: IN FY 19/20 PARENTING ARIZONA IMPACTED 23,096 INDIVIDUALS THROUGH DIRECT, INDIRECT, AND OUTREACH SERVICES. IN NORTHERN ARIZONA, THE TYPICAL CLIENT RECEIVING SERVICES IS AN ENGLISH SPEAKING FEMALE WHO IDENTIFIES AS NATIVE AMERICAN. THE MOST PREVALENT FACTOR CONTRIBUTING TO POOR HEALTH OUTCOMES IN THE REGION WAS LOW INCOME. 3 IN 5 CLIENTS LIVE BELOW THE FEDERAL POVERTY LINE. DEMOGRAPHICS REVEAL 76% OF PARENTING ARIZONA'S CLIENTS IDENTIFY AS NATIVE AMERICAN, 18% IDENTIFY AS WHITE, AND 13% IDENTIFY AS HISPANIC. 100% OF PARTICIPANTS INDICATED ENGLISH AS A FAMILY LANGUAGE. 13% OF CLIENTS HAVE LESS THAN A HIGH SCHOOL DIPLOMA, 11% REPORT A MENTAL HEALTH DIAGNOSIS, 7% REPORT HOUSING INSTABILITY, AND 7% REPORT HAVING AT LEAST ONE INCARCERATED FAMILY MEMBER. IN MARICOPA COUNTY, THE TYPICAL CLIENT RECEIVING SERVICES IN THE HOME VISITATION PROGRAM IS ENGLISH SPEAKING, LIVES BELOW THE FEDERAL POVERTY LINE, CHILDREN ARE AN AVERAGE OF 3 YEARS OLD, AND THEY IDENTIFY AS HISPANIC. FAMILIES DISCLOSE MULTIPLE HIGH NEEDS INCLUDING PARENTS WITH MENTAL HEALTH CONCERNS, CHILDREN WITH DIAGNOSED DISABILITIES, SUBSTANCE ABUSE, AND HOUSING INSTABILITY. THE MOST PREVALENT FACTOR CONTRIBUTING TO POOR HEALTH OUTCOMES IS LOW INCOME AND EDUCATION OF LESS THAN A HIGH SCHOOL DIPLOMA. 44% OF CLIENTS REPORTED LIVING BELOW THE FEDERAL POVERTY LINE AND 21% REPORTED HAVING LESS THAN A HIGH SCHOOL DIPLOMA. FOR ASQ-SE 91% OF CHILDREN REMAINED BELOW THE REFERRAL / DELAY LINE POST INITIAL ASSESSMENT. LIFE SKILLS PROGRESS INDICATED 75% OF CLIENTS DEMONSTRATED SUSTAINED IMPROVEMENT IN AT LEAST ONE OR MORE GOALS. 100% OF CLIENTS WOULD RECOMMEND PARENTING ARIZONA TO A FRIEND AND 98% ARE SATISFIED WITH SERVICES. 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 PROVIDES SOCIAL SERVICES, REFERRALS TO OTHER SERVICES AND A COMPUTER LAB FOR FAMILIES TO USE FOR HOMEWORK FIND JOBS OR GET TRAINING. THE FAMILY EMPOWERMENT PROGRAMS DIRECTLY SERVED OVER 370 PEOPLE IN FY20. THE CENTERS BUILD UP THEIR COMMUNITIES BY PROVIDING TOOLS TO EMPOWER CLIENTS. CENTERS OFFER PROGRAMS, BUT ALSO ALLOW FOR DROP IN SERVICES. PROGRAMS ARE AVAILABLE FOR ADULTS AND YOUTHS IN GED, ESL, FINANCIAL LITERACY, AND YOUTH GROUPS; DROP IN SERVICES 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. COMMUNITY CENTERS PARTNER WITH OTHER COMMUNITY 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 INCLUDING THANKSGIVING AND CHRISTMAS DINNER. ABC 15, SANDERSON FORD/LINCOLN AND WALMART HOSTED THE 19TH ANNUAL OPERATION SANTA CLAUS CHARITY DRIVE THAT TOOK PLACE</p>

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FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE CONTINUED:	E FROM NOVEMBER 14TH TO DECEMBER 19TH, 2019. 40+ VOLUNTEERS WERE TASKED WITH COLLECTING TOYS, UNLOADING AND SORTING OF TOYS, AND PROMOTING OF THE CAMPAIGN. CHICANOS POR LA CAUSA WAS A BENEFICIARY OF THE THOUSANDS OF TOYS, CLOTHING ITEMS, PACKAGED FOOD ITEMS AND MONETARY DONATIONS THAT WERE DONATED BY THE COMMUNITY IN THE VARIOUS DROP OFF LOCATIONS. THE CPLC COMMUNITY CENTER RECEIVED AND HANDED OUT 350 TOYS TO THE FAMILIES IN THE SURROUNDING COMMUNITY AND OVER \$20,000 OF THE FUNDS RAISED WILL BE USED TO MAKE FACILITY IMPROVEMENTS SUCH AS A SECURITY AND OUTDOOR LIGHT SYSTEM AND FOOD PANTRY EXPANSION. IN FY20, THE CENTERS WERE ABLE TO SERVE 563 CLIENTS WITH DIRECT SERVICES.

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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 FY20, 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 SECOND YEAR OF THE PROGRAM (2020), 275 UNDUPLICATED INDIVIDUALS WERE OUTREACHED AND 57 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. 3. CPLC LUCES RYAN WHITE PART A SERVICES &amp; ARIZONA DEPARTMENT OF HEALTH SERVICES THE CPLC LU</p>

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<p>FORM 990, PART III, LINE 4C:</p>	<p>CES 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 RWPB LUCES PROGRAM HAS 4 HIV TESTERS SERVING 800 INDIVIDUAL PER MONTH THROUGH HIV TESTING. THE CPLC LUCES PROGRAM HAS TWO COMPONENTS UNDER ADHS: PREP &amp; PEP NAVIGATION AND BEHAVIORAL HEALTH INTERVENTIONS. CPLC LUCES, UNDER ADHS, PROVIDES PREP &amp; 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. 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 FY20, CORAZON IMPACTED 1,622 PEOPLE THROUGH DIRECT, INDIRECT, AND OUTREACH SERVICES. OF 708 CLIENT RECORDS COLLECTED IN 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 WOMAN 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 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 , DE COLORES IMPACTED 8,246 CLIENTS THROUGH DIRECT, INDIRECT</p>



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4C:	<p>, AND OUTREACH SERVICES. DE COLORES PUTS A SPECIAL EMPHASIS ON INCREASING SELF-SUFFICIENCY AND DV KNOWLEDGE WHILE RECEIVING SERVICES. IN FY20, 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>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 1	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 VI, SECTION A, LINE 2	ALBERTO ESPARZA AND MIKE ESPARZA HAVE A FAMILY RELATIONSHIP.

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 2020.

# 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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	IMPAIRMENT LOSS ON REAL ESTATE HELD FOR SALE -18,373. EQUITY TRANSFER -42,484.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2C:	THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**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](http://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
<b>(1)</b> FUTURO INVESTMENT CORP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0329801	HOLDING COMPANY	AZ	CHICANOS POR LA CAUSA INC	C			100.000 %	Yes	
<b>(2)</b> TIEMPO INC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271918	REAL ESTATE	AZ	FUTURO INVESTMENT CORPORATION	C			100.000 %	Yes	
<b>(3)</b> FRIENDSHIP COMMUNITY MENTAL HEALTH CENTER 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 93-1182443	MENTAL HEALTH SERVICES	AZ	CHICANOS POR LA CAUSA INC	C			100.000 %	Yes	
<b>(4)</b> HIGHLAND MANAGER LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 37-1869539	HOUSING	NV	CPLC NEVADA INC	C					No
<b>(5)</b> CPLC PRESTAMOS 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 83-1562101	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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .	Yes	
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

See Additional Data Table

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



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

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

<b>Return Reference</b>	<b>Explanation</b>

**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
CASA DE ENCANTO OPERATING COMPANY LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271915	INVESTMENT MANAGEMENT	AZ	-3	222,442	CHICANOS POR LA CAUSA INC
CASA DE FLORES OPERATING COMPANY LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271917	INVESTMENT MANAGEMENT	AZ	-2	60,978	CHICANOS POR LA CAUSA INC
CASA DE PRIMAVERA APARTMENTS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0897878	HOUSING	AZ	1,333,445	1,340,790	CHICANOS POR LA CAUSA INC
CASA LOMA AFFORDABLE APARTMENTS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-3030876	HOUSING	AZ	292,783	1,996,793	CHICANOS POR LA CAUSA INC
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
CPLC DONATION PARTNERS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-2813544	HOUSING	AZ	0	0	CHICANOS POR LA CAUSA INC
CPLC ESTANCIA LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 36-4825346	HOUSING	AZ	2,754,514	13,119,926	CHICANOS POR LA CAUSA INC
CPLC FOUNTAIN VILLAS 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 35-2553825	HOUSING	AZ	1,021,939	6,077,964	CHICANOS POR LA CAUSA INC
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
CPLC HOUSING AND HEALTH LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 81-0973252	HOUSING	AZ	0	0	CHICANOS POR LA CAUSA INC
CPLC LAND BANK MANAGER LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	HOUSING	AZ	0	0	CHICANOS POR LA CAUSA INC
FUTURO EQUITY FUND LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 46-3781260	INVESTMENT	AZ	0	0	CHICANOS POR LA CAUSA INC
GLENROSA AFFORDABLE APARTMENTS LLC DBA LA BUENA 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-3050416	HOUSING	AZ	314,898	1,799,009	CHICANOS POR LA CAUSA INC
GRAND VICTORIA HOUSING LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0985482	HOUSING	AZ	4,806,390	14,242,039	CHICANOS POR LA CAUSA INC
GUADALUPE HUERTA OPERATING COMPANY LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271919	INVESTMENT MANAGEMENT	AZ	1	241,744	CHICANOS POR LA CAUSA INC
HAZELWOOD AFFORDABLE APARTMENTS LLC DBA STARLIGHT 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-3220332	HOUSING	AZ	172,812	953,443	CHICANOS POR LA CAUSA INC
MOUNTAIN POINTE APARTMENTS LIHTC LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	INVESTMENT MANAGEMENT	AZ	0	0	CHICANOS POR LA CAUSA INC
MOUNTAIN POINTE APARTMENTS LIHTC PHASE II LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 01-0857328	INVESTMENT MANAGEMENT	AZ	-34	-520	CHICANOS POR LA CAUSA INC
PRESTAMOS CDFI LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 26-0020430	LENDING	AZ	5,830,902	52,591,280	CHICANOS POR LA CAUSA INC
ROSA LINDA OPERATING COMPANY LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271918	INVESTMENT MANAGEMENT	AZ	-11	275,933	CHICANOS POR LA CAUSA INC

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
SAN MARINA AFFORDABLE APARTMENTS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-2999355	INVESTMENT MANAGEMENT	AZ	2,539,656	134,956	CHICANOS POR LA CAUSA INC
CPLC PICKLE HOUSE LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-2240497	HOUSING	AZ	0	0	CHICANOS POR LA CAUSA INC
VISTA VILLAGE ON VAN BUREN LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-3239819	HOUSING	AZ	0	0	CHICANOS POR LA CAUSA INC
CPLC SHOUSE LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 82-2126115	HOUSING	AZ	0	0	CHICANOS POR LA CAUSA INC
CPLC 25TH AND BELL LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	HOUSING	AZ	0	0	CHICANOS POR LA CAUSA INC
CPLC FNMA FIRST LOOK LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 81-1405916	INACTIVE	AZ	0	0	CHICANOS POR LA CAUSA INC
CPLC HOUSING PARTNERS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-2799386	HOUSING	AZ	0	0	CHICANOS POR LA CAUSA INC
59TH AVENUE AND ROOSEVELT LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 82-4302043	HOUSING	AZ	194,433	140,143	CHICANOS POR LA CAUSA INC
NUEVAS VISTAS ON MAIN LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 82-3792122	HOUSING	AZ	0	0	CHICANOS POR LA CAUSA INC
CPLC REIT LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 82-2766111	HOUSING	AZ	0	0	CHICANOS POR LA CAUSA INC
CPLC PASTOR COURT LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 83-1190924	HOUSING	AZ	19,026	0	CHICANOS POR LA CAUSA INC
CPLC 1551 W VAN BUREN LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	HOUSING	AZ	72,409	441,965	CHICANOS POR LA CAUSA INC
MOUNTAIN POINTE APARTMENTS LP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0971578	HOUSING	AZ	658,891	3,881,607	CHICANOS POR LA CAUSA INC
CPLC SOUTH PHOENIX CARTER SCHOOLS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034	COMMUNITY DEVELOPMENT	AZ	0	0	CHICANOS POR LA CAUSA INC
CPLC BROADWAY REVITALIZATION LLC 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 85034 86-0842209	EDUCATION	AZ	501(C)(3)	LINE 2	CHICANOS POR LA CAUSA INC	Yes	
1114 E BUCKEYE ROAD PHOENIX, AZ 85034 47-2621854	SOCIAL SERVICES	AZ	501(C)(3)	LINE 7	CHICANOS POR LA CAUSA INC	Yes	
1115 E BUCKEYE ROAD PHOENIX, AZ 85034 20-3992584	FOUNDATION	AZ	501(C)(3)	LINE 7	CHICANOS POR LA CAUSA INC	Yes	
1116 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0712873	HOUSING	AZ	501(C)(3)	LINE 7	CHICANOS POR LA CAUSA INC	Yes	
1117 E BUCKEYE ROAD PHOENIX, AZ 85034 85-0227776	SOCIAL SERVICES	AZ	501(C)(3)	LINE 7	CHICANOS POR LA CAUSA INC	Yes	
1118 E BUCKEYE ROAD PHOENIX, AZ 85034 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	LEGISLATIVE ADVOCACY	AZ	501(C)(4)	LINE 7	CHICANOS POR LA CAUSA INC	Yes	
1112 E BUCKEYE ROAD PHOENIX, AZ 85034 84-4125422	SOCIAL SERVICES	AZ	501(C)(3)	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	
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	-2	60,978		No		Yes		0.010 %
GUADALUPE HUERTA SENIOR APARTMENTS LIHTC LP  1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271912	HOUSING	AZ	GUADALUPE HUERTA OPERATING COMPANY LLC	RELATED	10	241,744		No		Yes		0.010 %
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	-34	-520		No		Yes		0.010 %
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	-11	275,933		No		Yes		0.010 %
COURTYART AT ENCANTO LLC  1112 E BUCKEYE ROAD PHOENIX, AZ 85034 82-2605851	HOUSING	AZ	CPLC REIT LLC	RELATED		412,871		No		Yes		15.000 %
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 %
OLD WOOD LLC  803 CALLE ROMOLO SANTA FE, NM 85034 86-0969541	DEVELOPMENT	NM	N/A	N/A				No			No	
TAOS MOUNTAIN ENERGY FOODS LLC  2638 US HWY 522 QUESTA, NM 85034 47-3479869	FOOD DISTRIBUTION	NM	N/A	N/A				No			No	
PRESTAMOS SUB CDE 5 LLC  1112 E BUCKEYE ROAD PHOENIX, AZ 85034 82-4808102	INVESTMENT	AZ	PRESTAMOS CDFI LLC					No			No	0.010 %
PRESTAMOS SUB CDE 6 LLC  1112 E BUCKEYE ROAD PHOENIX, AZ 85034 82-4817308	INVESTMENT	AZ	PRESTAMOS CDFI LLC					No			No	0.010 %
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
LA CAUSA CONSTRUCTION	Q	1,778,628	FMV
LA CAUSA CONSTRUCTION	P	147,465	FMV
LA CAUSA REALTY	F	165,000	FMV
LA CAUSA REALTY NEVADA	Q	80,617	FMV
LA CAUSA DEVELOPMENT NEVADA	P	68,119	FMV
TIEMPO	Q	951,476	FMV
TIEMPO	R	158,638	FMV
LA CAUSA CONSTRUCTION	D	50,000	FMV
LA CAUSA REALTY	D	50,000	FMV
CASA DE ENCANTO	Q	143,026	FMV
CASA DE FLORES	Q	89,106	FMV
COURTYARD AT ENCANTO	Q	196,613	FMV
GENE RICEROSA LINDA	Q	183,721	FMV
GUADALUPE HUERTA	Q	72,672	FMV
LA CAUSA DEVELOPMENT NEVADA	Q	250,012	FMV
MOUNTAIN POINTE II	Q	101,753	FMV
AZRA HOME HEALTHCARE	P	53,576	FMV
AZRA HOME HEALTHCARE	Q	307,049	FMV
CASA DE PUEBLO	Q	108,723	FMV
CASA DE PUEBLO II	Q	66,544	FMV
CASA MIA	Q	140,648	FMV
COMMUNITY SCHOOLS	Q	633,500	FMV
COMMUNITY SCHOOLS	P	320,541	FMV
CPLC NEVADA	P	76,123	FMV
CPLC NEVADA	Q	731,005	FMV

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
GUADALUPE BARRIO NUEVO	Q	124,298	FMV
SANTA CRUZ	Q	174,431	FMV
CPLC NEW MEXICO	P	135,899	FMV
CPLC NEW MEXICO	Q	522,700	FMV
COMMUNITY SCHOOLS	D	517,000	FMV
CPLC NEVADA	D	150,000	FMV
CPLC NEW MEXICO	D	255,000	FMV