

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2011)

Part III Statement of Program Service AccomplishmentsCheck 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 \$	56,495,684	including grants of \$	9,716,033) (Revenue \$	46,800,009)
See Additional Data					

4b	(Code:) (Expenses \$	30,741,689	including grants of \$	3,559,214) (Revenue \$	291,505,340)
See Additional Data					

4c	(Code:) (Expenses \$	26,699,602	including grants of \$	1,052,214) (Revenue \$	22,169,021)
See Additional Data					

(Code:) (Expenses \$	15,515,428	including grants of \$	135,859) (Revenue \$	17,646,025)
INTEGRATED HEALTH SERVICES - IHHS: SEE SCHEDULE O.				

4d	Other program services (Describe in Schedule O.)				
(Expenses \$	15,515,428	including grants of \$	135,859) (Revenue \$	17,646,025)	

4e	Total program service expenses ▶	129,452,403
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	916	
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 1,816			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .		4a		No
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).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a		
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	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.		16		No
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . If "Yes," complete Form 6069.		17		

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

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 21		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 21		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 JESSE SATTERLEE 1112 E BUCKEYE RD PHOENIX, AZ 85034 (602) 257-0700

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,985,894	0	355,066

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 79

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
DLA PIPER LLP PO BOX 780528 PHILADELPHIA, PA 19178	LEGAL SERVICES	7,907,160
TIEMPO 1008 E BUCKEYE RD PHOENIX, AZ 85034	PROPERTY MANAGEMENT	999,116
AMAZING GRACE GROUP 3502 NORTH 22ND STREET PHILADELPHIA, AZ 85016	LANDSCAPING	823,507
AMERICAN TECHNOLOGIES 3360 E LA PALMA AVENUE ANAHEIM, CA 92806	CONSTRUCTION LABOR	647,990
LAS VEGAS HOMES INC 1951 STELLA LAKE ST STE 38 LAS VEGAS, NV 89106	CONSTRUCTION LABOR	514,876

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 24

Part VIII		Statement of Revenue			
Check if Schedule O contains a response or note to any line in this Part VIII ☐					
		(A)	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c	733,618		
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	20,630,227		
	g Noncash contributions included in lines 1a - 1f:\$	1g	1,308,277		
	h Total. Add lines 1a-1f		21,363,845		
Program Service Revenue	2a LOAN REVENUE	Business Code			
		900099	284,607,334	284,607,334	
	b SERVICES FEES	900099	70,573,547	70,573,547	
	c RENTAL INCOME	532000	20,642,215	20,642,215	
	d CLIENT FEES	900099	1,856,071	1,856,071	
	e ADMINISTRATIVE INCOME	900099	133,994	133,994	
	f All other program service revenue.				
g Total. Add lines 2a-2f.		377,813,161			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,142,457		1,142,457
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents	(i) Real (ii) Personal			
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	614,578 64,087		
	b Less: cost or other basis and sales expenses		38,371 67,185		
	c Gain or (loss)		576,207 -3,098		
	d Net gain or (loss)		573,109		573,109
	8a Gross income from fundraising events (not including \$ 733,618 of contributions reported on line 1c). See Part IV, line 18		175,801		
	b Less: direct expenses		258,137		
	c Net income or (loss) from fundraising events		-82,336		-82,336
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses				
	c Net income or (loss) from gaming activities				
10a Gross sales of inventory, less returns and allowances . . .		307,234			
b Less: cost of goods sold . . .		0			
c Net income or (loss) from sales of inventory		307,234	307,234		
Miscellaneous Revenue	Business Code				
11a MISCELLANEOUS INCOME	900099	21,461		21,461	
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		21,461			
12 Total revenue. See instructions		401,138,931	378,120,395	0	1,654,691

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,984,881	6,984,881		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,478,439	7,478,439		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,739,831		2,465,848	273,983
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	59,443,372	46,981,536	11,215,652	1,246,184
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,158,588	872,301	257,658	28,629
9 Other employee benefits	7,103,939	4,880,119	2,001,438	222,382
10 Payroll taxes	5,435,869	4,316,211	1,007,692	111,966
11 Fees for services (non-employees):				
a Management	1,170,340	1,170,340		
b Legal	5,706,079	5,200,260	505,819	
c Accounting	295,980	84,109	211,871	
d Lobbying	234,000	234,000		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	261,753		261,753	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,006,331	2,759,938	1,121,754	124,639
12 Advertising and promotion	1,253,944	816,133	394,030	43,781
13 Office expenses	2,289,078	2,125,394	147,316	16,368
14 Information technology	1,984,099	1,105,133	791,069	87,897
15 Royalties				
16 Occupancy	2,927,711	2,831,097	86,953	9,661
17 Travel	804,506	492,597	280,718	31,191
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	32,804	3,918	25,997	2,889
20 Interest	18,670,541	18,534,416	136,125	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,744,732	6,334,656	369,068	41,008
23 Insurance	1,441,139	1,218,526	200,352	22,261
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	3,888,526	3,888,526		
b SUPPLIES	3,004,954	2,961,988	38,669	4,297
c UTILITIES	2,834,972	2,834,972		
d LICENSES AND TAXES	1,835,452	1,498,379	303,366	33,707
e All other expenses	5,893,893	3,844,534	1,894,253	155,106
25 Total functional expenses. Add lines 1 through 24e	155,625,753	129,452,403	23,717,401	2,455,949
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		28,022,619	1	76,640,252
	2	Savings and temporary cash investments		1,016,361,526	2	139,473,361
	3	Pledges and grants receivable, net		4,630,087	3	2,141,707
	4	Accounts receivable, net		56,933,581	4	51,767,733
	5	Loans and other receivables from 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			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		6,704,143,244	7	1,868,241,579
	8	Inventories for sale or use		10,898,451	8	12,398,748
	9	Prepaid expenses and deferred charges		312,948	9	329,306
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 249,217,627			
	b	Less: accumulated depreciation	10b 59,691,247	112,237,665	10c	189,526,380
	11	Investments—publicly traded securities		5,014,875	11	121,701,094
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		5,076,082	13	45,307,499
	14	Intangible assets		514,469	14	892,202
	15	Other assets. See Part IV, line 11		4,454,161	15	4,109,135
16	Total assets. Add lines 1 through 15 (must equal line 33)		7,948,599,708	16	2,512,528,996	
Liabilities	17	Accounts payable and accrued expenses		264,274,017	17	102,357,475
	18	Grants payable			18	
	19	Deferred revenue		311,265,356	19	69,056,932
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		147,987	21	644,643
	22	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			22	
	23	Secured mortgages and notes payable to unrelated third parties		7,258,488,604	23	1,986,276,560
	24	Unsecured notes and loans payable to unrelated third parties		12,575,000	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		669,946	25	1,546,882
	26	Total liabilities. Add lines 17 through 25		7,847,420,910	26	2,159,882,492
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		95,873,342	27	346,717,011
	28	Net assets with donor restrictions		5,305,456	28	5,929,493
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
32	Total net assets or fund balances		101,178,798	32	352,646,504	
33	Total liabilities and net assets/fund balances		7,948,599,708	33	2,512,528,996	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	401,138,931
2	Total expenses (must equal Part IX, column (A), line 25)	2	155,625,753
3	Revenue less expenses. Subtract line 2 from line 1	3	245,513,178
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	101,178,798
5	Net unrealized gains (losses) on investments	5	-8,353,563
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	38,782
9	Other changes in net assets or fund balances (explain in Schedule O)	9	14,269,309
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	352,646,504

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
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 on 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		No
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	Yes	
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.	Yes	
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?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

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

Form 990 (2021)

Form 990, Part III, Line 4a:
SOCIAL SERVICES AND EDUCATION: SEE SCHEDULE O.

Form 990, Part III, Line 4b:

ECONOMIC DEVELOPMENT/BUSINESS ENTERPRISES: SEE SCHEDULE O.

Form 990, Part III, Line 4c:

REAL ESTATE OPERATIONS: SEE SCHEDULE O.

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			
JESSE SATTERLEE VP FINANCE	40.00 0.00					X		207,093	0	0
NIRVA JEAN-BAPTISTE NURSE PRACTIONER	40.00 0.00					X		185,282	0	22,237
DELMA HERRERA CHAIR	2.00 0.00	X		X				0	0	0
ALEX VARELA VICE CHAIR	2.00 0.00	X		X				0	0	0
JODY SARCHETT TREASURER	2.00 0.00	X		X				0	0	0
STEPHANIE ACOSTA SECRETARY	2.00 0.00	X		X				0	0	0
ANTONIO MOYA DIRECTOR	2.00 0.00	X						0	0	0
BARBARA BOONE DIRECTOR	2.00 0.00	X						0	0	0
ABE ARVIZU JR DIRECTOR	2.00 0.00	X						0	0	0
RUDY PEREZ 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			
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
VERMA PASTOR DIRECTOR	2.00 0.00	X						0	0	0

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	8,828,576	8,143,206	9,124,577	36,671,576	21,363,845	84,131,780
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	8,828,576	8,143,206	9,124,577	36,671,576	21,363,845	84,131,780
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						3,050,829
6	Public support. Subtract line 5 from line 4.						81,080,951

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4.	8,828,576	8,143,206	9,124,577	36,671,576	21,363,845	84,131,780
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	925,883	1,201,108	1,325,429	8,375,045	1,142,459	12,969,924
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	71,602	69,851	64,920	128,987	21,461	356,821
11	Total support. Add lines 7 through 10						97,458,525
12	Gross receipts from related activities, etc. (see instructions)					12	633,752,670
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► ☐

Section C. Computation of Public Support Percentage						
14	Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))					14 83.200 %
15	Public support percentage for 2020 Schedule A, Part II, line 14					15 80.250 %
16a	33 1/3% support test—2021. 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—2020. 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—2021. 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—2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. 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—2020. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021:		
a	From 2016.		
b	From 2017.		
c	From 2018.		
d	From 2019.		
e	From 2020.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017.		
b	Excess from 2018.		
c	Excess from 2019.		
d	Excess from 2020.		
e	Excess from 2021.		

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	OTHER INCOME - 2017 AMOUNT: \$ 71,602. 2018 AMOUNT: \$ 69,851. 2019 AMOUNT: \$ 64,920. 2020 AMOUNT: \$ 128,987. 2021 AMOUNT: \$ 21,461.

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

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												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	234,000													
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)	234,000													
d Other exempt purpose expenditures	155,625,753													
e Total exempt purpose expenditures (add lines 1c and 1d)	155,859,753													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
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.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0													
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount		1,000,000	1,000,000	1,000,000	3,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000
c Total lobbying expenditures		154,642	243,254	234,000	631,896
d Grassroots nontaxable amount		250,000	250,000	250,000	750,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000
f Grassroots lobbying expenditures		154,642	243,254	234,000	631,896

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

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

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CHICANOS POR LA CAUSA INC
CPLC

Employer identification number
86-0227210

Part I

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III

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

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

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

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

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

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

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

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

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

Cat. No. 52283D

Schedule D (Form 990) 2021

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☒

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance			124,110	176,400	767,223
b Contributions					
c Net investment earnings, gains, and losses				7,960	
d Grants or scholarships					
e Other expenditures for facilities and programs			124,110	60,250	590,823
f Administrative expenses					
g End of year balance				124,110	176,400

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Term endowment ▶

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:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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
1a Land		18,959,313		18,959,313
b Buildings		186,297,952	39,100,191	147,197,761
c Leasehold improvements		1,999,987	568,247	1,431,740
d Equipment		8,618,340	13,958,398	-5,340,058
e Other		33,342,035	6,064,411	27,277,624
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				189,526,380

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)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

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	7,468
(3) DEPOSITS	1,493,448
(4) INTERCOMPANY PAYABLES	45,966
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	1,546,882

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	A FUND WAS ESTABLISHED IN 1991 WITH A GRANT FROM THE FORD FOUNDATION, OF WHICH \$2,500,000 WAS TO BE USED STRICTLY TO ESTABLISH AN ENDOWMENT. THE PURPOSE OF THE ENDOWMENT FUND IS TO FUND THE ADMINISTRATIVE COSTS OF CPLC. HOWEVER, UNDER THE TERMS OF THE GRANT, THE ENDOWMENT FUND AND INCOME EARNED BY THE FUND WERE TO REMAIN UNUSED FOR FIVE YEARS, AFTER WHICH CPLC COULD BEGIN USING INVESTMENT EARNINGS TO FUND ADMINISTRATIVE COSTS. DURING 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.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	CPLC IS ORGANIZED AS A NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (IRC) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION. ACCORDINGLY, CONTRIBUTIONS TO THE ORGANIZATION QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A). THE ENTITY IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX WITH THE IRS. 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. THE ENTITIES WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

SCHEDULE G
(Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047

2021

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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF (event type)	DINNER (event type)	9 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	373,184	195,500	340,735	909,419
	2 Less: Contributions	266,263	161,620	305,735	733,618
	3 Gross income (line 1 minus line 2)	106,921	33,880	35,000	175,801
Direct Expenses	4 Cash prizes	69,420	0	0	69,420
	5 Noncash prizes	6,474	8,017	10,657	25,148
	6 Rent/facility costs	0	0	0	
	7 Food and beverages	577	0	3,114	3,691
	8 Entertainment	105,622	33,553	20,703	159,878
	9 Other direct expenses	0	0	0	
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				258,137
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-82,336

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.

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

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
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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 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 14

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	CPLC PUBLICLY 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 PREDETERMINED 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. NONSCHOLARSHIP ASSISTANCE GIVEN TO INDIVIDUALS IS EITHER A CASH DONATION PAID TO A PROVIDER ON THE INDIVIDUAL'S BEHALF OR ITEMS SUCH AS BUS TOKENS ARE PROVIDE TO THE INDIVIDUAL AT THE TIME OF NEED AND NO FURTHER MONITORING IS CONSIDERED NECESSARY.

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ARIZONA PO BOX 245163 TUCSON, AZ 85724	86-6050388	501(C)(3)	170,000	0			LORTRINE LEE HEALTH SCIENCES, UA MEDICOS, SCHOLARSHIPS
AMERICAN LEGION 715 2ND AVENUE PHOENIX, AZ 85003	35-0144250	501(C)(3)	32,000	0			SUPPORT COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST VALLEY CHAMBER OF COMMERCE 289 LITCHFIELD ROAD GOODYEAR, AZ 85338	86-0250186	501(C)(3)	26,500	0			SUPPORT COMMUNITY
GRAND CANYON UNIVERSITY 3300 W CAMELBACK ROAD BLDG 26 4TH FL PHOENIX, AZ 85017	47-2507725	501(C)(3)	20,000	0			SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSIER VILLAGE OF PHOENIX PO BOX 90428 PHOENIX, AZ 85066	81-3525518	501(C)(3)	20,000	0			SUPPORT COMMUNITY
DRESS FOR SUCCESS 1024 E BUCKEYE STE 165 PHOENIX, AZ 85034	26-3610607	501(C)(3)	10,000	0			SUPPORT COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES 700 N VIRGEN DE SAN JUAN BLVD SAN JUAN, TX 78589	68-0599307	501(C)(3)	10,000	0			SUPPORT COMMUNITY
LATINO PRIDE ALLIANCE PO BOX 1263 TOLLESON, AZ 85353	82-3136052	501(C)(3)	10,000	0			SUPPORT COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA SPORTS FOUNDATION 7135 E CAMELBACK ROAD STE 190 SCOTTSDALE, AZ 85251	86-0253821	501(C)(3)	8,525	0			SUPPORT COMMUNITY
GO MEDIA COMPANIES PO BOX 72925 PHOENIX, AZ 85050	45-3358404	501(C)(3)	8,000	0			SUPPORT COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER PHOENIX LEADERSHIP PAC 400 E VAN BUREN STREET STE 555 PHOENIX, AZ 85004	86-0559918	501(C)(3)	25,000	0			SUPPORT COMMUNITY
CPLC ACTION FUND 1112 E BUCKEYE ROAD PHOENIX, AZ 85034	82-2471201	501(C)(4)	6,000,000	0			SUPPORT COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASU FOUNDATION FOR A NEW AMERICAN UNIVERSITY PO BOX 2260 TEMPE, AZ 85280	86-6051042	501(C)(3)	255,000	0	FMV		LATINO PARTNERSHIP SCHOLARS
GRAND CANYON UNIVERSITY 3300 W CAMELBACK ROAD BLDG 26 4TH FL PHOENIX, AZ 85017	47-2507725	501(C)(3)	7,500	0	FMV		GOLF CLASSIC FOURSOME

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN ARIZONA UNIVERSITY FOUNDATION PO BOX 4094 FLAGSTAFF, AZ 86011	86-0193726	501(C)(3)	50,000	0	FMV		SCHOLARSHIPS

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

SCHOLARSHIPS TO INDIVIDUALS	8	48,370			
SCHOLARSHIPS TO INDIVIDUALS	8	48,370			
DOWN PAYMENT ASSISTANCE	748	978,274			
EMERGENCY ASSISTANCE TO INDIVIDUALS	128	514,810			
BUS TOKENS	2960	11,842			
UTILITY ASSISTANCE	374	772,428			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
FUNERAL ASSISTANCE	18	5,900			
FUNERAL ASSISTANCE	18	5,900			
RENTAL AND EVICTION ASSISTANCE	561	1,788,553			
PARTICIPANT ACTIVITIES	91	304,524			
COVID-19 ASSISTANCE	1050	3,000,000			
CLOSING COST ASSISTANCE	72	53,737			

Schedule J (Form 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047
		2021
		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
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

[illegible]

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 PERFORMANCE METRICS THAT ADHERES TO THE OVERALL STRATEGIC PLAN AND APPROVED BY MANAGEMENT.

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, 1099-MISC compensation, and/or 1099-NEC			(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				
1DAVID ADAME PRESIDENT/CEO	(i)	517,298	118,003	0	25,583	25,633	686,517	0
	(ii)	0	0	0	0	0	0	0
1MARIA SPELLERI EXECUTIVE VP	(i)	334,006	118,313	0	11,600	26,574	490,493	0
	(ii)	0	0	0	0	0	0	0
2ALICIA NUNEZ CFO	(i)	296,436	159,465	0	9,750	27,387	493,038	0
	(ii)	0	0	0	0	0	0	0
3GERMAN REYES THRU 1121 EXECUTIVE VP-REAL ESTATE	(i)	155,782	7,290	0	0	20,600	183,672	0
	(ii)	0	0	0	0	0	0	0
4ANDRES CONTRERAS EXECUTIVE VP	(i)	334,362	73,256	0	11,600	25,633	444,851	0
	(ii)	0	0	0	0	0	0	0
5MAX GONZALES EXECUTIVE EVP	(i)	335,323	75,658	0	11,600	22,933	445,514	0
	(ii)	0	0	0	0	0	0	0
6JOSE LORETO MARTINEZ EXECUTIVE VP-ECONOMIC DEVELOPMENT	(i)	294,565	156,272	0	9,750	2,305	462,892	0
	(ii)	0	0	0	0	0	0	0
7RAMIRO GUILLEN NURSE PRACTITIONER	(i)	206,181	7,000	0	8,863	27,387	249,431	0
	(ii)	0	0	0	0	0	0	0
8BRANDY HAMMOND NURSE PRACTITIONER	(i)	185,801	26,924	0	8,598	34,253	255,576	0
	(ii)	0	0	0	0	0	0	0
9TERESA MIRANDA VP PRESTAMOS	(i)	133,584	58,000	0	3,427	19,353	214,364	0
	(ii)	0	0	0	0	0	0	0
10JESSE SATTERLEE VP FINANCE	(i)	170,869	36,224	0	0	0	207,093	0
	(ii)	0	0	0	0	0	0	0
11NIRVA JEAN-BAPTISTE NURSE PRACTITIONER	(i)	173,282	12,000	0	4,745	17,492	207,519	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CHICANOS POR LA CAUSA INC
CPLC

Employer identification number
86-0227210

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	20	1,073,119	FMV
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (OTHER)	X	0	235,158	
26	Other ► ()				
27	Other ► ()				
28	Other ► ()				
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement				29 0
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				Yes No
b	If "Yes," describe the arrangement in Part II.				30a No
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				31 Yes
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				32a No
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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

Return Reference	Explanation
PART I, COLUMN (B):	COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493131051423
SCHEDULE O (Form 990) 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 <u>www.irs.gov/Form990</u> for the latest information.		OMB No. 1545-0047
			2021 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
FORM 990, PART III, LINE 4A:	SOCIAL SERVICES AND EDUCATION: 1. EARLY HEADSTART AND MIGRANT HEADSTART: CHICANOS POR LA CAUSA EARLY CHILDHOOD DEVELOPMENT (CPLC ECD) EARLY HEAD START AND MIGRANT HEAD START PROGRAMS PROMOTE SCHOOL READINESS FOR CHILDREN AND FAMILIES THROUGHOUT ARIZONA, TEXAS AND NEW MEXICO. CPLC ECD IS FOCUSED ON MEETING THE EDUCATION AND CHILDCARE NEEDS OF FAMILIES BY FOSTERING FAMILY SELF-SUFFICIENCY THROUGH THE PROVISION OF SUPPORTIVE CARE AND DEVELOPMENTALLY APPROPRIATE EARLY CHILDHOOD EDUCATION SERVICES TO CHILDREN UNDER FIVE YEARS OLD. CPLC'S FIRST HEAD START GRANT WAS AWARDED IN 1996 WHEN THE AGENCY BECAME THE STATEWIDE GRANTEE FOR MIGRANT & SEASONAL HEAD START WITH 301 FUNDED SLOTS. IN 2000, THE AGENCY WON A SECOND GRANT TO PROVIDE EARLY HEAD START SERVICES IN SOUTH CENTRAL PHOENIX WITH 52 FUNDED SLOTS. IN 2021, CPLC WAS AWARDED A MIGRANT & SEASONAL HEAD START GRANT TO PROVIDE SERVICES IN THE STATES OF TEXAS AND NEW MEXICO. THIS MOST RECENT GRANT FUNDED A TOTAL OF 1,026 SLOTS. AS OF TODAY, ALL PROGRAMS HAVE GROWN WITH MIGRANT & SEASONAL HEAD START HAVING 980 FUNDED SLOTS, EARLY HEAD START HAVING 112 FUNDED SLOTS AND TEXAS/NEW MEXICO MIGRANT & SEASONAL HEAD START HAVING 1,026 FUNDED SLOTS. CPLC ECD FAMILIES REPRESENT AN UNDERSERVED POPULATION WITH MOUNTING CHALLENGES: POVERTY, HOUSING SHORTAGES, UNEMPLOYMENT, HEALTH CONCERNS, HAZARDOUS WORKING CONDITIONS, POOR NUTRITION, AND A HOST OF CULTURAL AND LANGUAGE BARRIERS. ALL OF THESE CHALLENGES HAVE BEEN COMPOUNDED BY THE COVID-19 VIRUS. COLLABORATING WITH COMMUNITY PARTNERS WHO SHARE CPLC'S COMMITMENTS TO ALL FAMILIES IN NEED, ECD TURNS THE TIDE, PROVIDING AN ARRAY OF SERVICES TO SUPPORT THE HEALTH, WELL-BEING, AND FUTURE EDUCATIONAL SUCCESS OF YOUNG CHILDREN. WITHIN THE SOUTHWEST'S AGRICULTURAL COMMUNITIES, MIGRANT AND SEASONAL FARM WORKING FAMILIES FACE ADDITIONAL OBSTACLES AS THEY STRUGGLE TO FIND ACCESS TO HEALTH CARE, SOCIAL SERVICES, HOUSING, TRANSPORTATION AND EDUCATION. MANY FAMILIES STRUGGLE TO CARE FOR CHILDREN WITH DISABILITIES AND HAVE CHALLENGES MEETING MENTAL HEALTH NEEDS CHALLENGES. THEREFORE, CPLC ECD MIGRANT & SEASONAL / MIGRANT & EARLY HEAD START (MSHS AND MEHS) SERVICES ARE PROVIDED IN THOSE AREAS WHERE HANDICAPPED AND ROW CROPS ARE MOST PREVALENT. PROGRAM CENTERS PROVIDE FULL-DAY SERVICES BASED ON CROP SEASONS AND FAMILY MOVEMENT. CHILDREN ARE TRANSPORTED TO THE CENTERS DAILY ON BUSES WHICH MEET HEAD START PROGRAM PERFORMANCE STANDARDS (HSPPS) FOR SAFETY. CPLC ECD IS THE SOLE GRANTEE FOR MIGRANT & SEASONAL HEAD START IN THE STATE OF ARIZONA, PROVIDING SERVICE TO 980 CHILDREN AGES 0 TO 5 YEARS OLD IN THE COMMUNITIES OF YUMA, SOMERTON, SAN LUIS, ELOY, WILLCOX, SURPRISE AND QUEEN CREEK. CPLC ECD EARLY HEAD START (EHS) IS FUNDED TO SERVE 112 CHILDREN AGES 0-3 WITH A FOCUS ON PREGNANT AND PARENTING TEENS. THE SERVICE AREA INCLUDES THE PHOENIX, MURPHY, WILSON & ROOSEVELT ELEMENTARY SCHOOL DISTRICTS AND THE TOWN OF QUEEN CREEK. OUR TEXAS/NEW MEXICO MIGRANT & SEASONAL HEAD START ALLOWS US THE OPPOR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A:	TUNITY TO PROVIDE SERVICE TO 1,026 CHILDREN AGES 0 TO 5 YEARS OLD IN THE COMMUNITIES OF AL ICE, CARRIZO SPRINGS, CRYSTAL CITY, EAGLE PASS, FLOYDADA, LAREDO, LUBBOCK, MATHIS, MULESHO E, PEARSALL, PLAINVIEW AND UVALDE TEXAS AS WELL AS CLOVIS AND MESQUITE NEW MEXICO. 2. ELDE RLY SERVICES: CPLC ADDRESSES THE NEEDS OF ARIZONA'S GROWING SENIOR POPULATION THROUGH A CO MPREHENSIVE, CENTER BASED PROGRAM THAT OFFERS ADVOCACY AND CASE MANAGEMENT SERVICES. THIS PROGRAM IS CENTERED ON THE SOCIAL AND NUTRITIONAL NEEDS OF OUR SENIORS. THIS FOCUS CONSIST S OF DAILY ACTIVITIES TO PROMOTE SOCIAL, EMOTIONAL, HEALTH AND WELLNESS, CONGREGATE MEALS, AND HOME DELIVERED MEALS. THIS PROGRAM ANNUALLY SERVES OVER 400 ELDERLY CLIENTS LIVING IN ITS 162-UNIT FACILITY IN WEST PHOENIX. TO QUALIFY, RESIDENTS MUST BE 62+ AND EARN LESS TH AN 30% OF THE AREA MEDIAN INCOME OF \$49,328. ALMOST NINE OUT OF TEN RESIDENTS ARE HISPANIC . THE PROGRAM USES HOLISTIC SOLUTIONS THAT ADDRESS NON-MEDICAL ISSUES TO BOOST RESIDENTS W ELL-BEING AND OVERALL HEALTH. ACCORDING TO A STUDY FUNDED BY THE ROBERT WOOD JOHNSON FOUND ATION, 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 SERVICES, IS IN THE PROCESS OF LAUNCHI NG AN ELDERLY HOME HEALTH CARE PROGRAM ON-SITE. 3. CPLC FAMILY IMMIGRATION SERVICES (FIS): CPLC HAS BEEN ACCREDITED WITH THE DEPARTMENT OF JUSTICE SINCE 1980 TO PROVIDE LEGAL IMMIG RATION SERVICES IN SOMERTON, TUCSON, AND NOGALES, AZ. RECENTLY, THE ORGANIZATION HAS ALSO BEEN RECOGNIZED FOR ACCREDITATION IN TUCSON, AZ. THE TUCSON IMMIGRATION SERVICES PROGRAM H ELPS FAMILIES AND INDIVIDUALS NAVIGATE THE COMPLEX IMMIGRATION SYSTEM. THE PROGRAM OFFERS THESE SERVICES THROUGH KNOWLEDGEABLE, ACCREDITED INDIVIDUALS; AT AN AFFORDABLE COST. OUR G OAL IS TO REUNITE FAMILIES DIVIDED BY INTERNATIONAL BORDERS, HELP ELIGIBLE INDIVIDUALS IN THIS COUNTRY APPLY FOR IMMIGRATION BENEFITS, OR APPLY FOR CITIZENSHIP, WHILE MAKING SURE T HESE INDIVIDUALS ARE NOT VICTIMS OF SCAMS OR POOR REPRESENTATION THROUGH THE RAMPANT 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 PROCESS. CP LC FAMILY IMMIGRATION SERVICES WAS ABLE TO SERVE 2,521 CLIENTS ON THEIR PATHWAY TOWARDS BE COMING U.S. CITIZENS. RESULTS FROM A CLIENT SATISFACTION STUDY CONDUCTED IN THE SOMERTON O FFICE DEMONSTRATE A STRONG TRUST TOWARDS CPLC IMMIGRATION AND ITS ABILITY TO SERVE THE COM MUNITY. CLIENTS THAT TRIED USING A DIFFERENT IMMIGRATION SERVICE TO PROCESS THEIR CASES UL TIMATELY STATED THAT CPLC UNDOUBTEDLY OFFERS A BETTER EXPERIENCE, BETTER PRICES AND FASTER PROCESSING. ALL PARTICIPANTS AGREED THAT FIS IS CREDIBLE, RELIABLE AND HONEST. THIS CAN B E SUBSTANTIATED BY CPLC'S NET PROMOTER SCORE, WHICH IS A METRIC THAT QUANTIFIES CUSTOMER L OYALTY, OF 81%. THIS SCORE IS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A:	HIGHER THAN THE BENCHMARK OF 70% FOR OTHER SOCIAL SERVICES ORGANIZATIONS. AS PART OF THE NATIONAL IMMIGRANT EMPOWERMENT PROJECT THROUGH A GRANT FROM THE CATHOLIC LEGAL IMMIGRATION NETWORK, INC. (CLINIC), CPLC FAMILY IMMIGRATION SERVICES CREATED AND RUN THE FIRST LEADERSHIP ACADEMY FOR IMMIGRANTS IN SOUTHERN ARIZONA WITH THE OBJECTIVE OF PROVIDING THE KNOWN AND RESOURCES IMMIGRANTS NEED TO BE READY TO ENGAGE IN THEIR NEW COMMUNITIES IN MORE MEANINGFUL AND IMPACTFUL WAYS. THE ACADEMY OFFERS THE FIRST OF ITS KIND LEADERSHIP CERTIFICATION PROGRAM FOR IMMIGRANTS, AND ITS GOAL IS TO PROMOTE THE INDIVIDUAL DEVELOPMENT OF IMMIGRANTS FOR A FASTER AND BETTER INTEGRATION, AND INCREASED PARTICIPATION IN LEADERSHIP ROLES, AND SERVING AS A PRINCIPAL EDUCATION AND NETWORKING RESOURCE FOR ADVOCACY ON ISSUES AFFECTING THEIR COMMUNITIES. THE CERTIFICATION IS DIVIDED INTO ELEVEN SESSIONS THAT INCLUDE LEADERSHIP DEVELOPMENT; COMMUNITY VOLUNTEER TRAINING; AS WELL AS VISITS AND PARTICIPATION OF EXPERTS IN THE FIELDS OF ECONOMIC DEVELOPMENT, LOCAL GOVERNMENT, ARTS AND CULTURE; EDUCATION; HEALTH, CIVIC ORGANIZATIONS, AND BORDER ISSUES; AND AS PART OF THE CURRICULUM, PARTICIPANTS CARRY OUT A COMMUNITY PROJECT THAT POSITIVELY IMPACTS THEIR CITY. THIS PROGRAM HAS BEEN SUCCESSFULLY IMPLEMENTED IN THE CITIES OF TUCSON AND NOGALES, ARIZONA, OBTAINING AS A RESULT, THE CREATION OF THE FIRST BINATIONAL COMMUNITY CENTER IN THE ARIZONA-MEXICO BORDER REGION, NAMED CENTRO COMUNITARIO LOS NOGALES; AND THE FORMATION OF THE FIRST NATIVE PEOPLES' COUNCIL XAJUNULEW IN TUCSON. PARTICIPANTS FROM BOTH CLASSES EVALUATED THIS PROGRAM AS EXCELLENT; 100% OF THE PARTICIPANTS INDICATED THAT THE PROGRAM HELPED THEM DISCOVER A NEW TALENT AND 100% OF THE PARTICIPANTS INDICATED THAT THE PROGRAM AROUSED INTEREST IN A PARTICULAR ISSUE OF THEIR COMMUNITIES. 4. WORKFORCE SOLUTIONS: IN OPERATION FOR 34 YEARS, THE MISSION OF CHICANOS POR LA CAUSA WORKFORCE SOLUTIONS IS TO "EMPOWER ECONOMIC MOBILITY THROUGH WORKFORCE DEVELOPMENT AND, AS SUCH, PROGRAMMING AIMS TO EMPOWER MEMBERS OF THE COMMUNITY TO ACHIEVE SELF-SUFFICIENCY THROUGH SERVICES THAT HELP DEFINE AND LAUNCH CAREER PATHWAYS WHILE ADDRESSING BARRIERS TO EMPLOYMENT. SERVICES INCLUDE WALK-IN JOB SEARCH ASSISTANCE AND RESUME DEVELOPMENT AT THE CPLC ENGAGEMENT CENTER; VOCATIONAL TRAININGS IN BANKING/FINANCE, CUSTOMER SERVICE, AND RETAIL; GED AND COMPUTER SKILLS PROFICIENCY CLASSES; JOB FAIRS AND HIRING EVENTS; PAID INTERNSHIPS; 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 PLACEMENTS. IN 2020, CPLC WORKFORCE SOLUTIONS PROVIDED THESE EMPLOYMENT AND TRAINING SERVICES TO APPROXIMATELY 3,504 CLIENTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A: CONT.	5. THE FAMILY ASSISTANCE PROGRAM (EMERGENCY SERVICES): CPLC OFFERS SERVICES TO THOSE WHO NEED IT MOST THROUGH THE FAMILY ASSISTANCE PROGRAM (FORMERLY KNOWN AS EMERGENCY ASSISTANCE) PROGRAM. THE CPLC FAMILY ASSISTANCE PROGRAM ACTS AS THE TRIAGE HUB (SIMILAR TO ARIZONA 21 1) 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. FAMILY ASSISTANCE HELPED ALMOST 1000 (951) HOUSEHOLDS WITH ELECTRIC UTILITY ASSISTANCE. CPLC PRIMARY DATA FROM FOUND THAT CLIENTS WHO REQUEST TRIAGE SERVICES PREDOMINATELY REQUIRE ACCESS TO HEALTHCARE, UTILITY ASSISTANCE, AND/OR BEHAVIORAL/MENTAL HEALTH SERVICES. THE FAMILY ASSISTANCE PROGRAM WAS ABLE TO SUPPORT AND PROVIDE SERVICES TO 1,235 FAMILIES. 6. HOUSING & HOUSING COUNSELING: HOUSING COUNSELING PROVIDES PROGRAMS INCLUDING HOME BUYING 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: CPLC PARENTING PROGRAMS PROVIDE MULTICULTURAL FAMILY SUPPORT SERVICES TO FAMILIES AT RISK OF VIOLENCE, POVERTY, AND OTHER HARDSHIPS. ALL PROGRAMS PROVIDE CULTURALLY RELEVANT SERVICES USING EVIDENCE BASED AND SCIENTIFICALLY PROVEN CURRICULA TO MEET THE NEEDS OF FAMILIES IN URBAN, RURAL, AND RESERVATION SETTINGS. THE PROGRAM OPERATES UNDER THE FOLLOWING MISSION: "CPLC PARENTING PROMOTES STRONG FAMILIES AND IMPROVES THE LIVES OF CHILDREN BY EMPOWERING PARENTS TO THRIVE". CPLC PARENTING SERVICES AND CURRICULUMS ARE AS FOLLOWS: HOME BASED SERVICES - CPLC PARENTING PROGRAMS SERVE FAMILIES THROUGH HOME VISITATION FUNDS PROVIDED LOCAL ENTITIES AND GOVERNMENT AGENCIES AS AVAILABLE. THE HOME VISITATION PROGRAMS USE THE EVIDENCE BASED PARENTS AS TEACHERS CURRICULUM AND PROMOTE HEALTH, OPTIMAL DEVELOPMENT, AND SCHOOL READINESS FOR CHILDREN UNDER THE AGE OF FIVE. HOME VISITATION SERVICES ARE AVAILABLE IN SOUTH PHOENIX, SRP MIC, SIERRA VISTA, YUMA, FLAGSTAFF, AND HAVASUPAI. COMMUNITY BASED SERVICES - PARENT EDUCATION CLASSES OCCUR THROUGHOUT THE STATE IN THE COMMUNITIES WHERE OUR CLIENTS LIVE. CLASSES UTILIZE EVIDENCE-BASED CURRICULA PROVEN EFFECTIVE IN INCREASING PARENTAL KNOWLEDGE OF CHILD DEVELOPMENT, POSITIVE DISCIPLINE, SCHOOL READINESS, AND HEALTHY COMMUNICATION. CURRICULUMS INCLUDE NURTURING PARENTING, TRIPLE P, TOWARDS NO DRUGS, AND ACTIVE PARENTING. CPLC PARENTING PROGRAMS ALSO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A: CONT.	O INCLUDE A FAMILY RESOURCE CENTER (FRC) STRATEGY. THE FRC PROVIDES GROUP ACTIVITIES, PARENTING CLASSES, FAMILY ENRICHMENT PROGRAMMING, AND ACCESS TO COMMUNITY RESOURCES. THE FRC USES THE NURTURING PARENTING CURRICULUM, RAISING A READER, AND ABRIENDO PUERTAS TO FACILITATE CLASSES. SCHOOL BASED SERVICES - CPLC PARENTING PROGRAM STAFF ADVOCATE FOR FAMILIES AND CHILDREN TO STRENGTHEN THEIR ABILITY TO PROVIDE A SAFE AND NURTURING ENVIRONMENT WITHIN THEIR HOME, SCHOOL AND COMMUNITY. CPLC PARENTING PROGRAMS ALSO IMPLEMENT FAMILY RESOURCE CENTERS FOR STUDENTS AND THEIR FAMILIES INSIDE THE SCHOOL ENVIRONMENT. SERVICES INCLUDE HOME VISITING, COMMUNITY RESOURCE AND REFERRAL, PARENTING EDUCATION, FAMILY ENRICHMENT PROGRAMS, LIFE SKILLS TRAINING AND FOOD AND CLOTHING BANKS. THESE PROGRAMS UTILIZE THE ACTIVE PARENTING CURRICULUM AND THE FAMILIES AND SCHOOLS TOGETHER (FAST) CURRICULUM. SCHOOL BASED SERVICES ARE LOCATED IN FLAGSTAFF AT LEUPP, KINSEY, AND MARSHALL ELEMENTARY SCHOOLS. HUMAN TRAFFICKING SERVICES - CPLC PARENTING ARIZONA PROVIDES CASE MANAGEMENT AND COMPREHENSIVE SERVICES TO SURVIVORS OF HUMAN TRAFFICKING. SERVICE NEEDS FOR EACH FAMILY ARE ASSESSED AND SERVICES WILL BE PROVIDED IN-HOUSE OR THROUGH REFERRALS TO COMMUNITY PARTNERS USING A TRAUMA INFORMED APPROACH. THESE SERVICES ARE PROVIDED AT THE DESERT SKY ENGAGEMENT CENTER. COMMUNITY OUTREACH - CPLC PARENTING PROGRAMS PROVIDE AWARENESS EVENTS AND EDUCATION IN COMMUNITIES AROUND CHILD ABUSE AND NEGLECT PREVENTION. CPLC PARENTING ALSO UTILIZES STAFF TO PROVIDE INFORMATION AND TRAINING REGARDING CHILD ABUSE PREVENTION, PARENTING TECHNIQUES, AND COMMUNITY RESOURCES. THIS OUTREACH IS ACCOMPLISHED THROUGH VARIOUS LOCAL COMMUNITY FAIRS, SCHOOL EVENTS, AND HEALTH FAIRS. 8. FAMILY EMPOWERMENT AND EDUCATION: CPLC'S FAMILY EMPOWERMENT SERVICES EMPOWERS COMMUNITY CLIENTS BY PROVIDING INNOVATIVE SOCIAL SERVICES PROGRAMMING AT ITS MULTIGENERATIONAL COMMUNITY AND RECENTERS FOR SCHOOL-AGED YOUTH, ADULT INDIVIDUALS AND FAMILIES. THE LEARNING CENTERS PROVIDE LITERACY DEVELOPMENT THRU ITS ADULT GED, ESL CLASSES, AFTERSCHOOL DROP-IN PROGRAMMING FOR K-12 YOUTH AND HOMEWORK ENRICHMENT THAT INCLUDES STEM LESSONS AND A VIBRANT SUMMER K-8 YOUTH CAMP. IN ADDITION, HEALTH & WELLNESS SERVICES INCLUDING HARM REDUCTION AND PREVENTION COMMUNITY WORKSHOPS, ACCESS TO A COMPUTER LAB, A SECURE PLAYGROUND FOR K-12 YOUTH, A COMMUNITY GARDEN, A FOOD PANTRY, FOOD BOX ONSITE DISTRIBUTION AND DELIVERY OF RESOURCES THRU A CENTER ON WHEELS APPROACH AS WELL AS AFTER-SCHOOL MEALS SERVED. THRU A WHOLE-CHILD, WHOLE-FAMILY APPROACH, CRITICAL SAFETY NET REFERRALS AND RESOURCES ARE ALSO ACCESSED FOR FAMILIES THAT INCLUDE FUNERAL, RENTAL AND UTILITY ASSISTANCE THRU ITS INTERNAL ONSITE EMERGENCY ASSISTANCE SERVICES. THE CENTERS ALSO PROVIDE A CENTRALIZED HUB FOR COMMUNITY PARTNERSHIPS WITH OTHER CPLC PROGRAMS AND PARTNERING AGENCIES. THRU A CULTURALLY SENSITIVE LENSE, THESE MULTIGENERATIONAL LEARNING CENTERS THRU DIRECT, INDIRECT AND VARIOUS OUTREACH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A: CONT.	TREACH AND COMMUNITY EVENTS BOTH ONSITE AND WITH COMMUNITY PARTNERS HAVE IMPACTED AND EMPOWERED OVER 650 YOUTH AND SERVED OVER 3,000 INDIVIDUALS AND FAMILIES. ALL MADE POSSIBLE BY GENEROUS FUNDING AND DONATIONS THRU COMMUNITY AND BUSINESS RELATIONSHIPS. THE CPLC COMMUNITY CENTER ALONE HOLDS ANNUAL EVENTS INCLUDING A TOY DISTRIBUTION EVENT, FALL CULTURAL EVENTS, AND SERVES COMMUNITY THANKSGIVING MEALS WITH THIS PAST YEAR SERVING OVER 100 INDIVIDUALS A HOT TURKEY PLATE WITH VARIOUS SIDES TO EAT. THE CPLC COMMUNITY CENTER ALONE PROVIDES AN OPPORTUNITY FOR THE COMMUNITY TO HAVE A DIRECT RELATIONSHIP WITH CPLC PERSONNEL AND SUPPORTING PROGRAMS. THESE COMMUNITY RECREATION AND LEARNING CENTERS ARE EMBEDDED INTO THE NEIGHBORHOOD AND ARE A CRITICAL PIECE IN THE DEVELOPMENT OF SUCCESSFUL AND EMPOWERED COMMUNITY MEMBERS INCLUDING OUR FUTURE WORKFORCE IN ALIGNMENT OF CHICANOS POR LA CAUSA'S MISSION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B:	ECONOMIC DEVELOPMENT/ BUSINESS ENTERPRISES: 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 \$5,000 TO \$50,000, SBA-COMMUNITY ADVANTAGE LOANS \$100,000 - \$350,000, SMALL BUSINESS LOANS UP TO \$1,000,000, EQUITY INVESTMENTS UP TO \$7,000,000 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. PRESTAMOS SERVES THE MARKETS OF ARIZONA, NEVADA, NEW MEXICO, TEXAS AND CALIFORNIA. OTHER MISCELLANEOUS PROGRAMS; YOUTH SERVICES - THE NAHUI OLLIN WELLNESS PROGRAM (NOWP) IS BASED ON THE PREMISE OF LA CULTURA CURA, "CULTURE HEALS". WE BELIEVE THAT BY FOSTERING YOUTH ENGAGEMENT AND LEADERSHIP DEVELOPMENT OUR COMMUNITIES CAN STRIVE FOR HOLISTIC WELLNESS. THROUGH CULTURALLY RESPONSIVE PRACTICES, WE CAN BUILD A FOUNDATION FOR JUSTICE AND HEALING. STRIVING FOR HOLISTIC WELLNESS INCORPORATES THE EXTENSION OF FOCUS FROM THE SELF TO INCORPORATING THE POSITION OF THE SELF WITHIN A SYSTEM, A COMPLETE UNIT WITH THE CONTINUAL MOVEMENT WITH THE SELF, THE COMMUNITY, THE HISTORY OF ANCESTORS AND THE LAND IN WHICH THEY ARE CARETAKERS. HOLISTIC WELLNESS INCORPORATES THE BALANCE OF THESE MEASURES, IDENTIFYING THAT IF THERE IS AN IMPACT ON ONE OF THESE FACTORS THERE IS MOVEMENT IN EACH OF THESE FACTORS. WELLNESS IS THE JOURNEY IN WHICH YOUTH PARTICIPATE IN AS THEY BECOME PART OF THE CURRICULUM THE NOWP IS COMMUNICATING, WITH CONTEXT OF HOW THE INFORMATION CAME TO BE, THE LENS IN WHICH IT IS ACCEPTED CULTURALLY AND THE IMPACT THAT LENS HAS ON THE STUDENT'S CULTURE AND HERITAGE AND THEIR ABILITY TO INTERNALIZE AND APPLY THE MATERIAL INTO THEIR TRUTH AND SYSTEM. JUSTICE IS HOW THE HOLISTIC WELLNESS SYSTEM BALANCES ITSELF. THE IDENTIFYING OF THE IMBALANCE, THE IMPACT IT HAS HAD ON ALL FACTORS AND HOW BALANCE CAN BE RESTORED. IT IS ONLY WHEN JUSTICE HAS BEEN APPLIED THAT THE ALL FACTORS CAN BEGIN TO HEAL TOGETHER, GROWING AND REGAINING SYSTEM BALANCE.

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Return Reference	Explanation
FORM 990, PART III, LINE 4C:	REAL ESTATE OPERATIONS: UNDER THIS DIVISION, VARIOUS MISSION DRIVEN DEVELOPMENT ACTIVITIES OCCUR INCLUDING: MULTI-FAMILY, COMMERCIAL AND SINGLE FAMILY HOME DEVELOPMENT, MULTI-FAMILY, COMMERCIAL AND SINGLE FAMILY HOME RENTAL, SELF-HELP HOUSING AND ACTING AS A GENERAL CONTRACTOR ON PROJECTS. 1. MULTIFAMILY APARTMENTS: PROVIDING AFFORDABLE RENTAL UNITS HAS BEEN A MAJOR COMPONENT OF CPLC'S AFFORDABLE HOUSING EFFORTS. CPLC CURRENTLY OWNS AND MANAGES MORE THAN 3,155 APARTMENT UNITS THROUGHOUT THE STATE OF ARIZONA, NEVADA, NEW MEXICO AND TEXAS. THESE UNITS OFFER RENTS AND DEPOSITS THAT ARE MANAGEABLE FOR LOW-INCOME AND/OR ELDERLY RESIDENTS. MOST OF THE PROPERTIES ARE NEWLY REFURBISHED AND SOME OFFER AMENITIES SUCH AS FREE LEARNING CENTERS FOR ADULT LEARNING AND AFTERSCHOOL PROGRAMMING FOR CHILDREN, EXPANSIVE PLAYGROUNDS AND REGULAR SOCIAL ACTIVITIES. 2. NEIGHBORHOOD STABILIZATION PROGRAM: IN 2010, AS THE LEAD AGENCY IN A 13-MEMBER CONSORTIUM OF NON-PROFIT COMMUNITY DEVELOPMENT ORGANIZATIONS, CHICANOS POR LA CAUSA INC., (CPLC) WAS AWARDED A U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) NEIGHBORHOOD STABILIZATION II (NSP2) AWARD IN THE AMOUNT OF \$137-MILLION TO STABILIZE COMMUNITIES IMPACTED BY HOME FORECLOSURE AND ABANDONMENT. CPLC, AS THE LEAD AGENCY, IMPLEMENTED THE PROGRAM ACTIVITIES AND PROTOCOLS FOR THE 13 NON-PROFIT ENTITIES ACROSS EIGHT STATES WHICH INCLUDE NOT ONLY ARIZONA, BUT CALIFORNIA, ILLINOIS, PHILADELPHIA, COLORADO, TEXAS, MARYLAND, NEW MEXICO, AND THE DISTRICT OF COLUMBIA. CPLC'S RESPONSIBILITY AS THE LEAD AGENCY UNDER THE 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 FIVE (5) ELIGIBLE ACTIVITIES UNDER THE NSP 2 PROGRAM TO ACCOMPLISH 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 IN JANUARY 2010, THE LEAD AGENCY (CPLC) AND MEMBERS OF THE CONSORTIUM ACQUIRED OVER 1,000 SINGLE FAMILY HOMES FOR REHAB AND RESALE IN 7 STATES AND THE DISTRICT OF COLUMBIA. THE CONSORTIUM HAS OBLIGATED AND/OR EXPENDED OVER \$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 1,000 OF THESE SF UNITS. IN ADDITION, THE CONSORTIUM HAS ALSO ACQUIRED SEVERAL MULTIFAMILY PROPERTIES WHICH TOTAL 1,200 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 PROPOSALS.

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Return Reference	Explanation
FORM 990, PART III, LINE 4C:	ERTIES WITH MANY OTHER GRANT AND COMMUNITY INITIATIVES. 3. SINGLE FAMILY HOMES: CPLC HAS STABILIZED NEIGHBORHOODS BY PROVIDING HOME OWNERSHIP OPPORTUNITIES TO INDIVIDUAL ANNUALLY BY CREATING WEALTH THROUGH HOME OWNERSHIP AND EDUCATION PROGRAMS. 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. 4. REAL ESTATE DEVELOPMENT: CPLC REAL ESTATE OPERATIONS ALSO SPECIALIZES IN CONTRACTING WITH MUNICIPALITIES AND FUNDING SOURCES VIA FEDERAL AND STATE-LEVEL GRANTS. CPLC HAS A SUCCESSFUL RECORD IN UTILIZING LOW INCOME HOUSING TAX CREDITS (LIHTC), NEW MARKET TAX CREDIT, FUNDING FROM HUD, ECONOMIC DEVELOPMENT ADMINISTRATION (EDA) AND OTHER COMMUNITY CAPITAL FUNDING IN ORDER TO PROVIDE AFFORDABLE HOUSING ALTERNATIVES AND COMMERCIAL DEVELOPMENT TO THE COMMUNITIES SERVED. BALANCING MISSION-DRIVEN PROJECTS WITH A COMPETITIVE EDGE AND EXPERTISE, THE REAL ESTATE OPERATIONS OF CPLC IS CONSIDERED ONE OF THE TOP PERFORMING NON-PROFITS IN THE COUNTRY.

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Return Reference	Explanation
FORM 990, PART III, LINE 4D:	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. 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): CPLC CENTRO DE LA FAMILIA (CDLF) IS A PROVIDER OF COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES FOR OVER 30 YEARS AND CURRENTLY OPERATES AN OUTPATIENT BEHAVIORAL HEALTH CLINIC IN PHOENIX, SPECIALIZING IN SERVICES TO ADULT AND YOUTH AGES 6 AND OLDER. 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 PROVIDED BOTH IN-PERSON AND TELEMEDICINE. SERVICES CAN BE DELIVERED AT THE CLINIC AS WELL AS IN HOMES, SCHOOLS, AND OTHER COMMUNITY-BASED LOCATIONS. CENTRO DE LA FAMILIA OFFERS A WIDE RANGE OF SERVICES. THERAPEUTIC SERVICES INCLUDE INDIVIDUAL, FAMILY, AND COUPLES THERAPY, AS WELL AS SUBSTANCE ABUSE AND PARENTING GROUPS. THE CLINIC OFFERS PSYCHIATRIC EVALUATIONS AND MEDICATION MANAGEMENT SERVICES IN ACCORDANCE WITH THE CHILD AND FAMILY TEAM MODEL OF CARE WITH THE CLINIC NURSE PRACTITIONER. CENTRO DE LA FAMILIA SERVES OVER 2,000 INDIVIDUALS, CHILDREN AND FAMILIES EACH YEAR. OF THOSE CLIENTS, APPROXIMATELY 60% ARE ADULTS. OUTCOMES FOR INDIVIDUAL CHILDREN AND FAMILIES INCLUDE THE FOLLOWING: - SUCCESS IN SCHOOL FOR THE CHILDREN SERVED - DECREASED DELINQUENT BEHAVIORS - INCREASED STABILITY AND PRODUCTIVITY - DECREASED RISK - AVOIDANCE OF INSTITUTIONAL CARE - IMPROVED INDIVIDUAL AND FAMILY FUNCTIONING - ASSESSMENT FOR NEED AND ACCESS TO PRIMARY CARE HEALTH SERVICES CPLC'S CENTRO DE LA FAMILIA HAS SUCCESSFULLY ESTABLISHED A COMPREHENSIVE SERVICE DELIVERY SYSTEM INCLUSIVE OF OUTPATIENT, RESIDENTIAL 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) UNTIL 2020. RECENTLY, CDLF WAS GRANTED A SECOND SAMHSA GRANT FOR MENTAL HEALTH AWARENESS TRAINING. THE GRANT WILL ALLOW CDLF STAFF TO TRAINING OTHERS ON HOW TO HANDLE A CRISIS SITUATION AND WHERE TO GET MENTAL HEALTH SERVICES. CDLF IS ON YEAR 3 OF A SAMHSA GRANT PROGRAM 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

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Return Reference	Explanation
FORM 990, PART III, LINE 4D:	AL ILLNESS WITHIN PHOENIX, ARIZONA'S MARYVALE NEIGHBORHOOD. 2. CENTRO ESPERANZA: THE CENTR O ESPERANZA PROGRAM PROVIDES PHYCHIATRIC EVALUATONS, MEDICATION MANAGEMENT, CASE MANAGEMEN T, REHABILITATION SERVICES, PEER SERVICE, EMPLOYMENT SERVICES, HOUSING SERVICES, INDIVIDUA L AND GROUP COUNSELING SERVICES FOR ADULTS DIAGNOSED WITH A SERIOUS MENTAL ILLNESS. THE GO AL OF THE PROGRAM IS TO PROVIDE CLIENTS SERVICES TO REDUCE OR ELIMINATE THEIR PSYCHIATRIC/ BEHAVIORAL HEALTH SYMPTOMS FOR AN IMPROVED QUALITY OF LIFE. THE TYPES OF SERVICES OFFERED VARY BY TYPE, FREQUENCY AND DURATION BASED ON EACH INDIVIDUAL'S PRESENTING CLINICAL NEEDS. THE AVERAGE CENTRO ESPERANZA CLIENT STAYS IN SERVICE FOR OVER THREE YEARS. IN FISCAL YEAR 2021-2022, ESPERANZA DIRECTLY SERVED 1,113 CLIENTS AND HAS CONSISTENTLY SERVED A SIMILAR NUMBER SINCE 2016. IN 2021 CENTRO ESPERANZA WAS AWARDED THE MOBILIZE AZ GRANT THROUGH BLUE CROSS BLUE SHIELD OF ARIZONA. THIS GRANT PROVIDES FUNDING TO PROVIDE DIABETES SELF-MANAGE MENT EDUCATION TO CLIENTS WHO HAVE TESTED POSITIVE FOR TYPE 2 DIABETES OR PRE-DIABETES. FU NDING WILL ALSO BE USED TO IMPROVE ACCESS TO THE SOCIAL DETERMINANTS OF HEALTH FOR CLIENTS WITH DIABETES AND PRE-DIABETES SO THAT THEY MAY BETTER MANAGE OR PREVENT THE DISEASE. 3. CPLC LUCES RYAN WHITE PART A SERVICES & ARIZONA DEPARTMENT OF HEALTH SERVICES: CPLC LUCES HIV/AIDS PROGRAM PROVIDES SERVICES TO HIV POSITIVE AND HIGH-RISK HIV NEGATIVE INDIVIDUALS AS A GRANTEE OF MARICOPA COUNTY RWPA. CPLC LUCES PROVIDES SERVICES THAT INCLUDE: MEDICAL C ASE MANAGEMENT, SUPPORTIVE CASE MANAGEMENT, MENTAL HEALTH, SUBSTANCE ABUSE, PSYCHOSOCIAL S UPPORT GROUPS, AND A FUERZA POSITIVA UNIVERSITY PROGRAM FOR NEWLY DIAGNOSED INDIVIDUALS LI VING WITH HIV/AIDS. AS A GRANTEE OF AZ DEPARTMENT OF HEALTH SERVICES (ADHS) RWPB, CPLC LUC ES PROGRAM HAS THREE COMPONENTS: PREP & PEP NAVIGATION, HIV TESTING, AND BEHAVIORAL HEALTH INTERVENTIONS. CPLC LUCES PROVIDES PREP & PEP SERVICES TO PREVENT HIV TRANSMISSION FOR IN DIVIDUALS AT HIGH RISK. CPLC LUCES ADHS BEHAVIORAL HEALTH INTERVENTIONS PROVIDE EDUCATIONA L PREVENTION SERVICES TO HIV POSITIVE AND HIV NEGATIVE INDIVIDUALS. CPLC LUCES HIV TESTING SERVICES OFFER COMMUNITY AND CLINIC BASED HIV TESTING, EDUCATION, AND LINKAGE TO CARE SER VICES TO HUNDREDS OF INDIVIDUALS PER MONTH. AS A GRANTEE OF MARICOPA COUNTY, LUCES OFFERS COMMUNITY AND CLINIC BASED STD TESTING FOR GONORRHEA, CHLAMYDIA, AND SYPHILIS. CPLC LUCES HAS TWO 340B PROGRAMS UNDER HRSA: AN HIV 340B PROGRAM FOR HIV POSITIVE INDIVIDUALS AND A 3 40B PREP PROGRAM FOR INDIVIDUALS ON HIV PREVENTION MEDICATION. AS A GRANTEE OF SAMHSA, LUC ES HAS ADDED PREP & PEP NAVIGATION AND EDUCATIONAL CURRICULUMS FOR INDIVIDUALS EXPERIENCIN G SUBSTANCE ABUSE ISSUES. THE VAST MAJORITY OF CLIENTS THAT LUCES PROVIDES SERVICES FOR AR E LATINX INDIVIDUALS WHO ARE PREDOMINANTLY SPANISH-SPEAKING AND ARE UNINSURED OR UNDERINSU RED. IN 2022, LUCES IMPACTED 12,796 LIVES THROUGH DIRECT, INDIRECT, AND OUTREACH SERVICES TO HELP IMPROVE HEALTH OUTCOME

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Return Reference	Explanation
FORM 990, PART III, LINE 4D:	S AND MAKE OUR COMMUNITY A SAFER PLACE TO LIVE. ACCORDING TO RWPA CONTINUUM OF CARE DATA, IN 2022 98% OF LUCES CLIENTS WERE LINKED TO PRIMARY MEDICAL CARE, 95% OF LUCES CLIENTS WERE RETAINED IN CARE, AND 91% OF LUCES CLIENTS BECAME VIRALLY SUPPRESSED AND ACHIEVED UNDETECTABLE STATUS. 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. THE CENTER CURRENTLY HAS 65 BEDS FOR RESIDENTIAL SUBSTANCE ABUSE TREATMENT. 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. 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 AND COMMUNITY BASED PROGRAM THAT SERVES WOMEN, MEN AND CHILDREN SEEKING SERVICES AND SUPPORT AS A RESULT OF VIOLENT RELATIONSHIPS AND SEXUAL ASSAULT. THE SHELTER WAS OPENED IN 1986 WITH 16 BEDS AND SUPPORTS INDIVIDUALS AND FAMILIES FLEEING DOMESTIC AND SEXUAL VIOLENCE. TODAY, DE COLORES HAS 52 BEDS FOR THE CRISIS PROGRAM AND 16 BEDS FOR THE TRANSITIONAL LIVING PROGRAM. THE PROGRAM PROVIDES ALL OF THE BASIC NEEDS FOR THE FAMILIES LIVING IN THE CRISIS PROGRAM. FOR THE FAMILIES LIVING IN THE TRANSITIONAL PROGRAM, THE SHELTER PROVIDES APARTMENTS AND TRAINING THAT WILL ASSIST THEM AS THEY BEGIN THEIR JOURNEY TOWARD HEALING AND INDEPENDENCE. THE COMMUNITY BASED PROGRAM PROVIDES SUPPORT AND SERVICES FOR COMMUNITY MEMBERS THAT ARE VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND HUMAN TRAFFICKING. SERVICES INCLUDE: SUPPORT GROUPS, VICTIM ADVOCACY, ECONOMIC EMPOWERMENT, PREVENTION SERVICES AND HOUSING INTERVENTION. THE STAFF IS BICULTURAL/BILINGUAL AND IT IS THE ONLY SEXUAL AND DOMESTIC VIOLENCE PROGRAM IN MARICOPA COUNTY THAT SPECIALIZES IN CULTURALLY AND LINGUISTICALLY SPECIFIC SERVICES FOR HISPANIC VICTIMS OF SEXUAL AND DOMESTIC VIOLENCE. IN 2020, DE COLORES IMPACTED 5,504 CLIENTS THROUGH DIRECT, INDIRECT, AND OUTREACH SERVICES. DE COLORES PUTS A SPECIAL EMPHASIS ON INCREASING SELF-SUFFICIENCY AND DV KNOWLEDGE WHILE RECEIVING SERVICES. 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

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Return Reference	Explanation
FORM 990, PART III, LINE 4D: CONT.	HAVING KNOWLEDGE ON HOW TO RECEIVE LEGAL SERVICES FOR DOMESTIC VIOLENCE. IN ADDITION, 41% OF DE COLORES CLIENTS RECEIVED A RESIDENTIAL/HOUSING SERVICE AND 59% RECEIVED A COMMUNITY-BASED SERVICE. DE COLORES ALSO SERVES HOMELESS FAMILIES AT THE SHELTER. DE COLORES HAS 20 BEDS RESERVED FOR THE CITY OF PHOENIX FIRST RESPONDERS TO REFER HOMELESS FAMILIES IN NEED OF EMERGENCY CRISIS SHELTER. ANNUALLY, DE COLORES PROVIDES EMERGENCY SHELTER TO 50-60 FAMILIES. ON AVERAGE, AROUND 90% OF THE FAMILIES WHO HAD EXITED, THEY ARE SUCCESSFULLY PLACE OR DIVERTED TO EITHER PERMANENT HOUSING OR A TRANSITIONAL SHELTER.

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE THAT SHALL HAVE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIRPERSON OF THE BOARD, THE VICE CHAIRPERSON OF THE BOARD, THE SECRETARY OF CORPORATION AND THE TREASURER OF CORPORATION. THE BOARD OF DIRECTORS WILL APPOINT, FROM AMONG ITS DIRECTORS, AN EXECUTIVE COMMITTEE WHICH SHALL SERVE AT THE PLEASURE OF THE BOARD OF DIRECTORS AND SHALL BE SUBJECT TO THE CONTROL AND DIRECTION OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL HAVE AUTHORITY TO ACT ONLY DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL POSSESS AND MAY EXERCISE THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE ORDINARY BUSINESS AFFAIRS OF CORPORATION, EXCEPT FOR THE PROHIBITIONS CONTAINED IN SECTION 6.1. NOTWITHSTANDING THE GENERALITY OF THE FOREGOING AND THE PROHIBITIONS CONTAINED IN SECTION 6.1, THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER AND AUTHORITY TO GUARANTY ANY OF THE DEBTS OF THE CORPORATION.

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

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

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Return Reference	Explanation
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 OF INTEREST ARE REVIEWED BY THE BOARD OF DIRECTORS. ANY BOARD MEMBER 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 ADVANCE, CPLC RELIES UPON THE HONESTY AND INTEGRITY OF EACH INDIVIDUAL TO COMPLY WITH THIS PROTOCOL.

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS CONDUCTED IN ACCORDANCE WITH THE IRS SAFEHARBOR PROVISIONS BEGINNING WITH AN IRS INTERMEDIATE SANCTIONS REASONED ANALYSIS REVIEW AND CERTIFICATION BY AN INDEPENDENT COMPENSATION CONSULTANT SUPPORTING TOTAL COMPENSATION FOR PRESIDENT AND CEO AND EXECUTIVE KEY EMPLOYEES. RECOMMENDATION FOR PRESIDENT AND CEO IS PROVIDED TO THE BOARD, AND THE BOARD REVIEWS, SETS AND APPROVES THE COMPENSATION. THE PROCESS IS DOCUMENTED IN THE MEETING MINUTES AND IS DONE ON AN ANNUAL BASIS. RECOMMENDATION FOR THE EXECUTIVES IS PROVIDED TO THE PRESIDENT & CEO WHO REVIEWS, SETS AND APPROVES THE COMPENSATION ON AN ANNUAL BASIS. THE MOST RECENT YEAR THIS PROCESS WAS FOLLOWED WAS 2022.

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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.

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Return Reference	Explanation
FORM 990, PART XI, LINE 9:	EXCESS OF ASSETS ACQUIRED OVER LIABILITIES ASSUMED OF FLORENCE CRITTENTON 14,417,198. IMPAIRMENT LOSS -147,889.

990 Schedule O, Supplemental Information

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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.					
(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
See Additional Data Table					

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.							
(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
See Additional Data Table							

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

(a) 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	
See Additional Data Table												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) FUTURO INVESTMENT CORP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0329801	HOLDING COMPANY	AZ	CHICANOS POR LA CAUSA INC	C	3,517,692	17,526,610	100.000 %	Yes	
(2) TIEMPO INC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271918	REAL ESTATE	AZ	FUTURO INVESTMENT CORPORATION	C	2,493,775	2,218,367	100.000 %	Yes	
(3) FRIENDSHIP COMMUNITY MENTAL HEALTH CENTER 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 93-1182443	MENTAL HEALTH SERVICES	AZ	CHICANOS POR LA CAUSA INC	C			100.000 %	Yes	
(4) HIGHLAND MANAGER LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 37-1869539	HOUSING	NV	CPLC NEVADA INC	C			100.000 %	Yes	
(5) CPLC PRESTAMOS 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 83-1562101	INVESTMENT	AZ	PRESTAMOS CDFI LLC	C	3,787,578	15,801	100.000 %	Yes	

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

No

Yes

No

Yes

No

Yes

No

No

No

Yes

No

No

Yes

Yes

Yes

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.

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

Schedule R (Form 990) 2021

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

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
CASA DE ENCANTO OPERATING COMPANY LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271915	INVESTMENT MANAGEMENT	AZ	0	0	CHICANOS POR LA CAUSA INC
CASA DE FLORES OPERATING COMPANY LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271917	INVESTMENT MANAGEMENT	AZ	0	0	CHICANOS POR LA CAUSA INC
CASA DE PRIMAVERA APARTMENTS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0897878	HOUSING	AZ	1,346,550	1,309,197	CHICANOS POR LA CAUSA INC
CASA LOMA AFFORDABLE APARTMENTS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-3030876	HOUSING	AZ	343,585	1,960,545	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	3,228,692	12,325,660	CHICANOS POR LA CAUSA INC
CPLC FOUNTAIN VILLAS 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 35-2553825	HOUSING	AZ	1,217,177	5,850,682	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	357,162	1,770,862	CHICANOS POR LA CAUSA INC
GRAND VICTORIA HOUSING LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0985482	HOUSING	AZ	5,464,174	13,883,264	CHICANOS POR LA CAUSA INC
GUADALUPE HUERTA OPERATING COMPANY LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271919	INVESTMENT MANAGEMENT	AZ	0	0	CHICANOS POR LA CAUSA INC
HAZELWOOD AFFORDABLE APARTMENTS LLC DBA STARLIGHT 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-3220332	HOUSING	AZ	172,784	763,090	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	0	0	CHICANOS POR LA CAUSA INC
PRESTAMOS CDFI LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 26-0020430	LENDING	AZ	293,650,813	2,120,153,328	CHICANOS POR LA CAUSA INC
ROSA LINDA OPERATING COMPANY LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271918	INVESTMENT MANAGEMENT	AZ	0	0	CHICANOS POR LA CAUSA INC

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
CPLC PICKLE HOUSE LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-2240497	HOUSING	AZ	682	6,773,775	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	0	139,900	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 1551 W VAN BUREN LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	HOUSING	AZ	76,960	485,618	CHICANOS POR LA CAUSA INC
MOUNTAIN POINTE APARTMENTS LP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0971578	HOUSING	AZ	666,504	3,443,265	CHICANOS POR LA CAUSA INC
CPLC SOUTH PHOENIX CHARTER SCHOOLS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034	COMMUNITY DEVELOPMENT	AZ	2,120	4,920,000	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
VISTA VILLAGE ON VAN BUREN LLC (TRAVEL INN) 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-3239819	HOUSING	AZ	192,966	5,858,425	CHICANOS POR LA CAUSA INC
MESA ROYALE WEST LLC (KIVA) 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-1815293	HOUSING	AZ	99,450	1,869,634	CHICANOS POR LA CAUSA INC
CPLC PM REDEVELOPMENT LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 88-3746065	HOUSING	AZ	5,570,439	62,214,397	CHICANOS POR LA CAUSA INC
CENTRAL AND GRANT PLAZA LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 81-2945653	COMMUNITY DEVELOPMENT	AZ	63,397	984,535	CHICANOS POR LA CAUSA INC
CPLC 1202 CENTRAL LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034	COMMUNITY DEVELOPMENT	AZ	17,301	779,064	CHICANOS POR LA CAUSA INC
CPLC 1401 S CENTRAL LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034	COMMUNITY DEVELOPMENT	AZ	0	1,789,774	CHICANOS POR LA CAUSA INC
CPLC 25TH AND BELL LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-3169050	HOUSING	AZ	0	0	CHICANOS POR LA CAUSA INC
CPLC BROADWAY AND CENTRAL LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 84-2383430	COMMUNITY DEVELOPMENT	AZ	0	0	CHICANOS POR LA CAUSA INC
CPLC GLOBAL BUSINESS AND COMMUNITY DEVELOPMENT LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 84-2383430	COMMUNITY DEVELOPMENT	AZ	0	0	CHICANOS POR LA CAUSA INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
MAIN AND COUNTRY CLUB LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 38-4053989	HOUSING	AZ	0	0	CHICANOS POR LA CAUSA INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
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	
1046 E BUCKEYE ROAD PHOENIX, AZ 85034 84-4043516	POLITICAL COMMITTEE	AZ	527		CHICANOS POR LA CAUSA INC	Yes	
1112 E BUCKEYE ROAD PHOENIX, AZ 85034 85-2893131	SOCIAL SERVICES	CA	501(C)(3)	LINE 7	CHICANOS POR LA CAUSA INC	Yes	
1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0103282	SOCIAL SERVICES	AZ	501(C)(3)	LINE 7	CHICANOS POR LA CAUSA INC	Yes	
1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0127380	SUPPORT FLORENCE CRITTENON SERVICES OF AZ	AZ	501(C)(3)	LINE 12A, I	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) Dispropportionate 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		60,970		No		Yes		0.010 %
GUADALUPE HUERTA SENIOR APARTMENTS LIHTC LP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271912	HOUSING	AZ	GUADELUPE HUERTA OPERATING COMPANY LLC	RELATED	1	241,747		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				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		96,100		No		Yes		0.010 %
COURTYARD AT ENCANTO LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 82-2605851	HOUSING	AZ	CPLC REIT LLC	RELATED	18,638	658,990		No		Yes		13.500 %
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	6	222,446		No		Yes		0.010 %
OLD WOOD LLC 803 CALLE ROMOLO SANTA FE, NM 85034 86-0969541	DEVELOPMENT	NM	CPLC NEW MEXICO	RELATED	18,043	191,224		No			No	15.000 %
TAOS MOUNTAIN ENERGY FOODS LLC 2638 US HWY 522 QUESTA, NM 85034 47-3479869	FOOD DISTRIBUTION	NM	CPLC NEW MEXICO	RELATED		139,994		No			No	3.950 %
PRESTAMOS SUB CDE 5 LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 82-4808102	INVESTMENT	AZ	PRESTAMOS CDFI LLC	RELATED	1	694		No		Yes		0.010 %
PRESTAMOS SUB CDE 7 LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 82-4859517	INVESTMENT	AZ	PRESTAMOS CDFI LLC	RELATED	28	669		No		Yes		0.010 %
HIGHLAND AT VISTA LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 82-2892790	HOUSING	NV	HIGHLAND MANAGER LLC	RELATED				No		Yes		0.010 %
25TH AND BELL LIHTC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 84-4541217	HOUSING	AZ	CPLC 25TH AND BELL LLC	RELATED				No		Yes		0.010 %
PRESTAMOS SUB CDE 6 LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 82-4817308	INVESTMENT	AZ	PRESTAMOS CDFI LLC	RELATED	9	601		No		Yes		0.010 %

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
CPLC ACTION FUND	B	6,000,000	FMV
DAYTON	D	230,948	FMV
FUTURO INVESTMENT CORP	D	231,797	FMV
LA CAUSA CONSTRUCTION	D	1,255,000	FMV
LA CAUSA DEVELOPMENT NEVADA	D	2,965,000	FMV
CPLC HOME HEALTHCARE	D	160,000	FMV
CPLC COMMUNITY SCHOOLS	D	980,000	FMV
CPLC NEVADA	D	3,495,000	FMV
CPLC NEW MEXICO	D	50,000	FMV
CPLC TEXAS	D	5,000,000	FMV
25TH AND BELL	D	1,926,322	FMV
CPLC CALIFORNIA	M	143,945	FMV
CPLC COMMUNITY SCHOOLS	M	188,353	FMV
CPLC NEVADA	M	745,829	FMV
CPLC NEW MEXICO	M	123,097	FMV
CPLC HOME HEALTHCARE	M	59,022	FMV
TIEMPO	P	154,494	FMV
LA CAUSA CONSTRUCTION	P	259,741	FMV
LCD NEVADA	P	85,214	FMV
FLORENCE CRITTENTON SERVICES OF ARIZONA	P	361,716	FMV
CPLC COMMUNITY SCHOOLS	P	636,215	FMV
CPLC NEVADA	P	1,109,469	FMV
CPLC NEW MEXICO	P	103,523	FMV
FUTURO INVESTMENT CORP	P	231,797	FMV
LA CAUSA CONSTRUCTION	P	3,068,761	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
LA CAUSA DEVELOPMENT NEVADA	P	992,616	FMV
TIEMPO	Q	818,343	FMV
LA CAUSA CONSTRUCTION	Q	1,128,482	FMV
LA CAUSA CONSTRUCTION	Q	1,307,203	FMV
LCD NEVADA	Q	2,988,346	FMV
CASA DE ENCANTO	Q	174,591	FMV
CASA DE FLORES	Q	106,103	FMV
COURTYARD AT ENCANTO	Q	161,688	FMV
MESA ROYALE EAST MOTEL	Q	367,932	FMV
FLORENCE CRITTENTON SERVICES OF ARIZONA	Q	2,061,355	FMV
CPLC HOME HEALTHCARE	Q	327,276	FMV
CASA DE PUEBLO	Q	101,339	FMV
CASA DE PUEBLO II	Q	55,783	FMV
CASA MIA	Q	145,178	FMV
CPLC COMMUNITY SCHOOLS	Q	980,000	FMV
CPLC NEVADA	Q	3,637,661	FMV
CPLC TEXAS	Q	5,391,446	FMV
GUADALUPE BARRIO	Q	153,792	FMV
SANTA CRUZ	Q	157,058	FMV
CPLC NEW MEXICO	Q	123,976	FMV
LA CAUSA CONSTRUCTION	Q	925,686	FMV
CPLC HOME HEALTHCARE	R	152,483	FMV
CPLC NEVADA	R	11,208	FMV