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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
CHICANOS POR LA CAUSA INC

Doing Business As

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

City or town, state or country, and ZIP + 4
PHOENIX, AZ 85034

D Employer identification number
86-0227210

E Telephone number
(602) 257-0700

G Gross receipts $ 40,116,787

F Name and address of Principal Officer
EDMUNDO HIDALGO
1112 EAST BUCKEYE RD
PHOENIX,AZ 85034

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

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

J Web site: ▶ www cplc org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1969

M State of legal domicile AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE 0

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of employees (Part V, line 2a)	5	637
6	Total number of volunteers (estimate if necessary)	6	150
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	3,630,387	4,438,806
9	Program service revenue (Part VIII, line 2g)	29,774,978	31,129,591
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	128,334	488,558
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,125,951	2,280,048
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,659,650	38,337,003
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	406,758	1,055,541
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	21,539,113	20,790,400
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 413,511)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	16,598,941	16,500,453
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	38,544,812	38,346,394
19	Revenue less expenses Subtract line 18 from line 12	-2,885,162	-9,391

		Beginning of Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	85,936,712	92,849,870
21	Total liabilities (Part X, line 26)	59,798,516	66,770,814
22	Net assets or fund balances Subtract line 21 from line 20	26,138,196	26,079,056

Part II Signature Block

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

Please Sign Here

****** | 2010-05-17
Signature of officer | Date

MARTIN QUINTANA CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CBIZ MHM LLC
3101 N Central Ave Ste 300
Phoenix, AZ 85012

EIN ▶

Phone no ▶ (602) 264-6835

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

SEE SCHEDULE 0

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

4a (Code) (Expenses $ 11,485,104 including grants of $ 147,248) (Revenue $ 12,654,924)

EDUCATION - SEE SCHEDULE 0

4b (Code) (Expenses $ 10,375,523 including grants of $ 908,293) (Revenue $ 10,951,573)

HOUSING - SEE SCHEDULE O

4c (Code) (Expenses $ 6,872,129 including grants of $) (Revenue $ 5,894,601)

BEHAVIORAL HEALTH - SEE SCHEDULE O

4d Other program services (Describe in Schedule O)

(Expenses $ 2,008,214 including grants of $) (Revenue $ 1,628,493)

4e Total program service expenses $ 30,740,970 *Must equal Part IX, Line 25, column (B).*

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?	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? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where 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, 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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as 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 U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total 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 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	201		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
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	637		
b	If at least one is reported in 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 this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," 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 the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
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 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Yes	
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the 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			

Part VI **Governance, Management, and Disclosure** ***(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)***

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 19		
b	Enter the number of voting members that are independent . .	1b 19		
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		No
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 organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	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	
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		No
11	Is there any officer, director or 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	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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		No
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken 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 AZ

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

MARTIN QUINTANA
1112 EAST BUCKEYE RD
PHOENIX, AZ 85034
(602) 257-0700

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

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(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			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								1,419,223	0	146,393

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 10

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

(A) Name and business address	(B) Description of services	(C) Compensation
SBD INC TOTAL	CONSTRUCTION	2,083,264
AUTO SAFETY HOUSE	ARCHITECT	1,063,856
SUN EAGLE CORP	CONSTRUCTION	3,765,723
CITYWIDE CONTRACTING	CONSTRUCTION	535,490
ROBERT RAPOZA ASSOC	CONSULTING	180,000

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 6

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 478,784				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e 2,993,148				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 966,874				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶	4,438,806			
Program Service Revenue			Business Code			
	2a	RENTAL INCOME	532,000	8,774,629	8,774,629	
	b	CLIENT SERVICE FEE	999,999	302,070	302,070	
	c	TENANT SVS CHARGES	999,999	428,553	428,553	
	d	FEES AND CONTRACTS FROM GOV'T AGENCIES	999,999	21,624,339	21,624,339	
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 31,129,591				
	3	Investment income (including dividends, interest other similar amounts) ▶	695,817			695,817
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 1,286,869 / 0				
	b	Less cost or other basis and sales expenses: 1,492,407 / 1,721				
	c	Gain or (loss): -205,538 / -1,721				
	d	Net gain or (loss) ▶	-207,259			-207,259
Other Revenue	8a	Gross income from fundraising events (not including $ 194,400 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a 478,784				
	b	Less direct expenses b 285,656				
	c	Net income or (loss) from fundraising events ▶	-91,256			-91,256
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶	0			
		Miscellaneous Revenue	Business Code			
	11a	MISCELLANEOUS	999,999	486,869		486,869
	b	ADMINISTRATIVE SVS	999,999	1,884,435		1,884,435
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** ▶ $ 2,371,304				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	38,337,003	31,129,591		2,768,606

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	581,124	581,124		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	474,417	474,417		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	755,627	75,563	528,939	151,125
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	15,909,879	12,547,623		122,684
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	2,592,664	2,182,696	395,475	14,493
10	Payroll taxes	1,532,230	1,173,604	334,686	23,940
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	707,589	635,525	72,064	
g	Other	1,141,363	599,320	540,279	1,764
12	Advertising and promotion	640,957	487,348	149,321	4,288
13	Office expenses	301,087	272,139	28,891	57
14	Information technology	586,277	457,141	121,045	8,091
15	Royalties . .	0			
16	Occupancy	2,668,196	2,373,211	249,260	45,725
17	Travel	273,594	178,794	94,732	68
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	0			
20	Interest	2,008,955	1,908,057	94,284	6,614
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,305,719	2,056,272	249,447	
23	Insurance	893,631	878,132	15,297	202
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	CONTRACTS	1,087,929	1,087,929		
b	CONSUMABLE SUPPLIES	1,392,538	1,348,557	42,873	1,108
c	REPAIRS AND MAINTENANCE	940,969	693,795	235,584	11,590
d	BAD DEBT	416,353	46,319	361,701	8,333
e	STAFF DEVELOPMENT	348,763	270,304	77,693	766
f	All other expenses	786,533	413,100	360,770	12,663
25	**Total functional expenses.** Add lines 1 through 24f	38,346,394	30,740,970	7,191,913	413,511
26	**Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	771,591	1	153,238
	2	Savings and temporary cash investments	3,970,698	2	3,495,163
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,522,959	4	4,334,153
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	6,427,172	8	7,315,598
	9	Prepaid expenses and deferred charges	351,350	9	289,576
	10a	Land, buildings, and equipment cost basis — 10a: 89,871,211			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 22,286,321	60,836,241	10c	67,584,890
	11	Investments—publicly traded securities	1,388,318	11	828,395
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	1,000,000	12	1,000,000
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*	775,710	13	1,668,299
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	7,892,673	15	6,180,558
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	85,936,712	16	92,849,870
Liabilities	17	Accounts payable and accrued expenses	3,237,962	17	4,362,204
	18	Grants payable		18	
	19	Deferred revenue	747,532	19	1,323,908
	20	Tax-exempt bond liabilities	24,025,000	20	23,525,000
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties	30,951,665	23	36,875,461
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	836,357	25	684,241
	26	**Total liabilities.** *Add lines 17 through 25*	59,798,516	26	66,770,814
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	22,638,196	27	22,579,056
	28	Temporarily restricted net assets	1,000,000	28	1,000,000
	29	Permanently restricted net assets	2,500,000	29	2,500,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	26,138,196	33	26,079,056
	34	Total liabilities and net assets/fund balances	85,936,712	34	92,849,870

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes" to lines 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?		2c		
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?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?		3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHICANOS POR LA CAUSA INC

Employer identification number
86-0227210

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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 organization that normally receives (1) more than 331/3% 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 331/3% 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**	No
(ii) a family member of a person described in (i) above?	**11g(ii)**	No
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**	No

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,475,247	3,870,941	4,051,311	3,630,387	4,438,806	18,466,692
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 line 1-3	2,475,247	3,870,941	4,051,311	3,630,387	4,438,806	18,466,692
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						0
6 **Public Support** subtract line 5 from line 4						18,466,692

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,475,247	728,859	4,051,311	3,630,387	4,438,806	18,466,692
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	120,524	728,859	1,531,874	128,334	695,817	3,205,408
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 IV)	297,412	1,042,799	795,038	1,980,390	2,371,304	6,486,943
11 **Total Support** (Add lines 7 through 10)						28,159,043

12	Gross receipts from related activities, etc (See instructions)	12	164,478,821

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

Computation of Public Support Percentage

14	Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	**65.58 %**
15	Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	**77.61 %**

16a **33 1/3% Test - 2008.** 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% Test - 2007.** If the organization did not check the 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 - 2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10% Facts and Circumstances Test - 2007.** 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 IV 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** 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 **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

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

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
RUDY PEREZ , DIRECTOR	20	X						0	0	0
RAY SALAZAR , DIRECTOR	20	X						0	0	0
ALBERTO ESPARZA , DIRECTOR	20	X						0	0	0
ABE ARVIZU JR , SECRETARY	20	X		X				0	0	0
JAVIER CARDENAS , DIRECTOR	20	X						0	0	0
GEORGE DIAZ JR , DIRECTOR	20	X						0	0	0
DELMA HERRERA , DIRECTOR	20	X						0	0	0
ANTONIO MOYA , DIRECTOR	20	X						0	0	0
JOSE ANTONIO HABRE , DIRECTOR	20	X						0	0	0
ERICA GONZALES-MELENDEZ , CHAIR	20	X		X				0	0	0
SILVIA SALAS , DIRECTOR	20	X						0	0	0
GILBERT JIMENEZ , TREASURER	20	X		X				0	0	0
LYDIA ARANDA , DIRECTOR	20	X						0	0	0
ROBERT ORTIZ , DIRECTOR	20	X						0	0	0
RODOLFO PARGA JR , VICE CHAIR	20	X		X				0	0	0
DEANNA SALAZAR , DIRECTOR	20	X						0	0	0
CARMEN CORNEJO , DIRECTOR	20	X						0	0	0
LEONARDO LOO , DIRECTOR	20	X						0	0	0
MANNY MOLINA , DIRECTOR	20	X						0	0	0
MARIA GOMEZ , CHIEF OPERATING OFFICER	400			X				142,191	0	12,391
MARTIN QUINTANA , CHIEF FINANCIAL OFFICER	400			X				173,774	0	24,636
EDMUNDO HIDALGO , CHIEF EXECUTIVE OFFICER	400			X				254,400	0	34,767
DAVID ADAME , CHIEF DEVELOPMENT OFFICER	400			X				123,152	0	5,965
SALVADOR MARTINEZ , VP OF HUMAN RESOURCES	400					X		109,542	0	13,987
JUDY STITH , VP OF COMPLIANCE	400					X		113,374	0	11,065
OTILLIA ARVIZU , VP/AREA MANAGER OF SE AZ	400					X		101,310	0	8,543
JENNIFER LINEHAN , NURSE PRACTIONER	400					X		140,055	0	10,792
NOEMI NAVARRO , VP OF EDUCATION AND WEALTH	400					X		109,459	0	11,151
DOMINGO RODRIGUEZ , VP OF RESOURCE DEVELOPMENT	400					X		151,966	0	13,096

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHICANOS POR LA CAUSA INC

Employer identification number
86-0227210

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's 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 XIV

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 Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	3,704,451				
b Contributions					
c Investment earnings or losses	-535,909				
d Grants or scholarships					
e Other expenditures for facilities and programs	300,000				
f Administrative expenses					
g End of year balance	2,868,542				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 87 152 %
- c Term endowment ▶ 12 848 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		12,303,575		12,303,575
b Buildings		65,369,496	18,298,286	47,071,210
c Leasehold improvements				
d Equipment		12,198,140	3,988,035	8,210,105
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				67,584,890

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other NOTE REC MT POINT, LP	1,000,000	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
SMALL BUSINESS LOANS, NET	1,668,299	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
DEPOSITS & FUNDED RESERVE	3,948,361
FINANCING COSTS (NET OF AMORT)	2,134,197
DUE FROM FUTURO INVESTING CORP	98,000
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	6,180,558

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
TENANT SECURITY DEPOSITS	157,168
ACCRUED INTEREST	74,850
DUE TO AFFILIATES	37,696
OTHER LIABILITIES	414,527
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	684,241

In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
PART X ORGANIZATIONS LIABILITY FOR UNCERTAIN TAX POSITIONS		CPLC EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS
PART V INTENDED USES OF ENDOWMENT FUNDS		Q4 the initial purpose of the endowment was to establish a revenue stream to fund administrative costs The revenue stream is to be generated by interest and investment gains earned off the original corpus provided to CPLC The original corpus cannot be used and must be maintained at its original balance

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHICANOS POR LA CAUSA INC

Employer identification number
86-0227210

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
Total			▶			

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 PHX DINNER (event type)	(b) Event #2 PHX GOLF (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	308,350	217,646	147,188	673,184
	2 Less Charitable contributions	208,350	157,646	112,788	478,784
	3 Gross revenue (line 1 minus line 2)	100,000	60,000	34,400	194,400
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes		40,382		40,382
	6 Rent/Facility costs				
	7 Other direct expenses	132,628	63,032	49,614	245,274
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				285,656
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-91,256

Part III **Gaming.** Complete if the organization answered "Yes" to 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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash 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 Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide 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? **15a**		
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		
	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? **17a**		
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 ▶ $		

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHICANOS POR LA CAUSA INC

Employer identification number
86-0227210

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ 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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☐

1(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 STATE UNIVERSITYPO BOX 871905 PHOENIX,AZ 85287	86-0196696	state of AZ	16,124				SCHOLARSHIPS
VICTORIA FOUNDATION 1107 E TONTO ST PHOENIX,AZ 85034	23-7091708	501(C)(3)	500,000				OPERATING EXPENSE
ARIZONA STATE UNIVERSITY FOUNDATIONPO BOX 2260 TEMPE,AZ 85280	86-6051042	501(C)(3)	25,000				SCHOLARSHIPS
MARICOPA COMMUNITY COLLEGES2419 W 14TH ST TEMPE,AZ 85281	86-0185552	state of AZ	22,500				SCHOLARSHIPS
UNIVERSITY OF ARIZONA 1111 N CHERRY AVE TUCSON,AZ 85721	74-2652689	state of AZ	10,000				SCHOLARSHIPS
PIMA COMMUNITY COLLEGE4905 E BROADWAY BLVD TUCSON,AZ 85709	86-0345089	state of AZ	7,500				SCHOLARSHIPS

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HOUSING ASSISTANCE TO INDIVIDUALS	940	85,971			
SCHOLARSHIPS	158	66,124			
GENERAL ASSISTANCE TO INDIVIDUALS	6429	225,694			
TRANSPORTATION ASSISTANCE TO INDIVIDUALS	100	96,628			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
PART I INFORMATION ON GRANTS		Q2 There is a review/approval process to qualify for monetary assistance made at the program level Payment, in most cases is made directly to third party vendors When assistance is given to a client, staff is required to provide supporting documentation (original receipts) for proof of purchase This is THEN reviewEd by management and THE Finance and Accounting DEPARTMENT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHICANOS POR LA CAUSA INC

Employer identification number
86-0227210

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
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			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in 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," to line 5a or 5b, describe in Part III			
6	For persons listed in 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," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MARIA GOMEZ	(i)	142,191	0	0	0	12,391	154,582	63,908
	(ii)	0	0	0	0	0	0	0
MARTIN QUINTANA	(i)	173,774	0	0	0	24,636	198,410	82,244
	(ii)	0	0	0	0	0	0	0
EDMUNDO HIDALGO	(i)	254,400	0	0	0	34,767	289,167	145,990
	(ii)	0	0	0	0	0	0	0
JENNIFER LINEHAN	(i)	140,055	0	0	0	10,792	150,847	68,616
	(ii)	0	0	0	0	0	0	0
DOMINGO RODRIGUEZ	(i)	151,966	0	0	0	13,096	165,062	58,135
	(ii)	0	0	0	0	0	0	0
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHICANOS POR LA CAUSA INC

Employer identification number
86-0227210

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	PART I, Q1 AND PART III, Q1	CHICANOS POR LA CAUSA, INC (CPLC) IS A STATEWIDE COMMUNITY DEVELOPMENT CORPORATION (CDC), COMMITTED TO BUILDING STRONGER, HEALTHIER COMMUNITIES AS A LEAD ADVOCATE, COALITION BUILDER AND DIRECT SERVICE PROVIDER CPLC PROMOTES POSITIVE CHANGE AND SELF-SUFFICIENCY TO ENHANCE THE QUALITY OF LIFE FOR THE BENEFIT OF THOSE WE SERVE

Identifier	Return Reference	Explanation
PART III PROGRAM SERVICE ACCOMPLISHMENTS		LINE 4A EDUCATION Revenues $12,654,924 Expenses $11,485,104 GRANTS $ 147,248 Education is a critical investment in our future Education is teaching, guiding, supporting, encouraging and acknowledging all children, youth and adults, regardless of their economic and social status, ethnicity, creed, age, and gender Education can be integrated classroom instruction through traditional and nontraditional education systems, or it may merge parenting skills training, school enrichment programs and community involvement CPLC's goal is to afford every child and adult the opportunity to achieve a quality education EARLY HEAD START This is a federally-funded, community-based program for low-income pregnant women, infants, toddlers, and their families The focus of this program is to promote healthy prenatal outcomes for pregnant women, enhance the development of very young children, and promote healthy family functioning During 2008, the programs served 52 infants and toddlers ARIZONA MIGRANT & SEASONAL HEAD START This is a federally-funded, early childhood education program that prepares children from disadvantaged households for their first years of schooling LINE 4B HOUSING Revenues $10,951,573 Expenses $10,375,523 GRANTS $ 908,293 Affordable quality housing has always been at the forefront of CPLC's comprehensive service system CPLC's housing programs offer counseling services to clients for mortgage default, tenant/landlord issues, pre and post purchase and fair housing We develop and build affordable single-family housing for low-income families in economically distressed neighborhoods and rehabilitate homes under federally, funded programs HOUSING COUNSELING & EMERGENCY ASSISTANCE The program provides mortgage default and rental delinquency counseling for low to moderate income residents HOME PURCHASING and CLOSING COST ASSISTANCE CPLC provides homebuyer education, offers workshops and individual counseling SENIOR HOUSING In order to address the needs of Arizona's growing senior population, a comprehensive, center based program that offers advocacy and case management services, which include but are not limed to medical checkups, safe transportation, recreation, entertainment, and companionship 23,216 senior adults and handicapped individuals were provided congregate and home delivered meals CPLC's NOGALES SELF-HELP HOUSING PROGRAM This program provides opportunities for families in rural Arizona to cash in on "sweat equity" by providing their own labor LINE 4C BEHAVIORAL HEALTH SERVICES Revenues $5,894,601 Expenses $6,872,129 CPLC offers outpatient behavioral health services to families, adults, children, and adolescents, shelter and services for women and children who are victims of domestic violence, HIV behavioral health treatment and pre-natal care to South Phoenix women CENTRO DE LA FAMILIA & VIA DE AMISTAD The program provides outpatient behavioral health services to a myriad of families, adults, children, and adolescents Clients receive the following services psychiatric evaluations, medication management, counseling services, marriage and family counseling, group counseling and case management for children and adults Via also provides individual counseling Specific substance abuse groups are offered in both English and Spanish up to three (3) times a week CORAZON Corazon's purpose is to deliver Adult Residential Alcohol/Drug Abuse Counseling Treatment Services to individuals and families in the community The services include assistance in the self-administration of medication and counseling services in the form of individual, group, family counseling, and case management services Transitional living and aftercare services are available RYAN WHITE CARE SERVICES The program has two basic components, Behavioral Health Treatment and Targeted Outreach to the Latino community The vast majority of the clients that we provide services to are Latino, individuals who are predominantly Spanish-speaking and who are uninsured or underinsured DE COLORES A program dedicated to women and children of domestic violence by providing shelter and services that include twenty-four (24) hour information and referral hot line, shelter and meals, individual and group counseling, case management, legal advocacy, COMADRES follow-up program, computer and life building skills, homework assistance, and the Ahijado program (for children three (3) years and older) to enhance the journey of healing, to women and children, who have suffered from Domestic Violence They learn about the cycle of violence through an assessment process, are able to work on issues that enhance their lifestyles LINE 4D OTHER YOUTH Revenues $735,268 Expenses $1,041,304 COMMUNITIES BASED YOUTH PROGRAMS Empowers youth to lead healthy successful lifestyles by maximizing their educational attainment, increasing their resiliency and engaging in activities that reflect family/cultural values and community pride The following services are also available mentoring, life-skills groups, academic assistance, parental outreach/engagement, and alternative activities MOTHERS AGAINST GANGS (MAG) MAG provides young adults and their families with alternatives to destructive behavior through constructive activities that lead to new life choices During 2008, MAG provided youth and families with a safe and nurturing environment, successfully facilitating positive peer interaction through drop-in center activities CARL HAYDEN YOUTH CENTER The youth center provided educational and recreational programs to almost Nine Hundred Twelve (912) residents of West Phoenix CHYC provides youth with a safe and nurturing environment, successfully facilitating positive peer interaction through drop-in center activities The Youth Empowerment Program has been enhanced by the ARCO Project that includes mural making, teatro, and creative writing that will include a web based magazine which was implemented into the center in 2007, providing academic and life skills development training to youth and their families YOUTH DROP IN CENTER (RESOURCE FACILITY IN TUCSON FOR INNER-CITY YOUTH) The Brazos Abiertos program offers students academic assistance and tutoring ECONOMIC DEVELOPMENT Revenues $980,546 Expenses $1,076,956 The foundation of any vital and healthy community is the well being of its residents CPLC pursues the development of services key to the welfare of its constituents Through its economic development component, CPLC offers workforce development services for youth and adults CPLC provides a summer youth employment program In addition CPLC creates and maintains retail and commercial properties aimed at creating jobs, eliminating blight, promoting small business development, and improving the infrastructure of the south Phoenix communities WESTSIDE SUMMER YOUTH PROGRAM CPLC's Westside Workforce Development Center (WWDC) in partnership with the City of Phoenix, provide city youth between the ages of fourteen (14) through twenty-one (21) in school and out-of-school the prospect to obtain job exposure in various professions, paid hands on work experience plus the opportunity to experience for themselves the importance of an education WESTSIDE WORKFORCE DEVELOPMENT CENTER Under the Workforce Investment Act (WIA) Adult Program, the West Side Workforce Development Center (WWDC) works with individuals who are eighteen (18) years of age and older WWDC serves people in need of various services including English as a Second Language (ESL), General Adult Education classes (GED), occupational training, job placement assistance and support services YOUTH OFFENDERS PROGRAM Under the umbrella of the CPLC West Side Workforce Development Center, the Youth Offender Program services individuals between the ages of sixteen (16) to twenty-one (21), who are economically disadvantaged, who have had involvement with the Judicial System and have dropped out of school The program offers a kaleidoscope of services that include work readiness skills, survival of daily living skills, mentoring, and guidance PRESTAMOS (A SUBSIDIARY OF CPLC) The program provides economic opportunities for small and emerging small businesses in Arizona, by providing loans along with technical assistance The following loan programs are offered SBA Microloan Program addresses the problems encountered by small business entrepreneurs seeking financing within the range of $2,000 to $35,000, and emerging micro-enterprises within the target areas The SBA Community Express Loan provides financing for business needs that fall between the Microloan program and conventional loan programs Loans range from $5,000 to $75,000

Identifier	Return Reference	Explanation
PART IV REQUIRED SCHEDULES		Q12 This organization did not receive stand alone audited financial statements prepared in accordance with GAAP However, the organization was included in combined audited financial statements prepared in accordance with GAAP that included this organization and its related organizations

Identifier	Return Reference	Explanation
PART VI GOVERNANCE, MANAGEMENT AND DISCLOSURE		SECTION A GOVERNING BODY & MANAGEMENT Q10 The 990 is reviewed by the VP of Finance and the VP of Accounting for accuracy and consistency with the CPLC Financial Statements It is then given to the Chief Financial Officer for the review of Income Statement, Balance Sheet, the various schedules, and the narrative in the 990 Tax Return Once approved by the Finance Committee, The 990 Tax Return is then signed and filed by the CFO After The 990 Tax Return has been filed it is presented to the Board of Directors at the next meeting of the board SECTION B POLICIES Q12C THE CONFLICT OF INTEREST POLICY IS SIGNED BY THE BOARD ANNUALLY AND REVIEWED BY THE HUMAN RESOURCES DEPARTMENT AND THE VICE PRESIDENT OF THE ORGANIZATION SECTION C DISCLOSURE Q19 The organization's articles of incorporation, by-laws, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS, BOTH AUDITED AND INTERIM, ARE PROVIDED ONLY TO STAKEHOLDERS AND ALL ARE SHARED WITH THE BOARD OF DIRECTORS THE ORGANIZATION ALSO PUBLISHES AN ANNUAL REPORT EACH YEAR ON ITS WEBSITE AND THE 990 IS AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
PART XI FINANCIAL STATEMENTS AND REPORTING		Q2B This organization did not receive a stand alone audited financial statements prepared in accordance with GAAP However, the organization was included in combined audited financial statements prepared in accordance with GAAP that included this organization and its related organizations Q2C QUESTION 2B WAS MARKED "NO" PER explanation ABOVE, HOWEVER, THEY DO HAVE AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE COMBINED AUDIT AND SELECTION OF THE Independent Accounting firm

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHICANOS POR LA CAUSA INC

Employer identification number
86-0227210

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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

(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
See Additional Data Table					

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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
See Additional Data Table											

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
CPLC INC 1112 E BUCKEYE RD PHOENIX, AZ85034 86-0443070	REAL ESTATE	AZ	FUTURO	C	0	0	100 %
FUTURO INVESTMENT CORP 1112 E BUCKEYE RD PHOENIX, AZ85034 86-0329801	HOLDING COMPANY	AZ	N/A	C	0	61,999	100 %
JUNTOS INC 1112 E BUCKEYE RD PHOENIX, AZ85034 72-1571866	TRANSPORTATION	AZ	N/A	C	0	0	100 %
TIEMPO INC 1112 E BUCKEYE RD PHOENIX, AZ85034 86-0394473	REAL ESTATE	AZ	FUTURO	C	1,216,037	550,480	100 %
COMERCIO ARIZONA INC 1112 E BUCKEYE RD PHOENIX, AZ85034 20-1549598	REAL ESTATE	AZ	N/A	C	84	132,258	100 %
FUTURO ENTERPRISE SERVICES INC 1112 E BUCKEYE RD PHOENIX, AZ85034 80-0412929	HOLDING COMPANY	AZ	FUTURO	C	0	0	100 %

Part V Transactions with Related Organizations

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e	Yes	
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r	Yes	

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

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	FUTURO INVESTMENT CORP	O	367,528
(2)	FUTURO INVESTMENT CORP	I	80,000
(3)	TIEMPO INC	I	56,700
(4)	COMERCIO ARIZONA INC	O	29,625
(5)	COMERCIO ARIZONA INC	R	107,629
(6)	futuro	d	98,000

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

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

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

(A) Name, address, and EIN 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 PRIMAVERA 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0897878	HOUSING	AZ	1,193,768	2,741,164	N/A
GRAN VICTORIA HOUSING LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0985482	REAL ESTATE	AZ	5,886,702	29,448,318	N/A
CPLC PROPERTY I LLC 1112 E BUCKEYE RD phoenix, AZ 85034 86-0985478	real estate	AZ	0	0	N/A
CPLC PROPERTY II LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0988479	REAL ESTATE	AZ	0	0	N/A
CPLC PROPERTY III LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0985481	REAL ESTATE	AZ	0	0	N/A
PRESTAMOS CDFI LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0227210	BUS LOANS	AZ	470,854	1,992,713	N/A
AGUDO LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0227210	MANAGEMENT	AZ	0	0	N/A
PARADISE VISTA APARTMENTS LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 20-5423543	HOUSING	AZ	1,977,768	9,421,347	N/A
LA CAUSA REALTY LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0329801	DEVELOPMENT	AZ	16,539	133,566	futuro
LA CAUSA DEVELOPMENT LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0329801	DEVELOPMENT	AZ	461,899	410,393	futuro
LA CAUSA CONSTRUCTION LLC 200 N STONE AVE TUCSON, AZ 85701 86-0878144	CONSTRUCTN	AZ	875,883	2,142,114	futuro
FUTURO SILVER DOLLAR VENTURE LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 26-0334859	DEVELOPMENT	AZ	0	0	FUTURO
FUTURO EMPLOYMENT SERVICES LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0329801	HOLDING CO	AZ	0	0	FUTURO
LIBERTY IRVINGTON LLC 200 N STONE AVE TUCSON, AZ 85701 86-0329801	REAL ESTATE	AZ	0	0	N/A

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 501(c)(3))	(F) Direct Controlling Entity
CAUSA COMMUNITY DEVELOPMENT 1112 E BUCKEYE RD PHOENIX, AZ85034 74-2465160	DEVELOPMENT	AZ	501(C)(3)	9	N/A
MOTHERS AGAINST GANGS 1112 E BUCKEYE RD PHOENIX, AZ85034 86-0720643	SOC SERVICES	AZ	501(C)(3)	7	N/A
PARENTING ARIZONA AFFILIATE OF CPLC 1112 E BUCKEYE RD PHOENIX, AZ85034 86-0324590	SOC SERVICES	AZ	501(C)(3)	7	N/A
PUEBLO SENIOR HOUSING INC 1112 E BUCKEYE RD PHOENIX, AZ85034 86-0757227	HOUSING	AZ	501(C)(3)	9	N/A
SANTA CRUZ APARTMENTS 1112 E BUCKEYE RD PHOENIX, AZ85034 86-0712873	HOUSING	AZ	501(C)(3)	9	N/A
CPLC TUCSON FOUNDATION 1112 E BUCKEYE RD PHOENIX, AZ85034 86-0916383	FOUNDATION	AZ	501(C)(3)	7	N/A
PASTOR COURT APARTMENTS 1112 E BUCKEYE RD BUCKEYE, AZ85034 86-0227210	HOUSING	AZ	501(C)(3)	9	N/A
GRANT STREET APARTMENTS INC 1112 E BUCKEYE RD BUCKEYE, AZ85034 86-1407218	HOUSING	AZ	501(C)(3)	9	N/A
CASA MIA AFFORDABLE PARTNERS INC 1112 E BUCKEYE RD PHOENIX, AZ85034 84-1560828	HOUSING	AZ	501(C)(3)	9	N/A
CPLC COMMUNITY SCHOOLS 1112 E BUCKEYE RD PHOENIX, AZ85034 86-0842209	EDUCATION	AZ	501(C)(3)	7	N/A
LATINO POLICY INSTITUTE OF ARIZONA INC 1107 E TONTO ST PHOENIX, AZ85034 74-2371492	HOUSING	AZ	501(C)(3)	9	N/A

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, investment, unrelated)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Disproprtionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) ($)	(J) General or Managing Partner?	
							Yes	No		Yes	No
COMERCIO AZ RE I 20-1582373	DEVELOPMENT	AZ	comercio az inc	N/A				No	0	Yes	
COMERCIO AZ RE II 20-1582404	DEVELOPMENT	AZ	comercio az inc	N/A				No	0	Yes	
SHUTTLEPORT VENTURE 51-0563444	TRANSPORTATION	AZ	N/A	N/A				No	0	Yes	
ROSA LINDA OP CO 65-1271918	HOUSING	AZ	N/A	N/A	8,653	1,194,294		No	0	Yes	
GUADALUPE HUERTA CO 65-1271919	HOUSING	AZ	N/A	N/A	4,317	621,616		No	0	Yes	
CASA DE FLORES CO 65-1271917	HOUSING	AZ	N/A	N/A	3,083	381,366		No	0	Yes	
CASA DE ROMAN APTS 86-0227210	HOUSING	AZ	N/A	N/A	-14	802,849		No	0	Yes	
CASA DE ENCANTO APT 65-1271915	HOUSING	AZ	N/A	N/A				No	0	Yes	
MOUNTAIN POINTE APT 86-0227210	HOUSING	AZ	N/A	N/A	-45	2,441,551		No	0	Yes	
MOUNTAIN POINTE II 86-0227210	HOUSING	AZ	N/A	N/A				No	0	Yes	
FUTUR0 PRTLND VENT 86-0329801	HOUSING	AZ	N/A	N/A				No	0	Yes	
COMERCIO AZ EQ 20-1582317	DEVELOPMENT	AZ	comercio az inc	N/A				No	0	Yes	
COMERCIO AZ RE III 20-1582430	DEVELOPMENT	AZ	comercio az inc	N/A				No	0	Yes	
COMERCIO AZ RE IV 20-1582457	DEVELOPMENT	AZ	comercio az inc	N/A				No	0	Yes	
COMERCIO AZ SM BUS 20-1582351	DEVELOPMENT	AZ	comercio az inc	N/A				No	0	Yes	

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	FUTURO INVESTMENT CORP	O	367,528
(2)	FUTURO INVESTMENT CORP	I	80,000
(3)	TIEMPO INC	I	56,700
(4)	COMERCIO ARIZONA INC	O	29,625
(5)	COMERCIO ARIZONA INC	R	107,629
(6)	futuro	d	98,000