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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)	OMB No 1545-0047 2010 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011				D Employer identification number	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending		C Name of organization CHICANOS POR LA CAUSA INC CPLC Doing Business As Number and street (or P O box if mail is not delivered to street address) 1112 E BUCKEYE RD City or town, state or country, and ZIP + 4 PHOENIX, AZ 85034		86-0227210	
				E Telephone number (602) 257-0700	
				G Gross receipts \$ 68,746,488	
		F Name and address of principal officer EDMUNDO HIDALGO 1112 E 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) ☐ 501(c) () ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527					
J Website: ▶ WWW.CPLC.ORG					
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1969		M State of legal domicile AZ	

Part I		Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities CHICANOS POR LA CAUSA, INC (CPLC) IS A STATEWIDE COMMUNITY DEVELOPMENT CORPORATION (CDC), COMMITTED TO BUILDING STRONGER, HEALTHIER COMMUNITIES AS A LEAD ADVOCATE, COALITION BUILDER AND DIRECT SERVICE PROVIDER CPLC PROMOTES POSITIVE CHANGE AND SELF-SUFFICIENCY TO ENHANCE THE QUALITY OF LIFE FOR THE BENEFIT OF THOSE WE SERVE			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	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 individuals employed in calendar year 2010 (Part V, line 2a)	5	0	
	6 Total number of volunteers (estimate if necessary)	6	0	
	7a	0		
	7b	0		
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		29,434,532	52,462,867
	9 Program service revenue (Part VIII, line 2g)		9,679,335	7,747,756
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,513,536	6,520,213
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,799,797	1,779,190
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		42,427,200	68,510,026
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		1,741,826
14 Benefits paid to or for members (Part IX, column (A), line 4)			0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			21,424,736	26,618,375
16a Professional fundraising fees (Part IX, column (A), line 11e)			0	0
b Total fundraising expenses (Part IX, column (D), line 25) ☒ 284,841				
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)			20,003,511	20,627,161
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)			43,170,073	47,960,994
19 Revenue less expenses Subtract line 18 from line 12			-742,873	20,549,032
Net Assets or Fund Balances				Beginning of Current Year
	20 Total assets (Part X, line 16)		95,929,771	101,058,352
	21 Total liabilities (Part X, line 26)		70,493,534	58,307,983
	22 Net assets or fund balances Subtract line 21 from line 20		25,436,237	42,750,369

Part II		Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
Sign Here	***** Signature of officer				2012-05-15 Date	
	DAVID ADAME CFO Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name JACQUELINE UNGER		Preparer's signature JACQUELINE UNGER		Date	Check if self-employed ☐
	Firm's name ☐ CLIFTONLARSONALLEN LLP					Firm's EIN ☐
	Firm's address ☐ 1201 S ALMA SCHOOL ROAD 14000 MESA, AZ 85210					Phone no ☐ (480) 615-2300
May the IRS discuss this return with the preparer shown above? (see instructions)						☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1

Briefly describe the organization's mission

CHICANOS POR LA CAUSA, INC (CPLC) IS A STATEWIDE COMMUNITY DEVELOPMENT CORPORATION (CDC), COMMITTED TO BUILDING STRONGER, HEALTHIER COMMUNITIES AS A LEAD ADVOCATE, COALITION BUILDER AND DIRECT SERVICE PROVIDER CPLC PROMOTES POSITIVE CHANGE AND SELF-SUFFICIENCY TO ENHANCE THE QUALITY OF LIFE FOR THE BENEFIT OF THOSE WE SERVE

2

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

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

3

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

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 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 \$ 40,427,475 including grants of \$ 715,458) (Revenue \$ 7,747,756)

EARLY HEADSTART 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

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

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

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

BEHAVIORAL HEALTH SERVICES CPLC OFFERS OUTPATIENT BEHAVIORAL HEALTH SERVICES TO FAMILIES, ADULTS, CHILDREN, AND ADOLESCENTS, SHELTER AND SERVICES FOR WOMEN WHO ARE VICTIMS OF DOMESTIC VIOLENCE, HIV BEHAVIORAL HEALTH AND TREATMENT PRE-NATAL CARE TO SOUTH PHOENIX WOMEN-CENTRO DE LA FAMILIA-PROGRAM PROVIDE PSYCHIATRIC EVALUATIONS, MEDICATION MANAGEMENT, COUNSELING SERVICES, MARRIAGE AND FAMILY COUNSELING, GROUP COUNSELING AND CASE MANAGEMENT FOR CHILDREN AND ADULTS RYAN WHITE CASE SERVICES THE PROGRAM HAS TWO BASIC COMPONENTS, BEHAVIORAL HEALTH TREATMENT AND TARGETED OUTREACH TO THE LATINO COMMUNITY THE CAST MAJORITY OF THE CLIENTS THAT WE PROVIDE SERVICES TO ARE LATINO, INDIVIDUALS WHO ARE PREDOMINANTLY SPANISH-SPEAKING AND WHO ARE UN-INSURED OR UNDER-INSURED CORAZON IS A LICENSED LEVEL II RESIDENTIAL SUBSTANCE ABUSE TREATMENT CENTER FOR MEN OVER THE AGE OF EIGHTEEN CORAZON HAS BEEN PROVIDING SERVICES TO THE COMMUNITY SINCE 1983 THE CENTER CURRENTLY HAS 41 BEDS FOR IN-PATIENT SERVICES AND 17 BEDS FOR THE SIX MONTH TRANSITIONAL LIVING PROGRAM THE CENTER SPECIALIZES IN PROVIDING SUBSTANCE ABUSE TREATMENT IN AN ENVIRONMENT THAT IS CULTURALLY SENSITIVE AND INCLUSIVE CORAZON UTILIZES A VARIETY OF TREATMENT MODALITIES, INTEGRATING IDENTIFIED BEST PRACTICES WITH TRADITIONAL HEALING ACTIVITIES CORAZON PROVIDES THE TOOLS NECESSARY FOR THE MEN TO BE SUCCESSFUL AS THEY PURSUE A LIFE-LONG CHALLENGE TO LIVE FREE OF SUBSTANCE ABUSE BETWEEN BOTH PROGRAMS APPROXIMATELY 400 CLIENTS ARE SERVED ANNUALLY BY CORAZON PROGRAMS

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 40,427,475

Form 990 (2010)

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 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or 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 		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 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		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 	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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 United States? If "Yes," complete Schedule F, Parts I and IV		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 U S? If "Yes," complete Schedule F, Parts II and IV		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 U S? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☐ Yes ☒ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0
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	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for 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 line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a19		
b	Enter the number of voting members included in line 1a, above, who are independent	1b19		
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 filedAZ
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. ALICIA NUNEZ 1112 EAST BUCKEYE ROAD PHOENIX, AZ 85034 (602) 257-0700

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EDMUNDO HIDALGO PRESIDENT AND CEO	40.00	X		X				217,186	0	23,055
(2) ERICA GONZALES-MELENDZ CHAIR	2.00	X		X				0	0	0
(3) RODOLFO PARGA JR VICE CHAIR	2.00	X		X				0	0	0
(4) GILBERT JIMENEZ TREASURER	2.00	X		X				0	0	0
(5) ABE ARVIZU SECRETARY	2.00	X		X				0	0	0
(6) LYDIA ARANDA DIRECTOR	2.00	X						0	0	0
(7) JAVIER CARDENA MD DIRECTOR	2.00	X						0	0	0
(8) CARMEN CORNEJO DIRECTOR	2.00	X						0	0	0
(9) GEORGE DIAZ JR DIRECTOR	2.00	X						0	0	0
(10) ALBERTO ESPARZA DIRECTOR	2.00	X						0	0	0
(11) JOSE ANTONIO HABRE DIRECTOR	2.00	X						0	0	0
(12) DELMA HERRERA DIRECTOR	2.00	X						0	0	0
(13) LEONARDO LOO DIRECTOR	2.00	X						0	0	0
(14) MANNY MOLINA DIRECTOR	2.00	X						0	0	0
(15) ANTONIO MOYA DIRECTOR	2.00	X						0	0	0
(16) ROBERT ORTIZ DIRECTOR	2.00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) RUDY PEREZ DIRECTOR	2 00	X						0	0	0
(18) DEANNA SALAZAR DIRECTOR	2 00	X						0	0	0
(19) RAY SALAZAR DIRECTOR	2 00	X						0	0	0
(20) SILVIA SALAS DIRECTOR	2 00	X						0	0	0
(21) MARTIN QUINTANA CHIEF FINANCIAL OFFICER	40 00			X				179,269	0	26,202
(22) DAVID ADAME CHIEF DEVELOPMENT OFFICER	40 00				X			154,398	0	16,702
(23) MARIA ARJELIA GOMEZ CHIEF OPERATING OFFICER	40 00				X			154,398	0	20,909
(24) JUDY STITH VICE PRESIDENT CORPORATE COMPLIANCE	40 00					X		117,806	0	7,961
(25) JOHN RAMIREZ VICE PRESIDENT OF ECONOMIC DEVELOPM	40 00					X		105,000	0	13,119
(26) GERMAN REYES VICE PRESIDENT OF COMMUNITY STABILI	40 00					X		104,000	0	14,759
(27) SALVADOR MARTINEZ VICE PRESIDENT OF RECOVERY AND RESI	40 00					X		103,378	0	15,158
(28) MAX GONZALEZ VICE PRESIDENT OF STRATEGIC COMMUNI	40 00					X		101,594	0	18,130
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,237,029	0	155,995

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization9

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
SUN EAGLE CORPORATION 461 N DEAN AVE CHANDLER, AZ 85226	CONSTRUCTION	1,488,339
DESERT RECREATION PO BOX 12940 SCOTTSDALE, AZ 85267	CONSTRUCTION	429,766
ART INC 427 W GLENEAGLES PHOENIX, AZ 85023	ARCHITECT SERVICES	102,580

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 3

Part VIII

Statement of Revenue

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a		52,462,867				
	b	Membership dues	1b						
	c	Fundraising events	1c	682,204					
	d	Related organizations	1d						
	e	Government grants (contributions)	1e	48,953,538					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,827,125					
	g	Noncash contributions included in lines 1a-1f \$							
	h	Total. Add lines 1a-1f							
	Program Service Revenue	2a	Business Code						7,747,756
RENTAL INCOME			532000						
b									
c									
d									
e									
f		All other program service revenue							
g		Total. Add lines 2a-2f			7,747,756				
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)			1,596,163			
	4	Income from investment of tax-exempt bond proceeds . . .							
	5	Royalties							
	6a	(i) Real		(ii) Personal					
	b	Less rental expenses							
	c	Rental income or (loss)							
	d	Net rental income or (loss)							
	7a	(i) Securities		(ii) Other	4,924,050			4,924,050	
		7,119		4,916,931					
		7,119		4,916,931					
	b	Less cost or other basis and sales expenses							
	c	Gain or (loss)							
	d	Net gain or (loss)							
	8a	Gross income from fundraising events (not including \$ 682,204 of contributions reported on line 1c) See Part IV, line 18			-236,462			-236,462	
		a	0						
		b	Less direct expenses						236,462
c	Net income or (loss) from fundraising events . . .								
9a	Gross income from gaming activities See Part IV, line 19 . . .								
	a								
	b	Less direct expenses							
c	Net income or (loss) from gaming activities . . .								
10a	Gross sales of inventory, less returns and allowances								
	a								
	b	Less cost of goods sold							
c	Net income or (loss) from sales of inventory . . .								
Miscellaneous Revenue				Business Code					
11a	ADMINISTRATIVE SVS			999999	1,212,020			1,212,020	
	b	MISCELLANEOUS			999999	803,632		803,632	
d	All other revenue								
e	Total. Add lines 11a-11d			2,015,652					
12	Total revenue. See Instructions			68,510,026	7,747,756	0	8,299,403		

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	63,746	63,746		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	651,712	651,712		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	792,119	675,044	112,164	4,911
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	20,645,198	17,593,838	2,923,360	128,000
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	216,309	184,339	30,629	1,341
9	Other employee benefits	3,035,795	2,587,104	429,869	18,822
10	Payroll taxes	1,928,954	1,643,917	273,063	11,974
a	Fees for services (non-employees)				
	Management	554,368		554,368	
b	Legal	178,144	178,144		
c	Accounting	98,780		98,780	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	1,035,639	882,605	146,605	6,429
12	Advertising and promotion	893,398	761,382	126,470	5,546
13	Office expenses	1,519,519	1,294,983	215,103	9,433
14	Information technology	1,214,953	1,035,422	171,989	7,542
15	Royalties				
16	Occupancy	4,488,110	3,824,911	635,338	27,861
17	Travel	850,203	724,570	120,355	5,278
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,742,570	1,485,074	246,679	10,817
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,674,860	2,279,601	378,654	16,605
23	Insurance	1,065,332	907,910	150,809	6,613
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	REPAIRS AND MAINTENANCE	1,433,164	1,221,388	202,879	8,897
b	STAFF DEVELOPMENT	742,355	632,659	105,088	4,608
c	PROGRAM CONSTRUCTION	305,514	305,514		
d	PARTICIPANT WAGES	98,170	98,170		
e	BAD DEBT EXPENSE	94,686		94,686	
f	All other expenses	1,637,396	1,395,442	231,790	10,164
25	Total functional expenses. Add lines 1 through 24f	47,960,994	40,427,475	7,248,678	284,841
26	Joint costs. Check here ☒ if following SOP 98-2 (ASC 958-720) 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)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				2,268,800	1	1,532,789
	2	Savings and temporary cash investments				1,288,400	2	
	3	Pledges and grants receivable, net				383,574	3	
	4	Accounts receivable, net				8,852,674	4	9,367,072
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use				5,390,603	8	4,491,842
	9	Prepaid expenses and deferred charges				349,411	9	191,761
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a	89,138,718	64,775,199	10c	63,070,683	
	b	Less accumulated depreciation	10b	26,068,035				
	11	Investments—publicly traded securities					11	
	12	Investments—other securities. See Part IV, line 11				5,220,016	12	4,014,386
	13	Investments—program-related. See Part IV, line 11				4,565,466	13	11,288,281
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				2,835,628	15	7,101,538
	16	Total assets. Add lines 1 through 15 (must equal line 34)				95,929,771	16	101,058,352
Liabilities	17	Accounts payable and accrued expenses				4,330,342	17	4,551,837
	18	Grants payable				300,744	18	293,924
	19	Deferred revenue				864,964	19	598,428
	20	Tax-exempt bond liabilities				23,025,000	20	22,525,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				477,244	21	414,559
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties				39,966,138	23	28,755,307
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities. Complete Part X of Schedule D				1,529,102	25	1,168,928
	26	Total liabilities. Add lines 17 through 25				70,493,534	26	58,307,983
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				22,584,828	27	40,160,877
	28	Temporarily restricted net assets				351,409	28	89,492
	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				25,436,237	33	42,750,369
	34	Total liabilities and net assets/fund balances				95,929,771	34	101,058,352

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	68,510,026
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,960,994
3	Revenue less expenses Subtract line 2 from line 1	3	20,549,032
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,436,237
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,234,900
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	42,750,369

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2010

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization
CHICANOS POR LA CAUSA INC CPLC

Employer identification number
86-0227210

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,051,311	3,630,387	4,438,806	29,005,245	52,462,867	93,588,616
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,051,311	3,630,387	4,438,806	29,005,245	52,462,867	93,588,616
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						93,588,616

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4,051,311	3,630,387	4,438,806	29,005,245	52,462,867	93,588,616
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,531,874	128,334	695,817	1,478,356	1,596,163	5,430,544
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)	798,038	1,980,390	2,371,303	1,979,446	2,015,652	9,144,829
11 Total support (Add lines 7 through 10)						108,163,989

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

12108,926,634

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	86 520 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	77 940 %

16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2009. 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—2010. 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—2009. 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 a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part 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 section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. 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. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME ADMINISTRATIVE SERVICES DEVELOPMENT FEES MISCELLANEOUS REVENUE LOAN PROCESSING FEES LATE FEES

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
CHICANOS POR LA CAUSA INC CPLC

Employer identification number

86-0227210

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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 for any other purpose conferring 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 a 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
2a	
2b	
2c	
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, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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

1b

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

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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

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 the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	2,851,409	2,868,542	3,704,451		
b Contributions					
c Investment earnings or losses	468,083	282,867	-535,909		
d Grants or scholarships					
e Other expenditures for facilities and programs	730,000	300,000	300,000		
f Administrative expenses					
g End of year balance	2,589,492	2,851,409	2,868,542		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 96 540 %

c

Term endowment ▶ 3 460 %

3a

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

(i) unrelated organizations

(ii) related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
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) Accumulated depreciation	(d) Book value
1a Land		8,927,164		8,927,164
b Buildings	5,752,673	66,734,532	26,068,035	46,419,170
c Leasehold improvements		70,235		70,235
d Equipment		7,466,145		7,466,145
e Other		187,969		187,969
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				63,070,683

Schedule D (Form 990) 2010

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	Other losses	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 IV, 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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	THERE ARE A FEW CLIENTS THAT CPLC SERVES AS A FISCAL AGENT TO FUNDS ARE HOUSED IN A SAVINGS ACCOUNT AND RECORDED UNDER FUNDS HELD IN CUSTODY OF OTHER. REQUEST FOR PAYMENT IS MADE BY THE ENTITIY WHEN PAYMENT IS REQUIRED.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	CHICANOS POR LA CAUSA, INC (CPLC) IS ORGANIZED AS ARIZONA NOT-FOR-PROFIT CORPORATION, AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND HAS NOT BEEN CLASSIFIED AS AN ORGANIZATION THAT IS A PRIVATE FOUNDATION. CPLC HAS HAS INCLUDED FOURTEEN ENTITIES WHICH ARE ORGANIZED AS ARIZONA LIMITED LIABILITY COMPANIES WHOSE SOLE MEMBER IS CPLC. FOR INCOME TAX PURPOSES, THEY ARE DISREGARDED ENTITIES AND ARE TREATED AS DEPARTMENTS OF CPLC. ACCORDINGLY, THEY ARE EXEMPT FROM INCOME TAXES UNDER THE APPLICABLE SECTIONS OF THE IRC AND THE ARIZONA REVISED STATUTES. INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME (UBLT) WOULD BE TAXABLE. 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. AS OF JUNE 30, 2011, THE ORGANIZATION'S 2008 THROUGH 2010 FISCAL YEAR TAX RETURNS ARE OPEN FOR EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES.

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.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>CPLC 42ND ANNIVERSARY DINNER</u>	<u>CPLC ANNUAL SCHOLARSHIP GOLF</u>	<u>8</u>	(Add col (a) through col (c))	
			(event type)	(event type)	(total number)		
	1	Gross receipts	295,290	221,314	165,600	682,204	
	2	Less Charitable contributions	295,290	221,314	165,600	682,204	
3	Gross income (line 1 minus line 2)						
Direct Expenses	4	Cash prizes	2,260	27,743	30,601	60,604	
	5	Non-cash prizes	0	0	0		
	6	Rent/facility costs	1,878	29,852	375	32,105	
	7	Food and beverages	72,401	15,866	1,581	89,848	
	8	Entertainment	500	0	0	500	
	9	Other direct expenses	19,461	6,302	27,643	53,406	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					236,463
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					-236,463

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			
	2	Cash prizes			
Direct Expenses	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) ▶			

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? ☐ Yes ☐ No

b If "No," Explain _____

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

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity 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?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CHICANOS POR LA CAUSA INC CPLC

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

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" to 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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
(1) ASU FOUNDATIONHISPANIC COMMUNITY PARTNERSHIP PO BOX 2260 TEMPE,AZ 85287	86-6051042	501(C)(3)	25,000		N/A	N/A	SCHOLARSHIPS
(2) UNIVERSITY OF ARIZONA HISPANIC ALUMNIUAFPO BOX 210109 TUCSON,AZ 85721	74-2652689	501(C)(3)	20,000		N/A	N/A	SCHOLARSHIPS
(3) ARIZONA STATE UNIVERSITYPO BOX 870303 TEMPE,AZ 85287	86-0196696	501(C)(3)	18,746		N/A	N/A	SCHOLARSHIPS

2

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

3

3

Enter total number of other organizations

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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
See Additional Data Table					

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 CPLC PROVIDES SCHOLARSHIP FUNDS TO SELECT UNIVERSITIES AND COLLEGES FUNDS ARE AWARDED TO THE ESTABLISHED ENTITIES, WHO IN TURN FUND SCHOLARSHIP RECIPIENTS ACCOUNTS

Software ID:

Software Version:

EIN: 86-0227210

Name: CHICANOS POR LA CAUSA INC CPLC

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
FUNERAL ASSISTANCE				N/A	N/A
PAYMENT FOR HOUSING-TO AVOID EVICTION OR TO PROVIDE TEMP HOUSING FOR CLIENTS				N/A	N/A
MORTGAGE ASSISTANCE AND ALSO HOUSING RELIEF FOR FEMA FOR TEMPORARILY DISPLACED CLIENTS AND HARSHIP				N/A	N/A
ASSISTANCE OF UTILITY PAYMENT FOR CLIENTS GOING THROUGH HARSHIP				N/A	N/A
TRANSLATION SERVICES FOR CLIENTS				N/A	N/A
TRANSPORTATION FOR CLIENTS TO AND FROM SITES- FOR THOSE WHO DO NOT HAVE MEANS OF TRANSPORTATION				N/A	N/A
CAR SEATS ASSISTANCE				N/A	N/A
DOWN PAYMENT ASSISTANCE FOR PURCHASE OF HOMES				N/A	N/A
MISC- GENERAL ASSISTANCE				N/A	N/A

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
CHICANOS POR LA CAUSA INC CPLC

Employer identification number
86-0227210

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are 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 ☒ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
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 accrued 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
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

For each individual whose compensation must be reported 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) Retirement and other 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 reportable compensation				
(1) EDMUNDO HIDALGO	(i) (ii)	217,186 0	0 0	0 0	8,400 0	14,655 0	240,241 0	0 0
(2) MARTIN QUINTANA	(i) (ii)	179,269 0	0 0	0 0	10,200 0	16,002 0	205,471 0	0 0
(3) DAVID ADAME	(i) (ii)	154,398 0	0 0	0 0	8,400 0	8,302 0	171,100 0	0 0
(4) MARIA ARJELIA GOMEZ	(i) (ii)	154,398 0	0 0	0 0	8,400 0	12,509 0	175,307 0	0 0
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

CHICANOS POR LA CAUSA INC CPLC

Employer identification number

86-0227210

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		COMPENSATION IS REVIEWED BY INDEPENDENT PERSONS, RECOMMENDATION IS PROVIDED TO THE EXECUTIVE COMMITTEE OF THE BOARD, AND THE BOARD, THEN, APPROVES THE COMPENSATION

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE FORM 990 IS PREPARED BY ACCOUNTING STAFF AND REVIEWED BY THE VICE PRESIDENT OF FINANCE, FOR ACCURACY AND COSISTENCY, WITH THE CPLC FINANCIAL STATEMENTS. IT IS THEN GIVEN TO CPLC'S CFO FOR DISCUSSION AND REVIEW. ONCE APPROVED BY THE FINANCE COMMITTEE, THE FORM 990 TAX RETURN IS PRESENTED TO THE CPLC'S BOARD OF DIRECTOR'S.

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	PRIOR PERIOD ADJUSTMENTS -1,790,970 IMPAIRMENT LOSS -1,443,930 TOTAL TO FORM 990, PART XI, LINE 5 -3,234,900

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHICANOS POR LA CAUSA INC CPLC

Employer identification number
86-0227210

Part I

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

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

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

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

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

Part V

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

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

1

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

a

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

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

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

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

No

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

Yes

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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) FUTURO INVESTMENT CORP	I	838	LEASE AGREEMENT
(2) TIEMPO INC	I	40,380	LEASE AGREEMENT
(3) COMERCIO ARIZONA INC	O	19,500	EXPENSE TOTAL
(4) COMERCIO ARIZONA INC	R	286,124	CASH TRANSFERRED
(5)			
(6)			

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

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID:

Software Version:

EIN: 86-0227210

Name: CHICANOS POR LA CAUSA INC CPLC

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

(a) Name, address, and EIN 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	1,186,514	2,533,158	N/A
GRAN VICTORIA HOUSING LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0985482	REAL ESTATE	AZ	5,425,495	28,486,275	N/A
CPLC PROPERTY I LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0985478	REAL ESTATE	AZ	0	0	N/A
CPLC PROPERY 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	BUSINESS LOANS	AZ	545,503	2,486,550	N/A
PARADISE VISTA APARTMENTS LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0329801	HOUSING	AZ	1,685,594	7,646,054	N/A
LA CAUSA REALTY LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0329801	DEVELOPMENT	AZ	42,878	114,529	FUTURO
LA CAUSA DEVELOPMENT LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0329801	DEVELOPMENT	AZ	-46,701	-55,046	FUTURO
LA CAUSA CONSTRUCTION LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0878144	CONSTRUCTION	AZ	193,465	1,044,925	FUTURO
FUTURO SILVER DOLLAR VENTURE LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 26-0334859	DEVELOPMENT	AZ	0	0	FUTURO
FUTURO EMPLOYMENT SERVICESLLC 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
AGUDO LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0227210	MANAGEMENT	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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
CAUSA COMMUNITY DEVELOPMENT 1112 E BUCKEY RD PHOENIX, AZ85034 74-2465160	DEVELOPMENT	AZ	501(C)(3)	LINE 9	NONE		No
MOTHERS AGAINST GANGS 1112 E BUCKEY RD PHOENIX, AZ85034 86-0720643	SOCIAL SERVICE	AZ	501(C)(3)	LINE 7	NONE		No
CPLC SOUTHWEST INC 1112 E BUCKEY RD PHOENIX, AZ85034 86-0324590	SOCIAL SERVICE	AZ	501(C)(3)	LINE 7	NONE		No
PUEBLO SENIOR HOUSING INC 1112 E BUCKEY RD PHOENIX, AZ85034 86-0757227	HOUSING	AZ	501(C)(3)	LINE 9	NONE		No
SANTA CRUZ APARTMENTS 1112 E BUCKEY RD PHOENIX, AZ85034 86-0712873	HOUSING	AZ	501(C)(3)	LINE 9	NONE		No
CPLC TUCSON FOUNDATION 1112 E BUCKEY RD PHOENIX, AZ85034 86-0916383	FOUNDATION	AZ	501(C)(3)	LINE 7	NONE		No
PASTOR COURT APARTMENTS 1112 E BUCKEY RD PHOENIX, AZ85034 86-0227210	HOUSING	AZ	501(C)(3)	LINE 9	NONE		No
GRANT STREET APARTMENTS INC 1112 E BUCKEY RD PHOENIX, AZ85034 86-1407218	HOUSING	AZ	501(C)(3)	LINE 9	NONE		No
CASA MIA AFFORDABLE PARTNERS INC 1112 E BUCKEY RD PHOENIX, AZ85034 84-1560828	HOUSING	AZ	501(C)(3)	LINE 9	NONE		No
CPLC COMMUNITY SCHOOLS 1112 E BUCKEY RD PHOENIX, AZ85034 86-0842209	EDUCATION	AZ	501(C)(3)	LINE 7	NONE		No
LATINO POLICY INSTITUTE OF ARIZONA INC 1107 E TONTO ST PHOENIX, AZ85034 74-2371492	HOUSING	AZ	501(C)(3)	LINE 9	NONE		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
COMERCIO AZ RE I 20-1582373	DEVELOPMENT	AZ	NONE					No		Yes		
COMERCIO AZ RE II 20-1582404	DEVELOPMENT	AZ	NONE					No		Yes		
SHUTTLEPORT VENTURE 51-0563444	TRANSPORTATION	AZ	NONE					No		Yes		
ROSA LINDA OP CO 65-1271918	HOUSING	AZ	NONE					No		Yes		
GUADALUPE HUERTA CO 65-1271919	HOUSING	AZ	NONE					No		Yes		
CASA DE FLORES CO 65-1271917	HOUSING	AZ	NONE					No		Yes		
CASA DE ROMAN APTS 86-0227210	HOUSING	AZ	NONE					No		Yes		
CASA DE ENCANTO APT 65-1271915	HOUSING	AZ	NONE					No		Yes		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproporionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MOUNTAIN POINTE APT 86-0227210	HOUSING	AZ	NONE					No		Yes		
MOUNTAIN POINTE APT II 86-0227210	HOUSING	AZ	NONE					No		Yes		
FUTUTO PRTLND VENT 86-0329801	HOUSING	AZ	NONE					No		Yes		
COMERCIO AZ EQ 20-1582317	DEVELOPMENT	AZ	NONE					No		Yes		
COMERCIO AZ RE III 20-1582430	DEVELOPMENT	AZ	NONE					No		Yes		
COMERCIO AZ RE IV 20-1582457	DEVELOPMENT	AZ	NONE					No		Yes		
COMERCIO AZ SM BUS 20-1582351	DEVELOPMENT	AZ	NONE					No		Yes		

Form 990, Schedule R, 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
COMERCIO AZ RE I 1112 E BUCKEYE RD PHOENIX, AZ85034 20-1582373	DEVELOPMENT	AZ	NONE	C			
COMERCIO AZ RE II 1112 E BUCKEYE RD PHOENIX, AZ85034 20-1582404	DEVELOPMENT	AZ	NONE	C			
SHUTTLEPORT VENTURE 1112 E BUCKEYE RD PHOENIX, AZ85034 51-0563444	TRANSPORTATION	AZ	NONE	C			
ROSA LINDA 1107 E TONTO ST PHOENIX, AZ85034 65-1271918	HOUSING	AZ	NONE	C			
GUADALUPE HUERTA CO 1107 E TONTO ST PHOENIX, AZ85034 65-1271919	HOUSING	AZ	NONE	C			
CASA DE FLORES CO 1107 E TONTO ST PHOENIX, AZ85034 65-1271917	HOUSING	AZ	NONE	C			
CASA DE ROMAN APTS 1112 E BUCKEYE RD PHOENIX, AZ85034 86-0227210	HOUSING	AZ	NONE	C			
CASA DE ENCANTO APT 1112 E BUCKEYE RD PHOENIX, AZ85034 65-1271915	HOUSING	AZ	NONE	C			
MOUNTAIN POINT APT 1112 E BUCKEYE RD PHOENIX, AZ85034 86-0227210	HOUSING	AZ	NONE	C			
MOUNTAIN POINT II 1112 E BUCKEYE RD PHOENIX, AZ85034 86-0227210	HOUSING	AZ	NONE	C			
FUTURO PRTLND VENTURE 1112 E BUCKEYE RD PHOENIX, AZ85034 86-0329801	HOUSING	AZ	NONE	C			
COMERCIO AZ EO 1112 E BUCKEYE RD PHOENIX, AZ85034 20-1582317	DEVELOPMENT	AZ	NONE	C			
COMERCIO AZ RE III 1112 E BUCKEYE RD PHOENIX, AZ85034 20-1582430	DEVELOPMENT	AZ	NONE	C			
COMERCIO AZ RE IV 1112 E BUCKEYE RD PHOENIX, AZ85034 20-1582457	DEVELOPMENT	AZ	NONE	C			
COMERCIO AZ SM BUS 1112 E BUCKEYE RD PHOENIX, AZ85034 20-1582351	DEVELOPMENT	AZ	NONE	C			
CPLC INC 1112 E BUCKEYE RD PHOENIX, AZ85034 86-0443070	REAL ESTATE	AZ	NONE	C			
FUTURO INVESTMENT CORP 1112 E BUCKEYE RD PHOENIX, AZ85034 86-0329801	HOLDING COMPANY	AZ	NONE	C			
JUNTOS INC 1112 E BUCKEYE RD PHOENIX, AZ85034 72-1571866	TRANSPORTATION	AZ	NONE	C			
TIEMPO INC 1112 E BUCKEYE RD PHOENIX, AZ85034 86-0394473	REAL ESTATE	AZ	NONE	C			
COMERCIO AZ INC 1112 E BUCKEYE RD PHOENIX, AZ85034 20-1549598	REAL ESTATE	AZ	NONE	C			

Form 990, Schedule R, 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
FUTURO ENTERPRISE SERVICES INC 1112 E BUCKEYE RD PHOENIX, AZ85034 80-0412929	HOLDING COMPANY	AZ	NONE	C			