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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
NATIONAL COUNCIL OF LA RAZA INC

Doing Business As
NCLR

Number and street (or P O box if mail is not delivered to street address)
1126 16TH STREET NW

Room/suite

City or town, state or country, and ZIP + 4
WASHINGTON, DC 200364845

D Employer identification number
86-0212873

E Telephone number
(202)785-1670

G Gross receipts $ 43,773,482

F Name and address of principal officer
JANET MURGUIA
1126 16TH STREET NW
WASHINGTON,DC 200364845

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 NCLR ORG

K Form of organization [✓] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1968

M State of legal domicile AZ

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE NATIONAL COUNCIL OF LA RAZA (NCLR) - THE LARGEST NATIONAL HISPANIC CIVIL RIGHTS AND ADVOCACY ORGANIZATION IN THE UNITED STATES - WORKS TO IMPROVE OPPORTUNITIES FOR HISPANIC AMERICANS

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	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	162
6	Total number of volunteers (estimate if necessary)	6	30
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	33,268,548	35,757,043
	9	Program service revenue (Part VIII, line 2g)	5,393,165	4,985,669
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-92,418	69,015
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	344,441	196,888
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,913,736	41,008,615
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,601,998	10,642,421
	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)	13,972,227	13,469,325
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶986,743		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	16,725,159	17,629,256
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	40,299,384	41,741,002
	19	Revenue less expenses Subtract line 18 from line 12	-1,385,648	-732,387

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	52,312,719	56,306,564
	21	Total liabilities (Part X, line 26)	7,063,716	11,829,744
	22	Net assets or fund balances Subtract line 21 from line 20	45,249,003	44,476,820

Part II Signature Block

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

Sign Here

Signature of officer — Date 2012-08-14

CHARLES KAMASAKI EXECUTIVE VP
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ [ ]	PTIN
JOYCE M UNDERWOOD	JOYCE M UNDERWOOD			

Firm's name ▶ BDO USA LLP — Firm's EIN ▶

Firm's address ▶ 7101 WISCONSIN AVE SUITE 800
BETHESDA, MD 208144827 — Phone no ▶ (301) 654-4900

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 . . . . ☑

1 Briefly describe the organization's mission

THE NATIONAL COUNCIL OF LA RAZA (NCLR) - THE LARGEST NATIONAL HISPANIC CIVIL RIGHTS AND ADVOCACY ORGANIZATION IN THE UNITED STATES - WORKS TO IMPROVE OPPORTUNITIES FOR HISPANIC AMERICANS THROUGH ITS NETWORK OF NEARLY 300 AFFILIATED COMMUNITY BASED ORGANIZATIONS, NCLR REACHES MILLIONS OF HISPANICS EACH YEAR IN 41 STATES, PUERTO RICO, AND THE DISTRICT OF COLUMBIA TO ACHIEVE ITS MISSION, NCLR CONDUCTS APPLIED RESEARCH, POLICY ANALYSIS, AND ADVOCACY, PROVIDING A LATINO PERSPECTIVE IN FIVE KEY AREAS - (1) ASSETS/INVESTMENTS, (2) CIVIL RIGHTS /IMMIGRATION, (3) EDUCATION, (4) EMPLOYMENT AND ECONOMIC STATUS, AND (5) HEALTH IN ADDITION, IT PROVIDES CAPACITY-BUILDING ASSISTANCE TO ITS AFFILIATES WHO WORK AT THE STATE AND LOCAL LEVEL TO ADVANCE OPPORTUNITIES FOR INDIVIDUALS AND FAMILIES FOUNDED IN 1968, NCL IS A PRIVATE, NONPROFIT, NONPARTISAN, TAX-EXEMPT ORGANIZATION HEADQUARTERED IN WASHINGTON, DC, SERVING ALL HISPANIC SUBGROUPS IN ALL REGIONS OF THE COUNTRY

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 $ 7,959,056 including grants of $ 4,428,834) (Revenue $)

COMMUNITY DEVELOPMENT AND FELLOWSHIP PROGRAM - THE MISSION OF THE NATIONAL COUNCIL OF LA RAZA COMMUNITY DEVELOPMENT PROGRAM IS TO BUILD HEALTHY COMMUNITIES THROUGH THE CREATION OF SOCIAL, POLITICAL, AND ECONOMIC WEALTH NCLR SEEKS TO MEASURABLY INCREASE THE LEVEL OF LIQUID, NON-LIQUID AND INSTITUTIONAL ASSETS HELD BY THE HISPANIC/LATINO COMMUNITY THIS WILL BE MEASURED BOTH BY THE WEALTH OF INDIVIDUAL FAMILIES AND THE AMOUNT OF CAPITAL ASSETS CONTROLLED BY LATINO INSTITUTIONS THE HISPANIC COMMUNITY DEVELOPMENT FINANCE INSTITUTION (CFDI) IS THE LARGEST PROVIDING LOW COST CAPITAL TO COMMUNITIES

4b (Code) (Expenses $ 3,838,566 including grants of $ 681,748) (Revenue $)

EDUCATION PROGRAMS- NCLR'S EDUCATION COMPONENT IS DEDICATED TO INCREASING EDUCATIONAL OPPORTUNITIES, IMPROVING ACHIEVEMENT, AND PROMOTING EQUITY IN OUTCOMES FOR LATINOS THROUGHOUT THE EDUCATIONAL PIPELINE, FROM EARLY CHILDHOOD THROUGH K-12 EDUCATION IN KEEPING WITH THIS MISSION, EFFORTS FOCUS ON BUILDING THE CAPACITY AND STRENGTHENING THE QUALITY OF THE COMMUNITY-BASED EDUCATION SECTOR AND INFORMING THE BROADER PUBLIC EDUCATION SYSTEM

4c (Code) (Expenses $ 1,759,421 including grants of $ 559,835) (Revenue $)

INSTITUTE FOR HISPANIC HEALTH PROGRAM - THE INSTITUTE FOR HISPANIC HEALTH (IHH) PROMOTES THE HEALTH AND WELL-BEING OF HISPANIC AMERICANS BY REDUCING THE INCIDENCE, BURDEN, AND IMPACT OF HEALTH PROBLEMS IN THE HISPANIC COMMUNITY, SO THAT EVERY HISPANIC AMERICAN HAS THE OPPORTUNITY AND ABILITY TO ACHIEVE GOOD HEALTH AND A HIGH QUALITY OF LIFE IHH DEVELOPS PROGRAMS IN THE AREAS OF NUTRITION AND PHYSICAL ACTIVITY, CHRONIC DISEASE PREVENTION AND MANAGEMENT, MATERNAL HEALTH, EMERGENCY PREPAREDNESS, AND GENOMICS AND GENETICS

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 25,181,979 including grants of $ 4,972,004) (Revenue $ 5,182,557)

4e **Total program service expenses** ▶$ 38,739,022

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		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*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		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)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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? *If "Yes," complete Schedule I, Parts I and II*	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? *If "Yes," complete Schedule I, Parts I and III*	22		No
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? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	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? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	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? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	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? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
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)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
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	120			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	162			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
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	1a 21			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 20			
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	Yes	
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 filed ▶ AL , AK , AZ , CA , CT , FL , GA , IL , KS , KY , ME , MD , MI , MN , MS , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI

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 ▶

HOLLY BLANCHARD
1126 16TH STREET NW
WASHINGTON, DC 200364845
(202) 785-1670

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			
See Additional Data Table										

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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	2,339,115	40,944	355,667

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶16

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
BOB BAIN PRODUCTIONS 1447 CLOVERFIELD BLVD 201 SANTA MONICA, CA 90404	PRODUCED ALMA SHOW	2,005,357
BRITTENFORD SYSTEMS 12359 SUNRISE VALLEY DRIVE STE 130 RESTON, VA 20191	CONSULTING SERVICES	312,434
BDO USA LLP 7101 WISCONSIN AVENUE STE 800 BETHESDA, MD 208144827	ACCOUNTING SERVICES	256,881
PSAV PRESENTATION SERVICES 23918 NETWORK PLACE CHICAGO, IL 606731239	AUDIO VISUAL SERVICES - ANNUAL CONFERENC	238,086
RSM MCGLADREY INC 9737 WASHINGTONIAN BLVD STE 400 GAITHERSBURG, MD 20878	CONSULTING SERVICES	235,289

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 ▶19

Part VIII Statement of Revenue

Line	Description		Amount / Business Code	(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					
b	Membership dues	1b					
c	Fundraising events	1c					
d	Related organizations . . .	1d	2,367,015				
e	Government grants (contributions)	1e	9,847,498				
f	All other contributions, gifts, grants, and similar amounts not included above	1f	23,542,530				
g	Noncash contributions included in lines 1a-1f $						
h	**Total.** Add lines 1a-1f . . . . ▶			35,757,043			
Program Service Revenue			Business Code				
2a	EVENTS		900099	4,679,568	4,679,568		
b	MEMBERSHIP DUES		900099	306,101	306,101		
c							
d							
e							
f	All other program service revenue						
g	**Total.** Add lines 2a–2f . . . . ▶			4,985,669			
Other Revenue							
3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶			79,834			79,834
4	Income from investment of tax-exempt bond proceeds . . ▶						
5	Royalties . . . . ▶						
		(i) Real	(ii) Personal				
6a	Gross Rents						
b	Less rental expenses						
c	Rental income or (loss)						
d	Net rental income or (loss) . . . . ▶						
		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory	2,754,048					
b	Less cost or other basis and sales expenses	2,764,867					
c	Gain or (loss)	-10,819					
d	Net gain or (loss) . . . . ▶			-10,819			-10,819
8a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 . . .	a					
b	Less direct expenses . . .	b					
c	Net income or (loss) from fundraising events . . ▶						
9a	Gross income from gaming activities See Part IV, line 19 .	a					
b	Less direct expenses	b					
c	Net income or (loss) from gaming activities . . . ▶						
10a	Gross sales of inventory, less returns and allowances .	a					
b	Less cost of goods sold . .	b					
c	Net income or (loss) from sales of inventory . . ▶						
	Miscellaneous Revenue		Business Code				
11a	REIMB EXP/OTHER REV		900099	196,888	196,888		
b							
c							
d	All other revenue						
e	**Total.** Add lines 11a–11d . . . . . . ▶			196,888			
12	**Total revenue.** See Instructions . . . ▶			41,008,615	5,182,557	0	69,015

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	10,642,421	10,642,421		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
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	2,469,309	1,876,675	592,634	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	8,399,709	7,147,570	910,453	341,686
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	550,064	459,316	69,685	21,063
9 Other employee benefits	1,287,872	1,036,677	206,793	44,402
10 Payroll taxes	762,371	634,429	103,772	24,170
a Fees for services (non-employees) Management				
b Legal	216,903	187,467	29,436	
c Accounting	297,081		297,081	
d Lobbying	83,091	83,091		
e Professional fundraising services *See Part IV, line 17* . .				
f Investment management fees	22,347		22,347	
g Other	7,058,150	5,564,483	1,141,209	352,458
12 Advertising and promotion	1,240,284	1,171,327	19,675	49,282
13 Office expenses	569,177	470,146	77,390	21,641
14 Information technology	47,033	26,997	19,604	432
15 Royalties . .				
16 Occupancy	2,286,331	1,952,545	266,887	66,899
17 Travel	2,380,858	2,082,156	244,059	54,643
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,536,159	2,481,262	54,196	701
20 Interest	93		93	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	266,375	10,767	255,608	
23 Insurance	66,516	52,965	10,798	2,753
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 OTHER EXP	238,733	2,755,365	-2,521,493	4,861
b BAD DEBT EXPENSE	184,591	8,000	176,591	
c EQUIP RENTAL & MAINT	135,534	95,363	38,419	1,752
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	41,741,002	38,739,022	2,015,237	986,743
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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			20,945	1	13,535
	2	Savings and temporary cash investments			6,244,592	2	8,055,001
	3	Pledges and grants receivable, net			10,669,817	3	9,740,249
	4	Accounts receivable, net			793,819	4	2,602,491
	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				8	
	9	Prepaid expenses and deferred charges			161,829	9	144,049
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a	3,905,271			
	b	Less accumulated depreciation	10b	1,958,821	2,111,383	10c	1,946,450
	11	Investments—publicly traded securities			2,323,194	11	2,395,449
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			29,987,140	15	31,409,340
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			52,312,719	16	56,306,564
Liabilities	17	Accounts payable and accrued expenses			4,373,137	17	6,629,525
	18	Grants payable				18	
	19	Deferred revenue			1,672,523	19	3,424,225
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*				21	
	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				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			1,018,056	25	1,775,994
	26	**Total liabilities.** Add lines 17 through 25			7,063,716	26	11,829,744
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			-946,920	27	-590,350
	28	Temporarily restricted net assets			44,695,923	28	43,567,170
	29	Permanently restricted net assets			1,500,000	29	1,500,000
		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			45,249,003	33	44,476,820
	34	Total liabilities and net assets/fund balances			52,312,719	34	56,306,564

Part XI Reconcilliation 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	41,008,615
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,741,002
3	Revenue less expenses Subtract line 2 from line 1	3	-732,387
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	45,249,003
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-39,796
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	44,476,820

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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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?	3a	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 . .	3b	Yes	

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NATIONAL COUNCIL OF LA RAZA INC

Employer identification number
86-0212873

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?

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

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

(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 ")	22,517,406	30,479,544	32,785,018	33,268,548	35,757,043	154,807,559
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	22,517,406	30,479,544	32,785,018	33,268,548	35,757,043	154,807,559
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)						4,384,942
6 **Public Support.** Subtract line 5 from line 4						150,422,617

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	22,517,406	30,479,544	32,785,018	33,268,548	35,757,043	154,807,559
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	484,215	404,669	138,372	54,798	79,834	1,161,888
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)	260,453	131,164	108,322	344,441	196,888	1,041,268
11 **Total support** (Add lines 7 through 10)						157,010,715

12 Gross receipts from related activities, etc (See instructions) | 12 | 24,346,768

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 | 95 800 %

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 | 15 | 96 230 %

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 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 section501(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 MISCELLANEOUS INCOME

Additional Data

Software ID:
Software Version:
EIN: 86-0212873
Name: NATIONAL COUNCIL OF LA RAZA INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
JANET MURGUIA PRESIDENT & CEO	40 00	X		X				286,603	40,944	33,876
DANIEL R ORTEGA JR CHAIR	1 00	X						0	0	0
JORGE PLASENCIA VICE CHAIR	1 00	X						0	0	0
DR JUAN SANCHEZ SECRETARY	1 00	X						0	0	0
ANESLMO VILLARREAL TREASURER	1 00	X						0	0	0
LINDA MAZON GUTIERREZ EXECUTIVE COMMITTEE	1 00	X						0	0	0
JIM PADILLA EXECUTIVE COMMITTEE	1 00	X						0	0	0
NILDA RUIZ EXECUTIVE COMMITTEE	1 00	X						0	0	0
RENATA SOTO EXECUTIVE COMMITTEE	1 00	X						0	0	0
JULIE CASTRO ABRAMS GENERAL MEMBERSHIP	1 00	X						0	0	0
CESAR ALVAREZ GENERAL MEMBERSHIP	1 00	X						0	0	0
THOMAS H CASTO GENERAL MEMBERSHIP	1 00	X						0	0	0
FRED R FERNANDEZ GENERAL MEMBERSHIP	1 00	X						0	0	0
LUPE MARTINEZ GENERAL MEMBERSHIP	1 00	X						0	0	0
CATHERINE PINO GENERAL MEMBERSHIP	1 00	X						0	0	0
BEATRIZ OLVERA-STOTZER GENERAL MEMBERSHIP	1 00	X						0	0	0
ERNEST ORTEGA GENERAL MEMBERSHIP	1 00	X						0	0	0
DR CLARA RODRIGUEZ GENERAL MEMBERSHIP	1 00	X						0	0	0
TONY SALAZAR GENERAL MEMBERSHIP	1 00	X						0	0	0
J WALTER TEJADA GENERAL MEMBERSHIP	1 00	X						0	0	0
CID WILSON GENERAL MEMBERSHIP	1 00	X						0	0	0
CHARLES KAMASAKI EXECUTIVE VP	40 00			X				195,342	0	32,788
SONIA M PEREZ SENIOR VP	40 00			X				157,096	0	35,687
DELIA POMPA SENIOR VP	40 00			X				156,477	0	18,825
MARIA ROSA VP	40 00			X				154,245	0	19,121

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
RON ESTRADA VP	40 00			X				115,003	0	26,410
ERIC RODRIGUEZ VP	40 00			X				127,073	0	30,791
DELIA DE LA VARA VP	40 00			X				135,738	0	16,655
LAUTARO DIAZ VP	40 00			X				133,355	0	24,428
RUBEN GONZALES DEPUTY VP	40 00			X				118,102	0	16,130
DR JOSE VELAZQUEZ VP	40 00			X				122,773	0	10,454
CLAUDIA ROSARIO FORMER CONTROLLER	40 00					X		121,049	0	10,422
ISABEL NAVARRETE VP	40 00					X		114,493	0	18,772
RAUL GONZALEZ DIR, LEGISLATIVE AFFAIRS	40 00					X		107,184	0	15,235
DARCY EISCHENS DIR-RESEARCH/ADVOCACY/LEGISL	40 00					X		103,556	0	15,859
JORGE MURSULI PRESIDENT & CEO DEMOCRACIA USA	40 00					X		191,026	0	30,214

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

4d. Other program services

(Code) (Expenses $ 6,484,050 including grants of $ 331,132) (Revenue $)

CORE & ORAL - THE OFFICE OF RESEARCH, ADVOCACY, AND LEGISLATION (ORAL) IS ONE OF THE MOST INFLUENTIAL, VISIBLE, AND LEADING NATIONAL ADVOCACY VOICES CHAMPIONING PUBLIC POLICY ON BEHALF OF LATINOS ORAL IS COMPOSED OF THE POLICY ANALYSIS CENTER, THE RESEARCH DEPARTMENT, THE LEGISLATIVE AFFAIRS DEPARTMENT, AND TWO COMMUNITY- AND FIELD-FOCUSED DEPARTMENTS NATIONAL CAMPAIGNS AND CAPACITY-BUILDING TO PROVIDE DECISION-MAKERS WITH DEEP, SUBSTANTIVE INFORMATION ABOUT THE AUTHENTIC HISPANIC PERSPECTIVE, ORAL HAS EIGHT ISSUE-BASED POLICY PROJECTS IN THE FOLLOWING AREAS (1) CIVIC ENGAGEMENT, (2) CIVIL RIGHTS AND CRIMINAL JUSTICE, (3) EDUCATION AND CHILDREN, (4) HEALTH, (5) ECONOMIC SECURITY AND EMPLOYMENT, (6) IMMIGRATION, (7) STATE AND LOCAL ADVOCACY, AND (8) WEALTH-BUILDING

(Code) (Expenses $ 7,511,397 including grants of $) (Revenue $ 4,876,456)

INTEGRATED MARKETING AND EVENTS - THE INTEGRATED MARKETING AND EVENTS (IME) COMPONENT SEEKS TO ENHANCE THE VISIBILITY OF NCLR THROUGH EVENTS THAT TELL NCLR'S STORY AND BY OFFERING A PLACE FOR OUR CONSTITUENCIES AND NEW AUDIENCES TO MEET TO ACHIEVE THIS MISSION, IME COORDINATES THE NCLR ANNUAL CONFERENCE, THE NATIONAL LATINO FAMILY EXPO, THE NCLR CAPITAL AWARDS, AND THE NCLR ALMA AWARDS ON AN ANNUAL BASIS, IN ADDITION TO NUMEROUS OTHER EVENTS WITH THE HELP OF KEY PARTNERS, IME'S IN-HOUSE EXPERTISE AND RELATIONSHIPS WITH KEY PARTNERS IN THE AREAS OF LOGISTICS AND PLANNING, MARKETING AND PROMOTIONS, AND FUNDRAISING HAVE ALLOWED IT TO SUCCESSFULLY PROMOTE NCLR'S IMAGE AS WELL AS GENERATE UNRESTRICTED REVENUE FOR THE ORGANIZATION

(Code) (Expenses $ 7,891,781 including grants of $ 4,090,872) (Revenue $)

THE WORKFORCE DEVELOPMENT (WFD) COMPONENT SEEKS TO ENSURE THE LATINO COMMUNITY'S ABILITY TO CONTRIBUTE TO AND SHARE IN THE NATION'S ECONOMIC OPPORTUNITIES WORKING IN PARTNERSHIP WITH NCLR'S AFFILIATES, LOAN AND STATE GOVERNMENTS, TRAINING AND EDUCATION PROVIDERS, BUSINESSES, AND OTHER STRATEGIC PARTNERS, WFD BUILDS PROGRAMS THAT BRIDGE LATINO WORKERS' EDUCATION AND SKILL GAPS AND THAT PREPARE THEM FOR LIFELONG CAREER ADVANCEMENT THE LIDERES INITIATIVE IS A NATIONAL PROGRAM DESIGNED TO MAXIMIZE OPPORTUNITIES FOR LATINO YOUTH THAT WILL ELEVATE THEIR INFLUENCES AS LEADERS IN THE UNITED STATES OUR GOAL IS TO RAISE UP NEW LEADERS - CORPORATE EXECUTIVES, PUBLIC OFFICIALS, ACTIVISTS, AND ORGANIZERS- WHO WILL SERVE THEIR COMMUNITIES AND PROMOTE SOCIAL JUSTICE AT THE LOCAL AND NATIONAL LEVELS THE AFFILIATE MEMBER SERVICES (AMS) COMPONENT COLLABORATES WITH NCLR'S PROGRAM AND POLICY STAFF TO FACILITATE RELATIONSHIPS BETWEEN NCLR AND ITS NATIONAL NETWORK OF AFFILIATES BY SUPPORTING AND COMPLEMENTING THEIR ON-THE-GROUND EFFORTS TO IMPROVE OPPORTUNITIES FOR HISPANIC AMERICANS TO INCREASE THE EFFECTIVENESS OF THE NCLR-AFFILIATE PARTNERSHIP, AMS HAS DEVELOPED SEVERAL CATEGORIES FOR THOSE AFFILIATES WHO ENGAGE MORE DEEPLY WITH NCLR IN SPECIFIC AREAS OF WORK ADVOCACY PARTNERS, PROGRAM PARTNERS, INSTITUTIONAL PARTNERS, AND NEXT GENERATION PARTNERS IN ADDITION, AN IMPORTANT PART OF AMS'S NATIONAL AND REGIONAL EFFORT IS THE NCLR AFFILIATE COUNCIL - A 12-MEMBER ADVISORY BODY OF AFFILIATE EXECUTIVE DIRECTORS FROM SIX REGIONS OF THE COUNTRY WHICH REPRESENTS AND SERVES AS A VOICE FOR OUR PARTNERSHIP, PROVIDING INPUT ON PROGRAMMATIC PRIORITIES OF THE LATINO COMMUNITY, THE PUBLIC POSITIONS OF NCLR, AND THE MOST EFFECTIVE WAYS TO STRENGTHEN REGIONAL NETWORKS AND PROMOTE THE WORK OF AFFILIATES

(Code) (Expenses $ 3,294,751 including grants of $ 550,000) (Revenue $ 306,101)

OTHER - LEGISLATIVE ADVOCACY, MISSION, AND DEMOCRACIA U S A

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
NATIONAL COUNCIL OF LA RAZA INC	86-0212873

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing Organization's Totals	**(b)** Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	423,898	
c Total lobbying expenditures (add lines 1a and 1b)	423,898	
d Other exempt purpose expenditures	41,317,104	
e Total exempt purpose expenditures (add lines 1c and 1d)	41,741,002	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	

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

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	610,573	550,787	706,825	423,898	2,292,083
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation

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
NATIONAL COUNCIL OF LA RAZA INC

Employer identification number
86-0212873

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
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ ______

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

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

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

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

b Assets included in Form 990, Part X ▶ $ ______

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

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

a ☐ Public exhibition
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

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	2,028,540	1,880,772	1,765,621		
b Contributions					
c Investment earnings or losses	-7,417	147,768	115,151		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,021,123	2,028,540	1,880,772		

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 74 220 %

c Term endowment ▶ 25 780 %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,068,930	514,324	1,554,606
d Equipment		1,836,341	1,444,497	391,844
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,946,450

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
(1) ASSETS DESIGNATED FOR DEFERRED COMPENSATION	212,239
(2) SECURITY DEPOSITS	66,881
(3) FUNDS HELD IN TRUST	29,667,200
(4) DUE FROM STRATEGIC INVESTMENT FUND FOR LA RAZA, INC	1,463,020
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	31,409,340

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED COMPENSATION	212,239
DUE TO RDF	1,563,755
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,775,994

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	41,008,615
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	41,741,002
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-732,387
4	Net unrealized gains (losses) on investments	4	-39,796
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	-39,796
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-772,183

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	40,968,819
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-39,796		
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	-39,796
3	Subtract line **2e** from line **1**			3	41,008,615
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	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	41,008,615

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

1	Total expenses and losses per audited financial statements			1	41,741,002
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	0
3	Subtract line **2e** from line **1**			3	41,741,002
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	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	41,741,002

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	INTEREST FROM PERMANENTLY RESTRICTED NET ASSETS MAY BE USED FOR GENERAL PURPOSES BOARD DESIGNATED AND TEMPORARY ENDOWMENT FUNDS ARE SPENT BASED ON BOARD AND DONOR IMPOSED RESTRICTIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	NCLR ADOPTED ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ON OCTOBER 1, 2009 UNDER ASC 740-10, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED THE IMPLEMENTATION OF ASC 740-10 HAD NO IMPACT ON NCLR'S CONSOLIDATED FINANCIAL STATEMENTS NCLR DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AN ACCORDINGLY, WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS NCLR HAS FILED FOR A RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO ADDITIONALLY, NCLR HAS FILED INTERNAL REVENUE FORM 990 TAX RETURNS AS REQUIRED AND ALL APPLICABLE RETURNS IN THOSE JURISDICTIONS WHERE IT IS REQUIRED NCLR BELIEVES THAT IT IS NO LONG SUBJECT TO U S FEDERAL, STATE AND LOCAL, OR NON-U S INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008 HOWEVER, NCLR IS STILL OPEN TO EXAMINATIONS BY TAX AUTHORITIES FROM FISCAL YEAR 2007 FORWARD NO INTEREST OR PENALTIES WERE ACCRUED AS OF OCTOBER 1, 2010 AS A RESULT OF THE ADOPTION OF ASC 740-10 FOR THE YEAR ENDED SEPTEMBER 30, 2011, THERE WERE NO INTEREST OR PENALTIES RECORDED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
NATIONAL COUNCIL OF LA RAZA INC

Employer identification number
86-0212873

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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . . ▶ 134

3 Enter total number of other organizations . . . . ▶ 8

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

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 GRANTEES NEED TO SUBMIT FINANCIAL AND TECHNICAL REPORTS ON A MONTHLY, QUARTERLY AND/OR SEMI-YEAR BASIS ACCORDING TO THE REQUIREMENTS SET ON THE GRANT

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 86-0212873
Name: NATIONAL COUNCIL OF LA RAZA INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ACADEMIA AVANCE115 N AVE 53 LOS ANGELES,CA 90042	20-3082187	501(C)(3)	22,000				SUB-GRANT
ADELANTE INC520 BROADWAY STREET TOLEDO,OH 43602	34-1826214	501(C)(3)	10,000				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ALBUQUERQUE HISPANO CHAMBER OF COMMERCE 1309 FOURTH STREET SW ALBUQUERQUE,NM 87102	85-0240852	501(C)(3)	11,500				SUB-GRANT
ALIVIO MEDICAL CENTER 966 WEST 21ST ST CHICAGO,IL 60608	36-3661051	501(C)(3)	95,000				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ALTAMED HEALTH SERVICES CORPORATION 500 CITADEL DRIVE SUITE 490 LOS ANGELES,CA 90040	92-2810095	501(C)(3)	132,000				SUB-GRANT
AMERICAN YOUTH WORKS 1901 EAST BEN WHITE BLVD AUSTIN,TX 78741	74-2197942	501(C)(3)	41,500				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ASOCIACION DE SALUD PRIMARIA DE PUERTO RICO201 DE DIEGO AVENUE SUITE 158 SAN JUAN,PR 009275812	66-0419912	501(C)(3)	5,000				SUB-GRANT
ASOCIACION PUERTORRIQUENOS EN MARCHA INC4301 RISING SUN AVENUE PHILADELPHIA,PA 19140	23-1930630	501(C)(3)	46,362				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ASSOCIATION FOR THE ADVANCEMENT OF MEXICAN AMERICANS INC 6001 GULF FREEWAY BLDG E HOUSTON,TX 77023	74-1696961	501(C)(3)	25,000				SUB-GRANT
ASSOCIATION HOUSE OF CHICAGO 1116 N KEDZIE AVENUE CHICAGO,IL 60651	36-2166961	501(C)(3)	300,272				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
AUSTIN IMMIGRANT RIGHTS COALITION1304 E 6TH STREET AUSTIN,TX 78702	38-2418377	501(C)(3)	10,000				SUB-GRANT
AVENIDA GUADALUPE ASSOCIATION INC1313 GUADALUPE STREET SUITE 100 SAN ANTONIO,TX 78207	36-4229387	501(C)(3)	121,739				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BRIGHTON PARK NEIGHBORHOOD COUNCIL 4477 S ARCHER AVENUE CHICAGO,IL 60632	36-4229387	501(C)(3)	51,345				SUB-GRANT
CABRILLO ECONOMIC DEVELOPMENT CORP702 COUNTY SQUARE DRIVE VENTURA,CA 93003	95-3681521	501(C)(3)	25,000				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CALIFORNIA ASSOCIATION FOR BILINGUAL EDUCATION 16033 E SAN BERNARDINO ROAD COVINA,CA 91722	95-3151449	501(C)(3)	11,500				SUB-GRANT
CALIFORNIA STATE UNIVERSITY AT LONG BEACH CENTER6300 STATE UNIVERSITY DRIVE SUITE 125 LONG BEACH,CA 90815	95-1810426	501(C)(3)	102,660				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CALIFORNIANS TOGETHER 525 E 7TH STREET 2ND FLOOR LONG BEACH,CA 908134559	31-1746604	501(C)(3)	9,125				SUB-GRANT
CAMBODIAN ASSOCIATION OF GREATER PHILADELPHIA INC5412 N 5TH STREET PHILADELPHIA,PA 19120	23-2169935	501(C)(3)	20,000				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CAMINO NUEVO CHARTER ACADEMY3435 W TEMPLE ST LOS ANGELES,CA 90026	95-4771789	501(C)(3)	40,000				SUB-GRANT
CASA DE MARYLAND8151 15TH AVENUE HYATTSVILLE,MD 20783	59-1460598	501(C)(3)	17,000				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CENTER FOR HISPANIC POLICY ADVOCACY421 ELMWOOD AVENUE PROVIDENCE,RI 02907	22-2785017	501(C)(3)	13,675				SUB-GRANT
CENTER FOR TRAINING CAREERS INC749 STORY ROAD SUITE 10 SAN JOSE,CA 95122	94-2400381	501(C)(3)	481,497				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CENTRAL AMERICAN RESOURCE CENTER1460 COLUMBIA ROAD NW WASHINGTON,DC 20009	52-1271888	501(C)(3)	44,969				SUB-GRANT
CENTRO CAMPESINO216 N OAK AVE OWATONNA,MN 550602313	41-1945775	501(C)(3)	14,000				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CENTRO CAMPESINO FARMWORKER CENTER INC 35801 SW 186TH AVENUE FLORIDA CITY, FL 33034	59-1460598	501(C)(3)	22,500				SUB-GRANT
CENTRO DE APOYO FAMILIAR54 EAST HARVERHILL LAWRENCE, MA 01841	26-0452137	501(C)(3)	80,697				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CENTRO DE ORIENTACION DEL INMIGRANTE2610 SW 8TH STREET MIAMI,FL 33135	51-0584175	501(C)(3)	9,480				SUB-GRANT
CENTRO DE SALUD FAMILIAR LA FE INC1313 GUADALUPE STREET SUITE 102 SAN ANTONIO,TX 78207	74-1842169	501(C)(3)	74,943				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CENTRO HISPANO INC810 W BADGER ROAD MADISON, WI 537132527	93-0844812	501(C)(3)	6,500				SUB-GRANT
CHHAYA COMMUNITY DEVELOPMENT CORPORATION37-43 77TH STREET JACKSON HEIGTHS, NY 11372	11-3580935	501(C)(3)	19,512				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CHICANOS POR LA CAUSA NOGALES513 W VALE VERDE PLACE NOGALES, AZ 85621	86-0227210	501(C)(3)	7,000				SUB-GRANT
CHICANOS POR LA CAUSA PHOENIX1242 E WASHINGTON SUITE 103 PHOENIX, AZ 85034	86-0227210	501(C)(3)	144,179				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CHICANOS POR LA CAUSA TUCSON200 N STONE AVENUE TUCSON,AZ 85701	86-0227210	501(C)(3)	87,079				SUB-GRANT
CLINICAS DE SALUD DEL PUEBLO INC1166 K STREET BRAWLEY,CA 92227	95-2657324	501(C)(3)	7,000				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
COALICION DE LIDERES LATINOS911 E MORRIS STREET DALTON,GA 30720	26-0210273		25,756				SUB-GRANT
COMMUNITY HOUSING RESOURCES OF ARIZONA INC4020 N 20TH STREET SUITE 220 PHOENIX,AZ 85016	86-0627789	501(C)(3)	63,495				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
COMMUNITY HOUSING WORKS4305 UNIVERSITY AVENUE STE 550 SAN DIEGO,CA 92105	33-0317950	501(C)(3)	104,650				SUB-GRANT
COMMUNITY SERVICES OF NEVADA3320 SUNRISE AVE SUITE 108 LAS VEGAS,NV 89101	88-0360474	501(C)(3)	72,429				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
COMUNIDADES LATINAS UNIDAS EN SERVICIO720 EAST LAKE STREET MINNEAPOLIS,MN 55407	41-1386986	501(C)(3)	74,000				SUB-GRANT
CONEXION AMERICAS800 18TH AVENUE SOUTH SUITE A NASHVILLE,TN 37203	62-1715618	501(C)(3)	32,000				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CONGRESO DE LATINOS UNIDOS INC216 N SOMERSET STREET PHILADELPHIA,PA 19133	23-2051143	501(C)(3)	72,379				SUB-GRANT
CONNECTICUT PUERTO RICAN FORUM95 PARK ST 2ND FLOOR HARTFORD,CT 06106	06-1385027	501(C)(3)	52,500				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
COUNCIL FOR THE SPANISH SPEAKING - CA 308 N CALIFORNIA STREET STOCKTON,CA 95202	39-1048542	501(C)(3)	90,645				SUB-GRANT
CUBAN AMERICAN NAT MIAMI1223 SW 4 STREET MIAMI,FL 33135	23-7269955	501(C)(3)	42,545				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CYPRESS HILLS LOCAL DEVELOPMENT CORPORATION625 JAMAICA AVE BROOKLYN,NY 112081203	11-2683663	501(C)(3)	77,500				SUB-GRANT
DALTON-WHITFIELD COMMUNITY DEVELOPMENT CORPPO BOX 248 DALTON,GA 307220248	54-2102541	501(C)(3)	69,945				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
DEL NORTE NEIGHBORHOOD DEVELOPMENT CORPORATION2926 ZUNI STREET 202 DENVER,CO 80211	84-8736940	501(C)(3)	57,695				SUB-GRANT
DETROIT HISPANIC DEVELOPMENT CORPORATION1211 TRUMBULL STREET DETROIT,MI 482161940	38-3355698	501(C)(3)	30,000				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
EAST AUSTIN COLLEGE PREP ACADEMY6002 JAIN LANE AUSTIN,TX 78721	74-2481167	501(C)(3)	12,500				SUB-GRANT
EAST LOS ANGELES COMMUNITY CORPORATION530 S BOYLE AVE LOS ANGELES,CA 90033	95-4531076	501(C)(3)	71,495				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
EL BARRIO INC5209 DETROIT AVE CLEVELAND,OH 44102	34-1657978	501(C)(3)	47,500				SUB-GRANT
EL CENTRO DE LA RAZA 2524 16TH AVE SOUTH SEATTLE,WA 98144	91-0899927	501(C)(3)	7,500				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
EL CENTRO DEL PUEBLO 1157 LEMONYNE STREET LOS ANGELES,CA 90026	93-1184821	501(C)(3)	6,160				SUB-GRANT
EL CENTRO INC650 MINNESOTA AVENUE KANSAS CITY,KS 66101	36-2904073	501(C)(3)	9,850				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
EL COMITE PRO-REFORMA MIGRATORIA2021 S WELLER ST SEATTLE,WA 98144	60-2082576		5,000				SUB-GRANT
EL CONCILIO308 N CALIFRONIA STREET STOCKTON,CA 95202	39-3616402		15,344				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
EL PASO AFFORDABLE HOUSING6801 VISCOUNT EL PASO,TX 79925	74-2614606	501(C)(3)	10,000				SUB-GRANT
ENLACE CHICAGO2756 S HARDING AVE CHICAGO,IL 60623	36-3727669	501(C)(3)	40,000				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ERIE NEIGHBORHOOD HOUSE1701 W SUPERIOR STREET CHICAGO,IL 60622	36-3043253	501(C)(3)	31,238				SUB-GRANT
GUADALUPE CENTERS1015 AVENIDA CESAR E CHAVEZ KANSAS CITY,MO 64108	44-0610781	501(C)(3)	24,000				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HACIENDA COMMUNITY DEVELOPMENT CORP5136 NE 42ND AVE PORTLAND, OR 97218	93-0979064	501(C)(3)	106,495				SUB-GRANT
HARVEST AMERICA CORPORATION155 S 18TH STREET KANSAS CITY, KS 66102	48-0921462	501(C)(3)	28,495				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HBC SERVICES INC614 W NATIONAL AVE STE 206 MILWAUKEE,WI 53204	39-1992242	501(C)(3)	14,275				SUB-GRANT
HELP-NEW MEXICO INC 5101 COOPER AVE NE ALBUQUERQUE,NM 87108	85-0194018	501(C)(3)	62,000				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HERMANDAD MEXICANA 11559 SHERMAN WAY NORTH HOLLYWOOD,CA 91605	33-0431719	501(C)(3)	6,520				SUB-GRANT
HISPANAS ORGANIZADAS DE LAKE AND ASHTABULA PO BOX 3066 ASHTABULA,OH 440053066	20-0766805		13,500				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HISPANIC COMMITTEE OF VIRGINIA5827 COLUMBIA PIKE SUITE 200 FALLS CHURCH, VA 22041	54-0843915	501(C)(3)	109,695				SUB-GRANT
HISPANIC OFFICE OF PLANNING AND EVALUATION165 BROOKSIDE AVENUE EXTENSION BOSTON, MA 021302624	23-7296743	501(C)(3)	15,000				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HOGAR HISPANO INC1126 16TH STREET NW SUITE 600 WASHINGTON,DC 20036	55-0860403	501(C)(3)	250,000				SUB-GRANT
HOMES ON THE HILL4318 WESTLAND MALL COLUMBUS,OH 43228	31-1349995	501(C)(3)	118,945				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HOUSING AMERICA CORPORATION2515 KINGMAN AVENUE KIGMAN,AZ 864014843	86-0315599	501(C)(3)	49,662				SUB-GRANT
HOUSING AND EDUCATION ALLIANCE INC550 N RIO STREET TAMPA,FL 33609	43-1963410	501(C)(3)	102,695				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HOUSING FOR NEVADA285 E WARM SPRINGS SUITE 100 LAS VEGAS,NV 89119	88-0514877	501(C)(3)	44,385				SUB-GRANT
HOUSING OUR COMMUNITIESPO BOX 44457 MESA,AZ 85211	86-0616399	501(C)(3)	36,500				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
IDAHO COMMUNITY ACTION NETWOK3450 HILL ROAD BOISE,ID 83703	82-0357348	501(C)(3)	11,455				SUB-GRANT
INFORMATION REFERRAL RESOURCE ASSISTANCE INC4705 S SUGAR RD EDINBURG,TX 78539	74-6033663	501(C)(3)	55,343				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
INSTITUTO DEL PROGRESO LATINO2570 S BLUE ISLAND AVENUE CHICAGO,IL 606084817	36-2937375	501(C)(3)	983,897				SUB-GRANT
KNOWLEDGE IS POWER 10711 KIPP WAY HOUSTON,TX 77099	13-3875888	501(C)(3)	101,250				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
LA CLINICA DEL PUEBLO INC2831 15TH STREET NW WASHINGTON,DC 20009	52-1942551	501(C)(3)	110,500				SUB-GRANT
LA FUERZA UNIDA INC14 GLEN STREET SUITE 305 GLEN OCVE,NY 11542	11-2528786	501(C)(3)	44,938				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
LATIN AMERICAN COALITION4938 CENTRAL AVENUE SUITE 101 CHARLOTTE,NC 282056878	58-1945776	501(C)(3)	30,945				SUB-GRANT
LATIN AMERICAN YOUTH CENTER1419 COLUMBIA ROAD NW WASHINGTON,DC 20008	52-1023074	501(C)(3)	454,984				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LATINA INITIATIVE1536 WYNCOOP STREET 4B DENVER,CO 80202	20-3097667	501(C)(3)	7,720				SUB-GRANT
LATINO COMMUNITY DEVELOPMENT AGENCY 420 SW 10TH STREET OKLAHOMA CITY,OK 73109	73-1424239	501(C)(3)	15,000				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
LATINO ECONOMIC DEVELOPMENT CORPORATION2316 18TH ST NW WASHINGTON,DC 200091815	52-1749216	501(C)(3)	12,829				SUB-GRANT
LAWRENCE COMMUNITY WORKS INC168 NEWBURY STREET LAWRENCE,MA 018413910	04-2982308	501(C)(3)	32,800				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LIGHTHOUSE COMMUNITY CHARTER SCHOOL444 HEGENBERGER ROAD OAKLAND,CA 94621	94-3370410	501(C)(3)	15,000				SUB-GRANT
LOS ANGELES LEADERSHIP ACADEMY 234 EAST AVENUE 33 LOS ANGELES,CA 90031	95-4862553	501(C)(3)	26,500				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LUZ SOCIAL SERVICES 2797 N INTROSPECT DRIVE TUCSON,AZ 857459454	52-1621206	501(C)(3)	67,500				SUB-GRANT
MAAC PROJECT1355 THIRD AVENUE CHULA VISTA,CA 91911	37-2006461	501(C)(3)	556,420				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MAKE THE ROAD NEW YORK92-10 ROOSEVELT AVENUE JACKSON HEIGTHS,NY 11372	11-3344389	501(C)(3)	9,200				SUB-GRANT
MANO A MANO FAMILY CENTER2921 SADDLE CLUB ST SE STE 1009 SALEM,OR 97317	36-4418084	501(C)(3)	10,040				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MARY'S CENTER FOR MATERNAL & CHILD CARE 2333 ONTARIO RD NW WASHINGTON, DC 20009	52-1594116	501(C)(3)	37,000				SUB-GRANT
MATTIE RHODES CENTER 1740 JEFFERSON STREET KANSAS CITY, MO 641081104	44-0546343	501(C)(3)	7,000				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MEXICAN AMERICAN UNITY COUNCIL INC2300 W COMMERCE ST STE 200 SAN ANTONIO,TX 78207	74-6088061	501(C)(3)	9,500				SUB-GRANT
MI CASA RESOURCE CENTER360 ACOMA ST DENVER,CO 80223	84-0867773	501(C)(3)	59,500				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MIDLAND COMMUNITY DEVELOPMENT CORPORATION208 S MARIENFELD MIDLAND,TX 79701	75-2280264	501(C)(3)	20,500				SUB-GRANT
MISSOURI IMMIGRANT AND REFUGEE ADVOCATES COALITION 2725 CLIFTON AVENUE ST LOUIS,MO 63139	26-2884436	501(C)(3)	14,021				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MONTEBELLO HOUSING DEVELOPMENT CORPORATION1619 PARAMOUNT BLVD MONTEBELLO,CA 90640	95-4413788	501(C)(3)	76,445				SUB-GRANT
NATIONAL ALLIANCE ON MENTAL ILLNESS3803 N FAIRFAX DRIVE SUITE 100 ARLINGTON,VA 22203	43-1201653	501(C)(3)	10,000				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NEBRASKA APPLESEED941 O ST SUITE 920 LINCOLN,NE 65508	47-0798343	501(C)(3)	8,000				SUB-GRANT
NEIGHBORHOOD CHRISTIAN LEGAL CLINIC 3333 N MERIDIAN ST STE 201 INDIANAPOLIS,IN 46208	35-1916572	501(C)(3)	49,000				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NEW ECONOMICS FOR WOMEN303 S LOMA DRIVE LOS ANGELES,CA 900171103	95-3969029	501(C)(3)	162,590				SUB-GRANT
PARTNERSHIPS TO UPLIFT COMMUNITIES (PUC)111 N 1ST STREEET SUITE 100 BURBANK,CA 91502	26-3393680	501(C)(3)	7,000				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PATHSTONE CORPORATION400 EAST AVENUE ROCHESTER,NY 14607	16-1183242	501(C)(3)	10,000				SUB-GRANT
PRO SALUD INC6565 ROOKIN STREET HOUSTON,TX 77064	20-1989658	501(C)(3)	55,000				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PROMESA EAST HARLEM COUNCIL FOR COMMUNITY IMPROVEMENT413 EAST 120TH STREET NEW YORK,NY 10035	13-2969933	501(C)(3)	44,500				SUB-GRANT
RAUL YZAGUIRRE SCHOOL FOR SUCCESS2950 BROADWAY HOUSTON,TX 77017	76-0377101	501(C)(3)	35,000				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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RAZA DEVELOPMENT FUND INC101 N 1ST AVENUE SUITE 900 PHOENIX,AZ 85003	52-1954196	501(C)(3)	745,766				SUB-GRANT
SACRAMENTO HOME LOAN COUNSELING CENTER1800 TRIBUTE ROAD SACRAMENTO,CA 95815	68-0257422	501(C)(3)	169,107				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SAN DIEGO HOME LOAN COUNCELING CENTER 3180 UNIVERSITY AVE SUITE 120 SAN DIEGO,CA 82104	95-3183392	501(C)(3)	99,845				SUB-GRANT
SECOND OPPORTUNITY AZ LLC1 EAST WASHINGTON SUITE 2250 PHOENIX,AZ 85004	45-0637381		304,366				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SELF HELP ENTERPRISES PO BOX 6520 VISALIA, CA 93290	94-1592676	501(C)(3)	37,000				SUB-GRANT
SOCIEDAD LATINA INC 1530 TREMONT STREET ROXBURY, MA 02120	04-2678255	501(C)(3)	30,000				SUB-GRANT

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SOUTH TEXAS COLLABORATIVE FOR HOUSING DEVELOPMENT INC115 E COMMERCIAL AVE LA FERIA,TX 785595002	27-1198063	501(C)(3)	95,000				SUB-GRANT
SOUTHWEST HOUSING SOLUTIONS3627 W VERNOR DETROIT,MI 48216	38-2324335	501(C)(3)	36,500				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SOUTHWEST KEY PROGRAM INC6002 JAIN LANE AUSTIN,TX 787213104	74-2481167	501(C)(3)	27,500				SUB-GRANT
SPANISH AMERICAN COMMITTEE4407 LORAIN AVE CLEVELAND,OH 44113	34-1088559	501(C)(3)	63,412				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SPANISH CATHOLIC CENTER1618 MONROE ST NW WASHINGTON,DC 20010	52-0980905	501(C)(3)	47,500				SUB-GRANT
SPANISH COALITION FOR HOUSING4035 WEST NORTH AVENUE CHICAGO,IL 60639	23-7230578	501(C)(3)	228,653				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SPANISH SPEAKING CITIZEN'S FOUNDATION 1470 FRUITVALE AVE OAKLAND,CA 94601	94-1628221		61,395				SUB-GRANT
SYNERGY ACADEMIESPO BOX 78638 LOS ANGELES,CA 90016	20-0672173	501(C)(3)	7,500				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TEJANO CENTER FOR COMMUNITY CONCERNS 2950 BROADWAY HOUSTON,TX 77017	76-0377101	501(C)(3)	55,162				SUB-GRANT
THE CONCILIO400 SOUTH ZANG BLVD DALLAS,TX 75208	75-1770140	501(C)(3)	5,000				SUB-GRANT

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THE RESURRECTION PROJECT1818 S PAULINA AVE CHICAGO,IL 60608	36-3576073	501(C)(3)	116,169				SUB-GRANT
TODECPO BOX 1733 PERRIS,CA 92570	33-0711527	501(C)(3)	8,993				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNION OF PAN ASIAN COMMUNITIES1031 25TH STREET SAN DIEGO,CA 92103	23-7279074	501(C)(3)	6,000				SUB-GRANT
UNITED COMMUNITY CENTER INC1028 S 9TH STREET MILWAUKEE,WI 53204	39-1146191	501(C)(3)	15,000				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNITED MIGRANT OPPORTUNITY SERVICES (UMOS)2701 SOUTH CHASE AVE MILWAUKEE,WI 53207	39-1047172	501(C)(3)	5,000				SUB-GRANT
UNITY COUNCIL1900 FRUITVALE AVE SUITE 2-A OAKLAND,CA 94601	94-1670490	501(C)(3)	101,645				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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URBAN LEAGUE OF PHILADELPHIA121 S BROAD STREET FLOOR 9 PHILADELPHIA,PA 19107	23-1429810	501(C)(3)	15,000				SUB-GRANT
VISIONARY HOME BUILDERS315 N SAN JOAQUIN STREET STOCKTON,CA 95202	68-0062062	501(C)(3)	129,721				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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VOZ WORKERS' RIGHTS EDUCATION PROJECT1131 SE OAK ST PORTLAND,OR 97214	26-1357376	501(C)(3)	9,000				SUB-GRANT
WATTS CENTURY LATINO ORGANIZATION10360 WILMIMGTON AVE LOS ANGELES,CA 90002	95-4429533	501(C)(3)	106,162				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WILBUR WRIGHT COLLEGE 1645 N CALIFORNIA AVENUE CHICAGO,IL 60647	36-2606236		195,023				SUB-GRANT
WILLAMETTE VALLEY LAW PROJECT300 YOUNG STREET WOODBURN,OR 97071	93-0687718	501(C)(3)	12,500				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
WILLIAMSBURG CHARTER SCHOOL198 VARET ST BROOKLYN,NY 11206	42-1624009	501(C)(3)	7,500				SUB-GRANT
WOMEN'S INITIATIVE FOR SELF EMPLOYMENT1398 VALENCIA STREET SAN FRANCISCO,CA 94110	94-3081525	501(C)(3)	6,500				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
YOUTH DEVELOPMENT INC - AMERICORPS6301 CENTRAL NW ALBUQUERQUE,NM 87105	85-0246036	501(C)(3)	12,000				SUB-GRANT
YOUTH POLICY INSTITUTE 634 S SPRING ST 10TH FOOR LOS ANGELES,CA 90014	52-1278339	501(C)(3)	110,381				SUB-GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CITY OF MERCEDES TEXAS PO BOX 837 MERCEDES,TX 78750		CITY GOVERNMENT	47,500				SUB-GRANT
PUEBLO OF JEMEZPO BOX 100 PUEBLO JEMEZ,NM 87024			14,550				SUB-GRANT

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NATIONAL COUNCIL OF LA RAZA INC

Employer identification number
86-0212873

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3) 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? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
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? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
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) JANET MURGUIA	(i)	284,283	0	2,320	15,312	14,329	316,244	0
	(ii)	40,612	0	332	2,188	2,047	45,179	0
(2) CHARLES KAMASAKI	(i)	192,210	0	3,132	14,434	18,354	228,130	0
	(ii)	0	0	0	0	0	0	0
(3) SONIA M PEREZ	(i)	154,636	0	2,460	10,795	24,892	192,783	0
	(ii)	0	0	0	0	0	0	0
(4) DELIA POMPA	(i)	152,793	0	3,684	10,459	8,366	175,302	0
	(ii)	0	0	0	0	0	0	0
(5) MARIA ROSA	(i)	151,113	0	3,132	10,833	8,288	173,366	0
	(ii)	0	0	0	0	0	0	0
(6) ERIC RODRIGUEZ	(i)	124,757	0	2,316	8,690	22,101	157,864	0
	(ii)	0	0	0	0	0	0	0
(7) DELIA DE LA VARA	(i)	133,422	0	2,316	9,535	7,120	152,393	0
	(ii)	0	0	0	0	0	0	0
(8) LAUTARO DIAZ	(i)	130,703	0	2,652	9,688	14,740	157,783	0
	(ii)	0	0	0	0	0	0	0
(9) JORGE MURSULI	(i)	190,474	0	552	14,078	16,136	221,240	0
	(ii)	0	0	0	0	0	0	0
(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

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
NATIONAL COUNCIL OF LA RAZA INC

Employer identification number
86-0212873

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	IT HAS REGIONAL OFFICES IN CHICAGO, LOS ANGELES, NEW YORK, PHOENIX, AND	SAN ANTONIO AND STATE OPERATIONS THROUGHOUT THE NATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE RETURN IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM, BDO USA, AND IS REVIEWED BY THE ORGANIZATION'S CHIEF FINANCIAL OFFICER AND OTHER KEY EXECUTIVES THE BOARD REVIEWS AND APPROVES THE FORM 990 PRIOR TO FILING WITH THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY BY THE BOARD LIAISON TO BOARD MEMBERS ALL ARE ASKED TO SIGN AND RETURN A STATEMENT IDENTIFYING ANY CONFLICTING INTERESTS CONFLICTS ARE REVIEWED BY THE SECRETARY WHO RECOMMENDS ACTION, IF ANY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE IS CHARGED WITH OVERSIGHT FOR DETERMINING THE ADEQUACY AND REASONABLENESS OF THE COMPENSATION AND BENEFITS PAID TO THE CHIEF EXECUTIVE WITHIN THIS PROCESS, THE COMMITTEE WILL CONDUCT AN ANNUAL PERFORMANCE EVALUATION THAT MAY DEEM APPROPRIATE AND INCLUDES A CHIEF EXECUTIVE COMPENSATION ANALYSIS STUDY IN CARRYING OUT ITS RESPONSIBILITIES, THE COMMITTEE MAY RELY UPON REASONED WRITTEN OPINIONS OF LEGAL COUNSEL AND OF QUALIFIED LEGAL, ACCOUNTING, COMPENSATION, AND VALUATION EXPERTS LEGAL COUNSEL MAY BE IN-HOUSE OR INDEPENDENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE CONFLICT OF INTEREST POLICY IS ALSO AVAILABLE UNDER THE ORGANIZATION'S INTRANET AND THERE IS A SUMMARY OF THE FINANCIAL STATEMENTS PUBLISHED IN ITS ANNUAL REPORT

Identifier	Return Reference	Explanation
HOURS DEVOTED TO RELATED ORGANIZATION	FORM 990, PART VII, LINE 1A, COLUMN B	NAME SIFLR JANET MURGUIA 5 0 DANIEL R ORTEGA, JR 1 0 ERNEST ORTEGA 1 0 DELIA POMPA 2 0

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -39,796

Identifier	Return Reference	Explanation
OVERSIGHT OF AUDIT	FORM 990, PART XI, LINE 2C	THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS

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
NATIONAL COUNCIL OF LA RAZA INC

Employer identification number
86-0212873

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

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
(1) RAZA DEVELOPMENT FUND (RDF) 1 E WASHINGTON STREET STE 2250 PHOENIX, AZ 85004 52-1954196	SUPPORT ORGANIZATION TO NCLR	DC	501(C)(3)	509(A)(3)	N/A		No
(2) STRATEGIC INVESTMENT FUND FOR LA RAZA INC (SIFLR) 1126 16TH STREET NW WASHINGTON, DC 20036 52-2268398	SUPPORTS CHARITABLE AND EDUCATIONAL ACTIVITIES FOR NCLR	DE	501(C)(3)	509(A)(3)	N/A		No
(3) FARMWORKERS JUSTICE FUND 1126 16TH STREET NW STE 270 WASHINGTON, DC 20036 52-1196708	EMPOWER MIGRANT & SEASONAL FARMWORKERS TO IMPROVE LIVING & WORKING CONDITION	DC	501(C)(3)	170(B)(1)(A) (VI)	N/A		No
(4) DEMOCRACIA USA 2915 BISCAYNE BLVD MIAMI, FL 33137 41-2278788	VOTER EDUCATION AND REGISTRATION	FL	501(C)(3)	170(B)(1)(A) (VI)	N/A		No

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

(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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

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

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

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

	(a) Name of other organization	**(b)** Transaction type(a-r)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation