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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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

C Name of organization
CHICANOS POR LA CAUSA INC CPLC

Doing Business As

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

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

D Employer identification number
86-0227210

E Telephone number
(602) 257-0700

G Gross receipts $ 64,880,971

F Name and address of principal officer
EDMUNDO HIDALGO
1112 E BUCKEYE RD
PHOENIX,AZ 85034

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW CPLC ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1969 | **M** State of legal domicile AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CHICANOS POR LA CAUSA, INC (CPLC) IS A STATEWIDE COMMUNITY DEVELOPMENT CORPORATION (CDC), COMMITTED TO BUILDING STRONGER, HEALTHIER COMMUNITIES AS A LEAD ADVOCATE, COALITION BUILDER AND DIRECT SERVICE PROVIDER CPLC PROMOTES POSITIVE CHANGE AND SELF-SUFFICIENCY TO ENHANCE THE QUALITY OF LIFE FOR THE BENEFIT OF THOSE WE SERVE

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	947
6	Total number of volunteers (estimate if necessary)	**6**	814
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
8	Contributions and grants (Part VIII, line 1h)	55,939,482	49,839,966
9	Program service revenue (Part VIII, line 2g)	8,779,831	10,998,102
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	832,822	212,988
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,341,317	2,408,499
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	66,893,452	63,459,555
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	715,458	722,346
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)	26,839,563	27,454,611
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶317,224		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	19,814,633	34,129,772
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	47,369,654	62,306,729
19	Revenue less expenses Subtract line 18 from line 12	19,523,798	1,152,826

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	100,883,407	106,521,009
21	Total liabilities (Part X, line 26)	58,576,864	62,955,450
22	Net assets or fund balances Subtract line 21 from line 20	42,306,543	43,565,559

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

****** | 2013-05-15
Signature of officer | Date

MARIA ARJELIA GOMEZ CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ XIAOYAN LUO | Date | Check if self-employed ▶ ☐ | Preparer's taxpayer identification number (see instructions) P01305207

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CLIFTONLARSONALLEN LLP
20 E THOMAS RD STE 2300
PHOENIX, AZ 85012

EIN ▶ 41-0746749

Phone no ▶ (602) 266-2248

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

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 15,658,724 including grants of $ 233,931) (Revenue $ 0)

NEIGHBORHOOD STABILIZATION PROGRAM THIS IS A FEDERALLY FUNDED PROGRAM BEING USED TO STABILIZE AND REVITALIZE NEIGHBORHOODS THAT HAVE BEEN NEGATIVELY IMPACTED BY FORECLOSURES, THE PROGRAM PURCHASES AND REHABILITATES FORECLOSED OR ABANDONED PROPERTIES AND RESELL THESE PROPERTIES TO INCOME-QUALIFIED INDIVIDUALS ARIZONA MIGRANT & SEASONAL HEAD START THIS IS A FEDERALLY-FUNDED, EARLY CHILDHOOD EDUCATION PROGRAM THAT PREPARES CHILDREN FROM DISADVANTAGED HOUSEHOLDS FOR THEIR FIRST YEARS OF SCHOOLING

4b (Code) (Expenses $ 14,668,861 including grants of $ 219,143) (Revenue $ 0)

ARIZONA MIGRANT & SEASONAL HEAD START THIS IS A FEDERALLY-FUNDED, EARLY CHILDHOOD EDUCATION PROGRAM THAT PREPARES CHILDREN FROM DISADVANTAGED HOUSEHOLDS FOR THEIR FIRST YEARS OF SCHOOLING

4c (Code) (Expenses $ 5,734,941 including grants of $ 85,676) (Revenue $ 0)

BEHAVIORAL HEALTH SERVICES CPLC OFFERS OUTPATIENT BEHAVIORAL HEALTH SERVICES TO FAMILIES, ADULTS, CHILDREN, AND ADOLESCENTS, SHELTER AND SERVICES FOR WOMEN WHO ARE VICTIMS OF DOMESTIC VIOLENCE, HIV BEHAVIORAL HEALTH AND TREATMENT PRE-NATAL CARE TO SOUTH PHOENIX WOMEN-CENTRO DE LA FAMILA-PROGRAM PROVIDE PSYCHIATRIC EVALUATIONS, MEDICATION MANAGEMENT, COUSELING SERVICES, MARRIAGE AND FAMILY COUNSELING, GROUP COUNSELING AND CASE MANAGEMENT FOR CHILDREN AND ADULTS RYAN WHITE CASE SERVICES- THE PROGRAM HAS TWO BASIC COMPONENTS, BEHAVIORAL HEALTH TREATMENT AND TARGETED OUTREACH TO THE LATINO COMMUNITY THE CAST MAJORITY OF THE CLIENTS THAT WE PROVIDE SERVIES TO ARE LATINO, INDIVIDUALS WHO ARE PREDOMINANTLY SPANISH-SPEAKING AND WHO ARE UNINSURED OR UNDERINSURED CORAZON IS A LICENSED LEVEL II RESIDENTIAL SUBSTANCE ABUSE TREATMENT CENTER FOR MEN OVER THE AGE OF EIGHTEEN CORAZON HAS BEEN PROVIDING SERVICES TO THE COMMUNITY SINCE 1983 THE CENTER CURRENTLY HAS 41 BEDS FOR IN PATIENT SERVICES AND 17 BEDS FOR THE SIX MONTH TRANSITIONAL LIVING PROGRAM THE CENTER SPECIALIZES IN PROVIDING SUBSTANCE ABUSE TREATMENT IN AN ENVIRONMENT THAT IS CULTURALLY SENSITIVE AND INCLUSIVE CORAZON UTILIZES A VARIETY OF TREATMENT MODALITIES, INTEGRATING IDENTIFIED BEST PRACTICES WITH TRADITIONAL HEALING ACTIVITIES CORAZON PROVIDES THE TOOLS NECESSARY FOR THE MEN TO BE SUCCESSFUL AS THEY PURSUE A LIFE LONG CHALLENGE TO LIVE FREE OF SUBSTANCE ABUSE BETWEEN BOTH PROGRAMS APPROXIMATELY 400 CLIENTS ARE SERVED ANNUALLY BY CORAZON PROGRAMS DE COLORES IS A DOMESTIC VIOLENCE SHELTER THAT SERVES WOMEN AND CHILDREN FLEEING A VIOLENT RELATIONSHIP THE SHELTER WAS OPENED IN 1986 WITH 16 BEDS TODAY DE COLORES HAS 58 BEDS FOR THE CRISIS PROGRAM AND 42 BEDS FOR THE TRANSITIONAL LIVING PROGRAM THE STAFF IS BI-CULTURAL/BI-LINGUAL AND SPECIALIZES IN SERVING MONOLINGUAL SPANISH SPEAKING WOMEN THE PROGRAM PROVIDES ALL OF THE BASIC NEEDS FOR THE FAMILIES LIVING IN THE CRISIS PROGRAM FOR THE FAMILIES LIVING IN THE TRANSITIONAL PROGRAM THE SHELTER PROVIDES APARTMENTS AND TRAINING THAT WILL ASSIST THEM AS THEY BEGIN THEIR JOURNEY TOWARD HEALING AND INDEPENDENCE THE SHELTER SERVES APPROXIMATELY 600 CLIENTS ANNUALLY WITH THE MAJORITY BEING CHILDREN THE AVERAGE NUMBER OF CHILDREN ENTERING SHELTER WITH THEIR MOTHER IS FOUR THE SHELTER PROVIDES SERVICES FOR BOTH THE WOMEN AND CHILDREN THAT HAVE BEEN CREATED TO BE RELEVANT FOR THE LATINO POPULATION THE SHELTER IS FUNDED BY A VARIETY OF SOURCES INCLUDING GOVERNMENT, FOUNDATIONS AND INDIVIDUAL DONATIONS

(Code) (Expenses $ 17,582,321 including grants of $ 183,596) (Revenue $ 10,998,102)

EARLY HEADSTART THIS IS A FEDERALLY-FUNDED, COMMUNITY-BASED PROGRAM FOR LOW-INCOME PREGNANT WOMEN, INFANTS, TODDLERS AND THEIR FAMILIES THE FOCUS OF THIS PROGRAM IS TO PROMOTE HEALTHY PRENATAL OUTCOMES FOR PREGNANT WOMEN, ENHANCE THE DEVELOPMENT OF VERY YOUNG CHILDREN, AND PROMOTE HEALTHY FAMILY FUNCTIONING HOUSING HOUSING COUNSELING & EMERGENCY ASSISTANCE - THE PROGRAM PROVIDES MORTGAGE DEFAULT AND RENTAL DELINQUENCY COUNSELING FOR LOW TO MODERATE INCOME RESIDENTS - CPLC ALSO PROVIDES HOME BUYER EDUCATION, OFFERS WORKSHOPS AND INDIVIDUAL COUNSELING CPLC ALSO HAS A "SELF-HELP" PROGRAM IN NOGALES THAT PROVIDES OPPORTUNITIES FOR FAMILIES IN RURAL ARIZONA TO CASH IN ON "SWEAT EQUITY" BY PROVIDING THEIR OWN LABOR ELDERLY SERVICE CPLC ALSO ADDRESSES THE NEEDS OF ARIZONA'S GROWING SENIOR POPULATION, A COMPREHENSIVE, CENTER BASED PROGRAM THAT OFFERS ADVOCACY AND CASE MANAGEMENT SERVICES, WHICH INCLUDE BUT ARE NOT LIMITED TO MEDICAL CHECKUPS, SAFE TRANSPORTATION, RECREATION, ENTERTAINMENT, AND COMPANIONSHIP ECONOMIC DEVELOPMENT CPLC WORKFORCE DEVELOPMENT CENTER - CPLC WORKFORCE DEVELOPMENT CENTER (WDC) HAS BEEN IN OPERATING FOR 30 YEARS, ITS MISSION IS TO STRENGTHEN THE LOCAL WORKFORCE AND HELP CONSTITUENTS IMPROVE THEIR QUALITY OF LIFE THIS IS ACCOMPLISHED BY HELPING INDIVIDUALS WHO ARE UNEMPLOYED OR UNDEREMPLOYED FIND GAINFUL EMPLOYMENT THE WDC HIGHLY MOTIVATED BI-LINGUAL STAFF HELP CUSTOMERS WITH ALL ASPECTS OF OBTAINING AND KEEPING A JOB PROGRAM STAFF WORK CLOSED WITH LOCAL EMPLOYERS TO ENSURE THEY FULFILL THEIR HIRING NEEDS, WHICH PROVIDES GREAT EMPLOYMENT OPPORTUNITIES FOR THE MANY PARTICIPANTS WHO SEEK EMPLOYMENT ASSISTANCE THE WDC SERVES PEOPLE IN NEED OF VARIOUS SERVICES INCLUDING GENERAL ADULT EDUCATION CLASSES (GED), OCCUPATIONAL TRAINING, JOB PLACEMENTS ASSISTANCE AND SUPPORT SERVICES THE WDC RESOURCE ROOM PROVIDES OUR CUSTOMERS ACCESS TO INTERNET READY COMPUTERS, CURRENT JOB LISTINGS, JOB FAIR INFORMATION, FAX MACHINE, TELEPHONE AND RESUME WRITING ASSISTANCE IN ADDITION TO SELF-SERVICE ASPECT OF THE OPERATION, THE WDC ALSO HAS A STRONG NETWORK OF EMPLOYERS, WHO UTILIZE THE SERVICES OF WDC TO RECRUIT EMPLOYEES THE WDC OFFERS A PROGRAM THAT REVOLVES AROUND EDUCATION, EMPLOYMENT AND TRAINING THE W I A -ASPIRE YOUTH PROGRAM, PROVIDED BY CPLC SERVES IN AND OUT OF SCHOOL YOUTH AGES 14-21 LIVING IN EAST VALLEY INCLUDING, TEMPE, CHANDLER, GILBERT, AND GUADALUPE THROUGH THIS PROGRAM, WDC PROVIDES YEAR-ROUND YOUTH DEVELOPMENT SERVICES THE INTENT OF THE PROGRAM IS TO ASSIST YOU IN SUCCESSFULLY ACHIEVING THEIR EDUCATIONAL AND JOB GOALS THE PROGRAM WILL ASSIST AND ENCOURAGE YOUTH TO RETURN TO SCHOOL CPLC WORKS WITH ALL HIGH SCHOOLS, ALTERNATIVE SCHOOLS AND CHARTER SCHOOLS CPLC WDC ALSO SERVES ADJUDICATED (EX-OFFENDER) YOUTH AND ADULTS LIVING IN METROPOLITAN PHOENIX AND SURROUNDING CITIES THE PROGRAM PROVIDES YEAR-ROUND YOUTH AND ADULTS' DEVELOPMENT SERVICES SUCH AS, WORK READINESS AND WORK EXPERIENCE THROUGH A KALEIDOSCOPE OF SERVICE AND ACTIVITIES INCLUDING CASE MANAGEMENT AND EVIDENCE BASED CURRICULUM PRESTAMOS THE PROGRAM PROVIDES ECONOMIC OPPORTUNITIES FOR SMALL AND EMERGING SMALL BUSINESSES IN ARIZONA, BY PROVIDING LOANS ALONG WITH TECHNICAL ASSISTANCE THE FOLLOWING LOAN PROGRAMS ARE OFFERED SBA MICROLOAN PROGRAM ADDRESSES THE PROBLEMS ENCOUNTERED BY SMALL BUSINESS ENTREPRENEURS SEEKING FINANCING IN THE RANGE OF $2,000-$35,000, AND EMERGING MICRO- ENTERPRISES WITHIN THE TARGET AREAS HEALTH AND HUMAN SERVICES MOTHER'S AGAINST GANGS (MAG) PROGRAMS AT THE MAG CENTER FOCUSES ON DEVELOPING AND COORDINATING PROGRAMS SPECIFICALLY DESIGNED TO PROMOTE CHICANOS POR LA CAUSA, INC (CPLC) AND ITS VARIETY OF SERVICES TO THE COMMUNITY THE MAG CENTER HOUSES AND RECRUITS/RETAINS MANO COALITION MEMBERS AND FACILITATES OPEN COMMUNICATION WITH OTHER COMMUNITY STAKEHOLDERS THROUGH THE COALITION AND WITH THE INTENT TO CREATE FUTURE SUSTAINABLE AND POSITIVE CHANGETHE TRUCE PROJECT THE TRUCE PROJECT WORKS DIRECTLY WITH VERY HIGH-RISK YOUTH THROUGH OUTREACH WORKERS IN ORDER TO HELP PROVIDE SAFETY AND ASSISTANCE FOR INDIVIDUALS BY BUILDING UP THESE RELATIONSHIPS WE HOPE TO INFLUENCE COMMUNITY MEMBERS TO ALWAYS RESOLVE CONFLICTS THROUGH NON-VIOLENT MEANS THROUGH REFERRALS, WE PROVIDE THEM WITH SERVICES AND OPPORTUNITIES, SUCH AS EDUCATION AND EMPLOYMENT VIOLENCE INTERRUPTERS SERVE AS INTERMEDIARIES OF THE PROGRAM WITH THE COMMUNITY THROUGH THEIR WORK WE LEARN OF CONFLICTS THAT MAY RESULT IN VIOLENCE AND ATTEMPT TO CALM THE BOTH PARTIES BEFORE THE ISSUE CAN ESCALATE WHEN SHOOTINGS TAKE PLACE TRUCE WORKERS CANVASS THE NEIGHBORHOODS TO PREVENT ANY RETALIATION FROM THE EVENT OUTREACH WORKERS ALSO RESPOND IN THE HOSPITAL IN CASE ANY INCIDENTS ERUPT IN THE WAITING ROOM FURTHERMORE, TO COMMUNITY IS MOBILIZED TO RESPOND TO EACH SHOOTING AND INFORM ALL INVOLVED THAT SHOOTINGS ARE NOT ACCEPTABLE WE COLLABORATE WITH RESIDENTS, SCHOOLS, FAITH LEADERS, AND SOCIAL SERVICE AGENCIES TO HELP DISTRIBUTE PUBLIC EDUCATION MATERIALS TO HELP SPREAD THE MESSAGE START THE PEACE STOP THE VIOLENCE THE PROJECT IS FUNDED BY THE DEPARTMENT OF JUSTICE AND IS A PARTNERSHIP BETWEEN CHICANOS POR LA CAUSA, INC , ARIZONANS FOR GUN SAFETY, ST JOE'S HOSPITAL, AND ASU CULTURAL PRIDE LINKING COMMUNITIES PROGRAM CULTURAL PRIDE LINKING COMMUNITIES PROGRAM BASED OUT OF LAIRD ELEMENTARY SCHOOL PROGRAM SERVICES ARE MENTORING, LIFE-SKILLS GROUPS, ACADEMIC ASSISTANCE, PARENTAL OUTREACH/ENGAGEMENT AND ALTERNATIVE ACTIVITIES WHICH INCLUDE FIELD TRIPS, SPECIAL EVENTS AND MULTICULTURAL HOLIDAY CELEBRATIONS THE PREVENTION DEPARTMENT THE PREVENTIONS DEPARTMENT OF CHICANOS POR LA CAUSA IN PARTNERSHIP WITH THE CHILDREN'S ACTION ALLIANCE, AND FIRST THINGS FIRST IS PROVIDING FREE APPLICATION ASSISTANCE FOR LOW INCOME FAMILIES THAT MIGHT NEED AHCCCS, FOOD STAMPS, OR CASH ASSISTANCE WE SAVE FAMILIES THE HASSLE OF WAITING IN LINE FOR SEVERAL HOURS AT THE DES OFFICE BY FILLING OUT AND DELIVERING THEIR APPLICATION WITHIN THE HOUR THROUGH OUR ONLINE SYSTEM WE HAVE SEVERAL LOCATIONS THROUGH THE VALLEY FROM WHICH TO SERVICE FAMILIES AND WE WOULD LOVE TO BE A RESOURCE FOR YOU AND YOUR FAMILIES SOUTHERN REGION CPLC YOUTH CENTER THE GOALS OF ARE ACHIEVED THROUGH PROGRAMS AND SERVICES THAT ARE PROVIDED IN THREE MAIN CONTENT AREAS LEADERSHIP, WELLNESS, AND EDUCATION ALL PROGRAMS INTEGRATE A CULTURAL FOUNDATION AND FOCUS, ENCOURAGE CIVIC ENGAGEMENT AND ADVOCACY, AND STRENGTHEN MIND, BODY, SPIRIT AND COMMUNITY ACTIVITIES INCLUDE YOUTH DEVELOPMENT OPPORTUNITIES THROUGH LEADERSHIP CONFERENCES, RETREATS, CULTURAL DEVELOPMENT TRAINING, PUBLIC HEALTH EDUCATION, SKILL BUILDING, SCHOLARSHIP ASSISTANCE, AND MENTORING YOUTH CENTER (CENTRO JUVENILE) THE YOUTH CENTER IS AN AFTER-SCHOOL RESOURCE FACILITY AND SUMMER RECREATION CENTER FOR YOUTH IN GRADES 4 THROUGH 12 ACTIVITIES AND RESOURCES AIM TO PROVIDE EDUCATIONAL SUPPORT, PROMOTE POSITIVE ATTITUDES AND INTERPERSONAL RELATIONSHIPS, AND CREATE A SAFE AND SUPPORTIVE ENVIRONMENT COMPUTERS WITH INTERNET ACCESS ARE AVAILABLE ON SITE TO ASSIST YOUTH IN COMPLETING SCHOOL WORK AND CLASS PROJECTS PUBLIC HEALTH INFORMATION, RESOURCES, AND REFERRALS ARE ALSO AVAILABLE FOR YOUTH AND FAMILIES STAFF ARE BILINGUAL AND BICULTURAL NAHUI OLLIN WELLNESS PROGRAM THIS SCHOOL-BASED YOUTH WELLNESS PROGRAM USES A CULTURALLY-BASED CURRICULUM PROVIDED IN 20 SESSIONS AIMED AT INCREASING KNOWLEDGE ABOUT SUBSTANCE ABUSE, VIOLENCE (HUMAN OPPRESSION), AND SEXUALLY TRANSMITTED DISEASES, IMPROVING HEALTHY DECISION MAKING, BUILDING RESILIENCY SKILLS AMONG HIGH SCHOOL YOUTH THIS IS AN EFFECTIVE AND COMPREHENSIVE CULTURALLY BASED CHARACTER AND LEADERSHIP DEVELOPMENT AND SUBSTANCE ABUSE AND HIV/AIDS PREVENTION PROGRAM PROVIDED AT LOCAL HIGH SCHOOLS AS PART OF THEIR REGULARLY SCHEDULED CLASSROOM THE NAHUI OLLIN CURRICULUM STRESSES THE NEED FOR OPTIMAL HEALTH OF MIND, BODY, SPIRIT, AND COMMUNITY THROUGH THE INCORPORATION OF ACTIVITIES THAT EXPLORE HISTORY, SELF-EMPOWERMENT, FAMILY DYNAMICS, COMMUNICATION, AND LEADERSHIP DEVELOPMENT CORAZON DE AZTLAN YOUTH LEADERSHIP RETREAT THIRTY HIGH SCHOOL YOUTH FROM ACROSS TUCSON ARE SELECTED TO PARTICIPATE IN THIS 3 5 DAY RETREAT IN TUMACACORI ANNUALLY THE OVERALL OBJECTIVE OF THE RETREAT IS TO DEVELOP CHARACTER AND LEADERSHIP AMONG YOUTH BY STRENGTHENING CONFIDENCE LEVELS, SELF-EFFICACY, COMMUNITY INVOLVEMENT, AND INTERPERSONAL RELATIONSHIP SKILLS THE YOUTH PARTICIPATE IN INTERACTIVE WORKSHOPS ON TOPICS SUCH AS CULTURE, HISTORY, LEADERSHIP, SELF-EMPOWERMENT, GENDER ROLES, TEAM BUILDING, AND CIVIC RESPONSIBILITY ALL OTHER PROGRAMS TOTALS

4d Other program services (Describe in Schedule O)
(Expenses $ 17,582,321 including grants of $ 183,596) (Revenue $ 10,998,102)

4e **Total program service expenses** ▶ $ 53,644,847

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part 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, Part 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*	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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to 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 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**	Yes	
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**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	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*	**35b**	Yes	
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**	220		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	947		
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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate 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	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			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	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AZ

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

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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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RODOLFO PARGA JR CHAIR	2 00	X		X				0	0	0
(2) ABE ARVIZU VICE CHAIR	2 00	X		X				0	0	0
(3) LEONARDO LOO TREASURER	2 00	X		X				0	0	0
(4) CARMEN CORNEJO SECRETARY	2 00	X		X				0	0	0
(5) JOSE ANTONIO HABRE DIRECTOR	2 00	X						0	0	0
(6) TERRY CAIN DIRECTOR	2 00	X						0	0	0
(7) JAVIER CARDENA MD DIRECTOR	2 00	X						0	0	0
(8) ALBERTO ESPARZA DIRECTOR	2 00	X						0	0	0
(9) MANNY FRKLICH DIRECTOR	2 00	X						0	0	0
(10) ERICA GONZALEZ-MELENDEZ DIRECTOR	2 00	X						0	0	0
(11) DELMA HERRERA DIRECTOR	2 00	X						0	0	0
(12) MANNY MOLINA DIRECTOR	2 00	X						0	0	0
(13) ANTONIO MOYA DIRECTOR	2 00	X						0	0	0
(14) ROBERT ORTIZ DIRECTOR	2 00	X						0	0	0
(15) RUDY PEREZ DIRECTOR	2 00	X						0	0	0
(16) NAPOENO PISANO DIRECTOR	2 00	X						0	0	0
(17) ANTHONY REYES DIRECTOR	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DEANNA SALAZAR DIRECTOR	2 00	X						0	0	0
(19) RAY SALAZAR DIRECTOR	2 00	X						0	0	0
(20) SILVIA SILAS DIRECTOR	2 00	X						0	0	0
(21) RAQUEL TERAN DIRECTOR	2 00	X						0	0	0
(22) ALEX VARELA DIRECTOR	2 00	X						0	0	0
(23) EDMUNDO HIDALGO PRESIDENT AND CEO	40 00			X				238,358	0	27,323
(24) MARIA ARJELIA GOMEZ CHIEF OPERATING OFFICER	40 00			X				178,938	0	24,198
(25) DAVID ADAME CHIEF FINANCIAL OFFICER	40 00			X				171,522	0	26,286
(26) MARTIN QUINTANA CHIEF DEVELOPMENT OFFICE	40 00			X				190,262	0	18,642
(27) JENNIFER LINEHAN NURSE PRACTITIONER	40 00					X		144,988	0	17,599
(28) SALVADOR C MARTINEZ VP OF EMPLOYMENT SERVICES	40 00					X		103,831	0	27,711
(29) JUDY K STITH VP OF CORPORATE COMPLIANCE	40 00					X		114,787	0	20,299
(30) GERMAN REYES VP OF COMMUNITY STABILITY	40 00					X		120,883	0	30,535
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								1,263,569	0	192,593

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 8

			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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
TOFEL CONSTRUCTION LLC 3555 E 42ND STEET TUCSON, AR 857135468	CONSTRUCTION	3,324,976
SHEA-CONNELLY DEVELOPMENT LLC 7904 E CHAPARRAL ROAD STE A110-624 SCOTTSDALE, AR 85250	CONSTRUCTION	2,145,889
US FOOD SERVICE INC 4650 W BUCKEYE ROAD PHOENIX, AR 85043	FOOD VENDOR	649,089
CHICAGO TITLE 2555 E CAMELBACK ROAD STE 500 PHOENIX, AR 85016	TITLE COMPANY	617,246
AJF CUSTOM HOMES PO BOX 27705 SCOTTSDALE, AR 85255	CONSTRUCTION	517,700

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 29

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 857,360				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e 45,005,112				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 3,977,494				
	g	Noncash contributions included in lines 1a-1f $ 70,200				
	h	**Total.** Add lines 1a-1f . . . . . ▶	49,839,966			
Program Service Revenue		Business Code				
	2a	RENTAL INCOME 532000	9,540,800	9,540,800		
	b	CLIENT SERVICE CHGS 999999	1,457,302	1,457,302		
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	10,998,102			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	1,148,890			1,148,890
	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				
	b	Less cost or other basis and sales expenses 6,814 / 929,088				
	c	Gain or (loss) -6,814 / -929,088				
	d	Net gain or (loss) . . . . . ▶	-935,902			-935,902
	8a	Gross income from fundraising events (not including $ 857,360 of contributions reported on line 1c) See Part IV, line 18 . . . a 0				
	b	Less direct expenses . . . b 485,514				
	c	Net income or (loss) from fundraising events . . ▶	-485,514			-485,514
	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 . . ▶				
Other Revenue		Miscellaneous Revenue / Business Code				
	11a	ADMINISTRATIVE SVS 999999	1,812,655			1,812,655
	b	MISCELLANEOUS 999999	1,081,358			1,081,358
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	2,894,013			
	12	**Total revenue.** See Instructions . . . ▶	63,459,555	10,998,102	0	2,621,487

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	309,864	309,864		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	412,482	412,482		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	911,688	776,941	129,095	5,652
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	21,468,697	18,295,624	3,039,967	133,106
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	163,693	139,499	23,179	1,015
9	Other employee benefits	2,836,794	2,417,516	401,690	17,588
10	Payroll taxes	2,073,739	1,767,307	293,559	12,873
11	Fees for services (non-employees)				
a	Management	648,801		648,801	
b	Legal	56,027	56,027		
c	Accounting	50,625		50,625	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	1,664,726	1,418,733	235,659	10,334
12	Advertising and promotion	911,703	776,982	129,061	5,660
13	Office expenses	1,312,803	1,118,813	185,841	8,149
14	Information technology	1,405,912	1,198,164	199,021	8,727
15	Royalties				
16	Occupancy	4,755,360	4,052,670	673,170	29,520
17	Travel	798,878	680,830	113,089	4,959
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,224,372	1,895,681	314,883	13,808
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,036,835	2,588,088	429,895	18,852
23	Insurance	1,408,877	1,200,690	199,441	8,746
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	COST OF SALES	9,842,032	9,842,032		
b	REPAIRS AND MAINTENANCE	1,987,026	1,693,407	281,284	12,335
c	STAFF DEVELOPMENT	866,086	738,107	122,603	5,376
d	BAD DEBT EXPENSE	405,762		405,762	
e					
f	All other expenses	2,753,947	2,265,390	468,033	20,524
25	**Total functional expenses.** Add lines 1 through 24f	62,306,729	53,644,847	8,344,658	317,224
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			1	
	2	Savings and temporary cash investments		1,650,127	2	1,914,797
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		9,379,421	4	7,721,745
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		4,491,842	8	2,788,701
	9	Prepaid expenses and deferred charges		191,761	9	163,017
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 104,058,340			
	b	Less accumulated depreciation	10b 28,666,722	72,183,681	10c	75,391,618
	11	Investments—publicly traded securities		4,014,386	11	3,117,154
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		1,857,159	13	1,857,428
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		7,115,030	15	13,566,549
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		100,883,407	16	106,521,009
Liabilities	17	Accounts payable and accrued expenses		4,776,157	17	6,630,105
	18	Grants payable			18	
	19	Deferred revenue		598,428	19	468,126
	20	Tax-exempt bond liabilities		22,525,000	20	21,885,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		414,559	21	288,118
	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		28,755,307	23	30,754,851
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		1,507,413	25	2,929,250
	26	**Total liabilities.** Add lines 17 through 25		58,576,864	26	62,955,450
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		39,717,051	27	41,034,215
	28	Temporarily restricted net assets		89,492	28	31,344
	29	Permanently restricted net assets		2,500,000	29	2,500,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		42,306,543	33	43,565,559
	34	Total liabilities and net assets/fund balances		100,883,407	34	106,521,009

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	63,459,555
2	Total expenses (must equal Part IX, column (A), line 25)	2	62,306,729
3	Revenue less expenses Subtract line 2 from line 1	3	1,152,826
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	42,306,543
5	Other changes in net assets or fund balances (explain in Schedule O)	5	106,190
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	43,565,559

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

2011

Open to Public Inspection

Name of the organization
CHICANOS POR LA CAUSA INC CPLC

Employer identification number
86-0227210

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

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

1 ☐ A church, convention of churches, or association of churches **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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,630,387	4,438,806	30,887,949	55,939,482	49,839,966	144,736,590
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	3,630,387	4,438,806	30,887,949	55,939,482	49,839,966	144,736,590
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						144,736,590

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	3,630,387	4,438,806	30,887,949	55,939,482	49,839,966	144,736,590
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	128,334	695,817	632,055	746,883	1,261,894	3,464,983
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	1,980,390	2,371,303	1,591,389	1,577,779	2,894,013	10,414,874
11 **Total support** (Add lines 7 through 10)						158,616,447

12 Gross receipts from related activities, etc (See instructions)	12	90,648,298

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 2011 (line 6 column (f) divided by line 11 column (f))	14	91 250 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	86 520 %

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHICANOS POR LA CAUSA INC CPLC

Employer identification number
86-0227210

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

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

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

		Held at the End of the Year
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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV 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	2,589,492	2,851,409	2,868,542	3,704,451	
b	Contributions					
c	Investment earnings or losses	72,945	468,083	282,867	-535,909	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	131,093	730,000	300,000	300,000	
f	Administrative expenses					
g	End of year balance	2,531,344	2,589,492	2,851,409	2,868,542	

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 98 760 %
- c Term endowment ▶ 1 240 %

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,689,393		10,689,393
b Buildings	7,565,783	76,676,632	23,221,159	61,021,256
c Leasehold improvements				
d Equipment		8,673,158	5,445,563	3,227,595
e Other		453,374		453,374
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				75,391,618

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) INTERCOMPANY RECEIVABLES	9,571,522
(2) DEPOSITS & FUNDED RESERVE	3,396,231
(3) LOAN ORIGINATION COSTS	598,796
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	13,566,549

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
INTERCOMPANY PAYABLES	2,418,407
TENANT SECURITY DEPOSITS	510,843
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	2,929,250

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

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	THERE ARE A FEW CLIENTS THAT CPLC SERVES AS A FISCAL AGENT TO FUNDS ARE HOUSED IN A SAVINGS ACCOUNT AND RECORDED UNDER FUNDS HELD IN CUSTODY OF OTHER REQUEST FOR PAYMENT IS MADE BY THE ENTITIY WHEN PAYMENT IS REQUIRED
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE INTIAL PURPOSE OF THE ENDOWMENT WAS TO ESTABLISH A REVENUE STREAM TO FUND ADMINSTRATIVE COSTS THE REVENUE STREAM IS TO BE GENERATED BY INTEREST AND INVESTMENT GAINS EARNED OFF THE ORIGINAL CORPUS PROVIDED TO CPLC THE ORIGINAL CORPUS CANNOT BE USED AND MUST BE MAINAINED AT ITS ORGINAL BALANCE
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	CHICANOS POR LA CAUSA, INC (CPLC) IS ORGANIZED AS ARIZONA NOT-FOR-PROFIT CORPORATION, AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND HAS NOT BEEN CLASSIFIED AS AN ORGANIZATION THAT IS A PRIVATE FOUNDATION CPLC HAS HAS INCLUDED FOURTEEN ENTITIES WHICH ARE ORGANIZED AS ARIZONA LIMITED LIABILITY COMPANIES WHOSE SOLE MEMBER IS CPLC FOR INCOME TAX PURPOSES, THEY ARE DISREGARDED ENTITIES AND ARE TREATED AS DEPARTMENTS OF CPLC ACCORDINGLY, THEY ARE EXEMPT FROM INCOME TAXES UNDER THE APPLICABLE SECTIONS OF THE IRC AND THE ARIZONA REVISED STATUTES INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME (UBIT) WOULD BE TAXABLE CPLC EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS AS OF JUNE 30, 2011, THE ORGANIZATION'S 2009 THROUGH 2011 FISCAL YEAR TAX RETURNS ARE OPEN FOR EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHICANOS POR LA CAUSA INC CPLC

Employer identification number
86-0227210

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

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

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

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

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

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

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

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

Revenue / Direct Expenses		(a) Event #1 CPLC ANNIVERSARY DINNER (event type)	(b) Event #2 CPLC ANNUAL SCHOLARSHIP GOLF (event type)	(c) Other Events 11 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	217,050	174,655	465,655	857,360
	2 Less Charitable contributions	217,050	174,655	465,655	857,360
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes	6,427	37,197	49,392	93,016
	5 Non-cash prizes	0			
	6 Rent/facility costs	12,600	35,478	12,744	60,822
	7 Food and beverages	57,669	332	35,524	93,525
	8 Entertainment	18,100	4,599	10,170	32,869
	9 Other direct expenses	32,200	23,243	149,839	205,282
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(485,514)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-485,514

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

Revenue / Direct Expenses		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

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

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

13 Indicate the percentage of gaming activity operated in

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

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

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

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

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

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

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
CHICANOS POR LA CAUSA INC CPLC

Employer identification number
86-0227210

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ANTI-DEFAMATION LEAGUE605 THIRD AVE NEW YORK,NY 101583560	13-1818723	501(C)(3)	7,500		N/A	N/A	TORCH OF LIBERTY PLEDGE
(2) ARIZONA STATE UNIVERSITYPO BOX 870303 TEMPE,AZ 85287	86-0196696	501(C)(3)	90,625		N/A	N/A	SCHOLARSHIP ASSISTANCE
(3) ASU FOUNDATIONPO BOX 2260 TEMPE,AZ 85287	86-6051042	501(C)(3)	20,000		N/A	N/A	FUND FOR LATINO HOUSING PROJECT
(4) MARICOPA COMMUNITY COLLEGES FOUNDATION2411 W 14TH STREET TEMPE,AZ 85281	86-0327449	501(C)(3)	13,950		N/A	N/A	SCHOLARSHIP ASSISTANCE
(5) SI SE PUEDE FOUNDATIONPO BOX 1929 CHANDLER,AZ 85244	86-0922834	501(C)(3)	10,000		N/A	N/A	SCHOLARSHIP ASSISTANCE
(6) MI FAMILIA VOTA EDUCATION FUND1450 E INDIAN SCHOOL ROAD STE 106 PHOENIX,AZ 85014	81-0668995	501(C)(3)	10,000		N/A	N/A	MI FAMILIA VOTA VOTING CAMPAIGN
(7) TUCSON FOUNDATION 1112 E BUCKEYE ROAD PHOENIX,AZ 85034	20-3992584	501(C)(3)	10,000		N/A	N/A	SCHOLARSHIP ASSISTANCE
(8) UNIVERSITY OF ARIZONA FOUNDATION-LOS MEDICOS SCHOLARSHIPPO BOX 210109 TUCSON,AZ 85721	74-2652689	501(C)(3)	10,000		N/A	N/A	SCHOLARSHIP ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 8

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

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

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

Additional Data

Return to Form

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

Form 990,Schedule I, Part II, Grants and Other Assistance to 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
ANTI-DEFAMATION LEAGUE605 THIRD AVE NEW YORK, NY 101583560	13-1818723	501(C)(3)	7,500		N/A	N/A	TORCH OF LIBERTY PLEDGE
ARIZONA STATE UNIVERSITYPO BOX 870303 TEMPE, AZ 85287	86-0196696	501(C)(3)	90,625		N/A	N/A	SCHOLARSHIP ASSISTANCE

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
ASU FOUNDATION PO BOX 2260 TEMPE,AZ 85287	86-6051042	501(C)(3)	20,000		N/A	N/A	FUND FOR LATINO HOUSING PROJECT
MARICOPA COMMUNITY COLLEGES FOUNDATION2411 W 14TH STREET TEMPE,AZ 85281	86-0327449	501(C)(3)	13,950		N/A	N/A	SCHOLARSHIP ASSISTANCE

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
SI SE PUEDE FOUNDATIONPO BOX 1929 CHANDLER,AZ 85244	86-0922834	501(C)(3)	10,000		N/A	N/A	SCHOLARSHIP ASSISTANCE
MI FAMILIA VOTA EDUCATION FUND 1450 E INDIAN SCHOOL ROAD STE 106 PHOENIX,AZ 85014	81-0668995	501(C)(3)	10,000		N/A	N/A	MI FAMILIA VOTA VOTING CAMPAIGN

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
TUCSON FOUNDATION1112 E BUCKEYE ROAD PHOENIX,AZ 85034	20-3992584	501(C)(3)	10,000		N/A	N/A	SCHOLARSHIP ASSISTANCE
UNIVERSITY OF ARIZONA FOUNDATION-LOS MEDICOS SCHOLARSHIPPO BOX 210109 TUCSON,AZ 85721	74-2652689	501(C)(3)	10,000		N/A	N/A	SCHOLARSHIP ASSISTANCE

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
FUNERAL ASSISTANCE	54	4,600	0	N/A	N/A
PAYMENT FOR HOUSING-TO AVOID EVICTION OR TO PROVIDE TEMP HOUSING FOR CLIENTS	34	15,188	0	N/A	N/A
MORTGAGE ASSISTANCE AND ALSO HOUSING RELIEF FOR FEMA FOR TEMPORARILY DISPLACED CLIENTS AND HARDSHIP	30	16,587	0	N/A	N/A
ASSISTANCE OF UTILITY PAYMENT FOR CLIENTS GOING THROUGH HARDSHIP	658	210,079	0	N/A	N/A
TRANSLATION SERVICES FOR CLIENTS	339	56,617	0	N/A	N/A
TRANSPORTATION FOR CLIENTS TO AND FROM SITES-FOR THOSE WHO DO NOT HAVE MEANS OF TRANSPORTATION	3	178	0	N/A	N/A
CAR SEATS ASSISTANCE	24	38,866	0	N/A	N/A
DOWN PAYMENT ASSISTANCE FOR PURCHASE OF HOMES	90	27,381	0	N/A	N/A
MISC- GENERAL ASSISTANCE	435	42,986	0	N/A	N/A

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHICANOS POR LA CAUSA INC CPLC

Employer identification number
86-0227210

Part I Questions Regarding Compensation

			Yes	No
1a	Check the 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or 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 Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) EDMUNDO HIDALGO	(i)	238,358	0	0	6,061	21,262	265,681	0
	(ii)	0	0	0	0	0	0	0
(2) MARIA ARJELIA GOMEZ	(i)	178,938	0	0	4,625	19,573	203,136	0
	(ii)	0	0	0	0	0	0	0
(3) DAVID ADAME	(i)	171,522	0	0	1,839	24,447	197,808	0
	(ii)	0	0	0	0	0	0	0
(4) MARTIN QUINTANA	(i)	190,262	0	0	998	17,644	208,904	0
	(ii)	0	0	0	0	0	0	0
(5) JENNIFER LINEHAN	(i)	144,988	0	0	4,362	13,237	162,587	0
	(ii)	0	0	0	0	0	0	0
(6) GERMAN REYES	(i)	120,883	0	0	8,250	22,285	151,418	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHICANOS POR LA CAUSA INC CPLC

Employer identification number
86-0227210

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential	X	2	70,200	FMV
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHICANOS POR LA CAUSA INC CPLC

Employer identification number
86-0227210

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY ACCOUNTING STAFF AND REVIEWED BY THE VICE PRESIDENT OF FINANCE, FOR ACCURACY AND COSISTENCY, WITH THE CPLC FINANCIAL STATEMENTS IT IS THEN GIVEN TO CPLC'S CFO FOR DISCUSSION AND REVIEW ONCE APPROVED BY THE FINANCE COMMITTEE, THE FORM 990 TAX RETURN IS PRESENTED TO THE CPLC'S BOARD OF DIRECTOR'S
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST REQUIRES AN ANNUAL DECLARATION BY ALL BOARD MEMBERS AND KEY STAFF WE ADHERE TO THE CODE OF CONDUCT GUIDELINES IN THE OMB A110 CIRCULAR ALL POTENTIAL CONFLICTS ARE REVIEWED BY THE BOARD OF DIRECTORS ANY BOARD MEMBER OF CPLC'S BOARD WHO HAS A POTENTIAL CONFLICT OF INTEREST IN A SPECIFIC ACTION OF THE BOARD UNDER CONSIDERATION AT A MEETING IS EXPECTED TO EXCUSE THEMSELVES FROM ANY INFLUENCE ON SUCH ACTION, REQUEST THE MINUTES OF THE MEETING, NOTE THEIR ABSENTION AND, WHERE APPROPRIATE, LEAVE THE ROOM DURING DISCUSSION OF THE ACTION SINCE EVERY SITUATION AND CIRCUMSTANCE CANNOT BE ANTICIPATED OR DISCLOSED IN ADVANCE, CPLC RELIES UPON THE HONESTY AND INTEGRITY OF EACH INDIVIDUAL TO COMPLY WITH THIS PROTOCOL
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS REVIEWED BY INDEPENDENT PERSONS, RECOMMENDATION IS PROVIDED TO THE EXECUTIVE COMMITTEE OF THE BOARD, AND THE BOARD, THEN, APPROVES THE COMPENSATION THE PROCESS IS DOCUMENTED IN THE MEETING MINUTES
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES IT'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 106,190

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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

2011

Open to Public Inspection

Name of the organization
CHICANOS POR LA CAUSA INC CPLC

Employer identification number
86-0227210

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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
See Additional Data Table												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) FUTURO INVESTMENT CORP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0329801	HOLDING COMPANY	AZ	CHICANOS POR LA CAUSA INC	C	1,466,874	3,437,421	100 000 %
(2) COMERCIO ARIZONA INC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 20-1549598	DEVELOPMENT	AZ	CHICANOS POR LA CAUSA INC	C	39	354,908	100 000 %
(3) FUTURO ENTERPRISE SERVICES INC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 80-0412929	HOLDING COMPANY	AZ	CHICANOS POR LA CAUSA INC	C	781,790	1,901,128	100 000 %

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

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

		Yes	No
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	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related organization(s)	1r	Yes	

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

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

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

(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income ($)	(e) End-of-year assets ($)	(f) Direct Controlling Entity
CASA DE PRIMAVERA 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0897878	HOUSING	AZ	1,120,497	2,198,881	CHICANOS POR LA CAUSA INC
GRAN VICTORIA HOUSING LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0985482	HOUSING	AZ	5,895,013	26,662,210	CHICANOS POR LA CAUSA INC
CPLC PROPERTY I LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0985478	REAL ESTATE	AZ	0	0	CHICANOS POR LA CAUSA INC
CPLC PROPERTY II LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0988479	REAL ESTATE	AZ	0	0	CHICANOS POR LA CAUSA INC
CPLC PROPERTY III LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0985481	REAL ESTATE	AZ	0	0	CHICANOS POR LA CAUSA INC
PRESTAMOS CDFI LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	SMALL BUSINESS LOANS	AZ	1,145,721	4,940,932	CHICANOS POR LA CAUSA INC
AGUDO LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	MANAGEMENT	AZ	0	0	CHICANOS POR LA CAUSA INC
GUADALUPE HUERTA OPERATING CO LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271919	HOUSING	AZ	4,728	498,185	CHICANOS POR LA CAUSA INC
CASA DE ROMAN APARTMENTS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	HOUSING	AZ	0	904,733	CHICANOS POR LA CAUSA INC
CASA DE FLORES OPERATING COMPANY LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271917	HOUSING	AZ	3,375	338,621	CHICANOS POR LA CAUSA INC
MOUNTAIN POINT APARTMENTS LIHTC LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	HOUSING	AZ	0	2,242,810	CHICANOS POR LA CAUSA INC
MOUNTAIN POINT APARTMENTS LIHTC PHASE II LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 01-0857328	HOUSING	AZ	6,425	408,102	CHICANOS POR LA CAUSA INC
ROSA LINDA OPERATING COMPANY LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271918	HOUSING	AZ	9,441	956,763	CHICANOS POR LA CAUSA INC
CASA DE ENCANTO OPERATING CO LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271915	HOUSING	AZ	6,747	812,951	CHICANOS POR LA CAUSA INC
CPLC LAND BANK LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	HOLDING COMPANY	AZ	0	0	CHICANOS POR LA CAUSA INC
CPLC LAND BANK MANAGER LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	HOLDING COMPANY	AZ	0	0	CHICANOS POR LA CAUSA INC
CPLC HOLDING AND ASSET MANAGEMENT COMPANY LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	HOLDING COMPANY	AZ	0	0	CHICANOS POR LA CAUSA INC
SAN MARINA AFFORDABLE APARTMENTS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	HOUSING	AZ	1,537,931	12,605,720	CHICANOS POR LA CAUSA INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
CAUSA COMMUNITY DEVELOPMENT DBA GUADALUPE BARRIO NUEVO 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 74-2465160	HOUSING	AZ	501(C)(3)	LINE 9	N/A		No
MOTHERS AGAINST GANGS 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0720643	SOCIAL SERVICES	AZ	501(C)(3)	LINE 7	N/A		No
PUEBLO SENIOR HOUSING INC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0757227	HOUSING	AZ	501(C)(3)	LINE 9	N/A		No
SANTA CRUZ APARTMENTS 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0712873	HOUSING	AZ	501(C)(3)	LINE 9	N/A		No
CPLC TUCSON FOUNDATION 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0916383	FOUNDATION	AZ	501(C)(3)	LINE 7	CHICANOS POR LA CAUSA INC	Yes	
PASTOR COURT APARTMENTS 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	HOUSING	AZ	501(C)(3)	LINE 9	N/A		No
GRANT STREET APARTMENTS INC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-1407218	HOUSING	AZ	501(C)(3)	LINE 9	N/A		No
CASA MIA AFFORDABLE PARTNERS INC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-1407218	HOUSING	AZ	501(C)(3)	LINE 9	N/A		No
CPLC COMMUNITY SCHOOL 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0842209	EDUCATION	AZ	501(C)(3)	LINE 7	CHICANOS POR LA CAUSA INC	Yes	
LATINO POLICY INSTITUTE OF ARIZONA INC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 74-2371492	HOUSING	AZ	501(C)(3)	LINE 9	N/A		No
CPLC SOUTHWEST INC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0324590	SOCIAL SERVICES	AZ	501(C)(3)	LINE 7	CHICANOS POR LA CAUSA INC	Yes	
CASA DEL PUEBLO II 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 39-2075488	HOUSING	AZ	501(C)(3)	LINE 9	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
COMERCIO AZ RE I 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 20-1582373	DEVELOPMENT	AZ	COMERCIO AZ INC	RELATED	38	242		No		Yes		
COMERCIO AZ RE II 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 20-1582404	DEVELOPMENT	AZ	COMERCIO AZ INC	RELATED		303,285		No		Yes		
SHUTTLEPORT VENTURE 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 51-0563444	TRANSFORTATION	AZ	N/A	RELATED				No		Yes		
ROSA LINDA SENIOR APARTMENTS LIHTC LP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271911	HOUSING	AZ	N/A	RELATED	9,441	956,763		No		Yes		
COMERCIO AZ RE III 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 20-1582430	DEVELOPMENT	AZ	COMERCIO AZ INC	RELATED	1	49,203		No		Yes		
COMERCIO AZ RE IV 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 20-1582457	DEVELOPMENT	AZ	COMERCIO AZ INC	RELATED		2,178		No		Yes		
COMERCIO AZ EQUITY CDE LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 20-1582317	DEVELOPMENT	AZ	COMERCIO AZ INC	RELATED				No		Yes		
COMERCIO AZ SMALL BUSINESS 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 20-1582351	DEVELOPMENT	AZ	COMERCIO AZ INC	RELATED				No		Yes		
FUTURO PORTLAND VENTURE 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0329801	HOUSING	AZ	N/A	RELATED				No		Yes		
GUADALUPE HUERTA SENIOR APTS LIGHT LP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271912	HOUSING	AZ	N/A	RELATED	4,728	498,185		No		Yes		
CASA DE FLORES SENIOR APTS LIGHTC LP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271909	HOUSING	AZ	N/A	RELATED	3,375	338,621		No		Yes		
CASA DE ROMAN APARTMENTS LIHTC LP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0897879	HOUSING	AZ	N/A	RELATED		904,733		No		Yes		
CASA DE ENCANTO SENIOR APT LP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271908	HOUSING	AZ	N/A	RELATED	6,747	812,951		No		Yes		
MOUNTAIN POINTE APARTMENTS LP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0971578	HOUSING	AZ	N/A	RELATED		2,242,810		No		Yes		
MOUNTAIN POINTE APTS PHASE II LP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 01-0857328	HOUSING	AZ	N/A	RELATED	6,425	408,102		No		Yes		

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1) CAUSA COMMUNITY DEVELOPMENT DBA GUADALUPE BARRIO NUEVO	O	108,192	FMV
(2) PUEBLO SENIOR HOUSING INC	O	72,067	FMV
(3) SANTA CRUZ APARTMENTS	O	168,003	FMV
(4) PASTOR COURT APARTMENTS	O	24,719	FMV
(5) GRANT STREET APARTMENTS INC	O	90,697	FMV
(6) CASA MIA AFFORDABLE PARTNERS INC	O	133,464	FMV
(7) CPLC COMMUNITY SCHOOL	O	91,440	FMV
(8) CPLC COMMUNITY SCHOOL	A	177,709	FMV
(9) CPLC COMMUNITY SCHOOL	P	18,927	FMV
(10) CPLC COMMUNITY SCHOOL	M	220,313	FMV
(11) CPLC COMMUNITY SCHOOL	Q	393,964	FMV
(12) COMERCIO AZ RE I	K	100,000	FMV
(13) COMERCIO AZ RE II	K	60,000	FMV
(14) ROSA LINDA SENIOR APARTMENTS LIHTC LP	O	122,495	FMV
(15) ROSA LINDA SENIOR APARTMENTS LIHTC LP	R	44,251	FMV
(16) GUADALUPE HUERTA SENIOR APTS LIGHT LP	O	52,042	FMV
(17) GUADALUPE HUERTA SENIOR APTS LIGHT LP	R	35,703	FMV
(18) CASA DE FLORES SENIOR APTS LIGHTC LP	O	75,083	FMV
(19) CASA DE FLORES SENIOR APTS LIGHTC LP	R	7,412	FMV
(20) CASA DE ROMAN APARTMENTS LIHTC LP	O	81,012	FMV

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(21)	CASA DE ENCANTO SENIOR APT LP	O	92,976	FMV
(22)	CASA DE ENCANTO SENIOR APT LP	R	90,772	FMV
(23)	MOUNTAIN POINTE APARTMENTS LP	O	117,050	FMV
(24)	MOUNTAIN POINTE APARTMENTS LP	R	40,000	FMV
(25)	MOUNTAIN POINTE APARTMENTS LP	A	70,000	FMV
(26)	MOUNTAIN POINTE APTS PHASE II LP	O	65,002	FMV
(27)	MOUNTAIN POINTE APTS PHASE II LP	R	17,567	FMV
(28)	CASA DEL PUEBLO II	O	43,079	FMV
(29)	FUTURO INVESTMENT CORP - LA CAUSA	Q	21,850	FMV
(30)	FUTURO INVESTMENT CORP - LA CAUSA	L	35,850	FMV
(31)	FUTURO INVESTMENT CORP - LA CAUSA	P	20,767	FMV
(32)	FUTURO INVESTMENT CORP - LA CAUSA	O	73,914	FMV
(33)	FUTURO INVESTMENT CORP - LA CAUSA	A	5,633	FMV
(34)	FUTURO INVESTMENT CORP - LA CAUSA	A	5,510	FMV
(35)	FUTURO INVESTMENT CORP - LA CAUSA	R	163,832	FMV
(36)	FUTURO INVESTMENT CORP - LA CAUSA	M	27,781	FMV
(37)	FUTURO INVESTMENT CORP - TIEMPO	O	143,666	FMV
(38)	FUTURO INVESTMENT CORP - TIEMPO	C	10,477	FMV
(39)	FUTURO INVESTMENT CORP - TIEMPO	A	27,718	FMV
(40)	FUTURO INVESTMENT CORP - TIEMPO	K	1,992	FMV

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(41) FUTURO INVESTMENT CORP - TIEMPO	P	274,471	FMV
(42) FUTURO INVESTMENT CORP - TIEMPO	L	12,217	FMV
(43) FUTURO INVESTMENT CORP - FUTURO EMPLOYMENT SERVICES	O	187,912	FMV
(44) FUTURO INVESTMENT CORP - FUTURO EMPLOYMENT SERVICES	A	14,498	FMV
(45) FUTURO INVESTMENT CORP - FUTURO EMPLOYMENT SERVICES	M	6,921	FMV
(46) FUTURO INVESTMENT CORP - FUTURO EMPLOYMENT SERVICES	Q	241,055	FMV
(47) FUTURO INVESTMENT CORP - FUTURO EMPLOYMENT SERVICES	L	289,144	FMV
(48) FUTURO ENTERPRISE SERVICES INC	O	310,840	FMV
(49) FUTURO ENTERPRISE SERVICES INC	P	1,658	FMV
(50) FUTURO ENTERPRISE SERVICES INC	A	44,993	FMV
(51) FUTURO ENTERPRISE SERVICES INC	Q	163,810	FMV
(52) FUTURO ENTERPRISE SERVICES INC	D	150,000	FMV

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			
RODOLFO PARGA JR CHAIR	2 00	X		X				0	0	0
ABE ARVIZU VICE CHAIR	2 00	X		X				0	0	0
LEONARDO LOO TREASURER	2 00	X		X				0	0	0
CARMEN CORNEJO SECRETARY	2 00	X		X				0	0	0
JOSE ANTONIO HABRE DIRECTOR	2 00	X						0	0	0
TERRY CAIN DIRECTOR	2 00	X						0	0	0
JAVIER CARDENA MD DIRECTOR	2 00	X						0	0	0
ALBERTO ESPARZA DIRECTOR	2 00	X						0	0	0
MANNY FRKLICH DIRECTOR	2 00	X						0	0	0
ERICA GONZALEZ-MELENDEZ DIRECTOR	2 00	X						0	0	0
DELMA HERRERA DIRECTOR	2 00	X						0	0	0
MANNY MOLINA DIRECTOR	2 00	X						0	0	0
ANTONIO MOYA DIRECTOR	2 00	X						0	0	0
ROBERT ORTIZ DIRECTOR	2 00	X						0	0	0
RUDY PEREZ DIRECTOR	2 00	X						0	0	0
NAPOENO PISANO DIRECTOR	2 00	X						0	0	0
ANTHONY REYES DIRECTOR	2 00	X						0	0	0
DEANNA SALAZAR DIRECTOR	2 00	X						0	0	0
RAY SALAZAR DIRECTOR	2 00	X						0	0	0
SILVIA SILAS DIRECTOR	2 00	X						0	0	0
RAQUEL TERAN DIRECTOR	2 00	X						0	0	0
ALEX VARELA DIRECTOR	2 00	X						0	0	0
EDMUNDO HIDALGO PRESIDENT AND CEO	40 00			X				238,358	0	27,323
MARIA ARJELIA GOMEZ CHIEF OPERATING OFFICER	40 00			X				178,938	0	24,198
DAVID ADAME CHIEF FINANCIAL OFFICER	40 00			X				171,522	0	26,286

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			
MARTIN QUINTANA CHIEF DEVELOPMENT OFFICE	40 00			X				190,262	0	18,642
JENNIFER LINEHAN NURSE PRACTITIONER	40 00					X		144,988	0	17,599
SALVADOR C MARTINEZ VP OF EMPLOYMENT SERVICES	40 00					X		103,831	0	27,711
JUDY K STITH VP OF CORPORATE COMPLIANCE	40 00					X		114,787	0	20,299
GERMAN REYES VP OF COMMUNITY STABILITY	40 00					X		120,883	0	30,535

Additional Data

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

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

4d. Other program services

(Code) (Expenses $ 17,582,321 including grants of $ 183,596) (Revenue $ 10,998,102)

EARLY HEADSTART THIS IS A FEDERALLY-FUNDED, COMMUNITY-BASED PROGRAM FOR LOW-INCOME PREGNANT WOMEN, INFANTS, TODDLERS AND THEIR FAMILIES THE FOCUS OF THIS PROGRAM IS TO PROMOTE HEALTHY PRENATAL OUTCOMES FOR PREGNANT WOMEN, ENHANCE THE DEVELOPMENT OF VERY YOUNG CHILDREN, AND PROMOTE HEALTHY FAMILY FUNCTIONING HOUSING HOUSING COUNSELING & EMERGENCY ASSISTANCE - THE PROGRAM PROVIDES MORTGAGE DEFAULT AND RENTAL DELINQUENCY COUNSELING FOR LOW TO MODERATE INCOME RESIDENTS - CPLC ALSO PROVIDES HOME BUYER EDUCATION, OFFERS WORKSHOPS AND INDIVIDUAL COUNSELING CPLC ALSO HAS A "SELF-HELP" PROGRAM IN NOGALES THAT PROVIDES OPPORTUNITIES FOR FAMILIES IN RURAL ARIZONA TO CASH IN ON "SWEAT EQUITY" BY PROVIDING THEIR OWN LABOR ELDERLY SERVICE CPLC ALSO ADDRESSES THE NEEDS OF ARIZONA'S GROWING SENIOR POPULATION, A COMPREHENSIVE, CENTER BASED PROGRAM THAT OFFERS ADVOCACY AND CASE MANAGEMENT SERVICES, WHICH INCLUDE BUT ARE NOT LIMITED TO MEDICAL CHECKUPS, SAFE TRANSPORTATION, RECREATION, ENTERTAINMENT, AND COMPANIONSHIP ECONOMIC DEVELOPMENT CPLC WORKFORCE DEVELOPMENT CENTER - CPLC WORKFORCE DEVELOPMENT CENTER (WDC) HAS BEEN IN OPERATING FOR 30 YEARS, ITS MISSION IS TO STRENGTHEN THE LOCAL WORKFORCE AND HELP CONSTITUENTS IMPROVE THEIR QUALITY OF LIFE THIS IS ACCOMPLISHED BY HELPING INDIVIDUALS WHO ARE UNEMPLOYED OR UNDEREMPLOYED FIND GAINFUL EMPLOYMENT THE WDC HIGHLY MOTIVATED BI-LINGUAL STAFF HELP CUSTOMERS WITH ALL ASPECTS OF OBTAINING AND KEEPING A JOB PROGRAM STAFF WORK CLOSED WITH LOCAL EMPLOYERS TO ENSURE THEY FULFILL THEIR HIRING NEEDS, WHICH PROVIDES GREAT EMPLOYMENT OPPORTUNITIES FOR THE MANY PARTICIPANTS WHO SEEK EMPLOYMENT ASSISTANCE THE WDC SERVES PEOPLE IN NEED OF VARIOUS SERVICES INCLUDING GENERAL ADULT EDUCATION CLASSES (GED), OCCUPATIONAL TRAINING, JOB PLACEMENTS ASSISTANCE AND SUPPORT SERVICES THE WDC RESOURCE ROOM PROVIDES OUR CUSTOMERS ACCESS TO INTERNET READY COMPUTERS, CURRENT JOB LISTINGS, JOB FAIR INFORMATION, FAX MACHINE, TELEPHONE AND RESUME WRITING ASSISTANCE IN ADDITION TO SELF-SERVICE ASPECT OF THE OPERATION, THE WDC ALSO HAS A STRONG NETWORK OF EMPLOYERS, WHO UTILIZE THE SERVICES OF WDC TO RECRUIT EMPLOYEES THE WDC OFFERS A PROGRAM THAT REVOLVES AROUND EDUCATION, EMPLOYMENT AND TRAINING THE W I A -ASPIRE YOUTH PROGRAM, PROVIDED BY CPLC SERVES IN AND OUT OF SCHOOL YOUTH AGES 14-21 LIVING IN EAST VALLEY INCLUDING, TEMPE, CHANDLER, GILBERT, AND GUADALUPE THROUGH THIS PROGRAM, WDC PROVIDES YEAR-ROUND YOUTH DEVELOPMENT SERVICES THE INTENT OF THE PROGRAM IS TO ASSIST YOU IN SUCCESSFULLY ACHIEVING THEIR EDUCATIONAL AND JOB GOALS THE PROGRAM WILL ASSIST AND ENCOURAGE YOUTH TO RETURN TO SCHOOL CPLC WORKS WITH ALL HIGH SCHOOLS, ALTERNATIVE SCHOOLS AND CHARTER SCHOOLS CPLC WDC ALSO SERVES ADJUDICATED (EX-OFFENDER) YOUTH AND ADULTS LIVING IN METROPOLITAN PHOENIX AND SURROUNDING CITIES THE PROGRAM PROVIDES YEAR-ROUND YOUTH AND ADULTS' DEVELOPMENT SERVICES SUCH AS, WORK READINESS AND WORK EXPERIENCE THROUGH A KALEIDOSCOPE OF SERVICE AND ACTIVITIES INCLUDING CASE MANAGEMENT AND EVIDENCE BASED CURRICULUM PRESTAMOS THE PROGRAM PROVIDES ECONOMIC OPPORTUNITIES FOR SMALL AND EMERGING SMALL BUSINESSES IN ARIZONA, BY PROVIDING LOANS ALONG WITH TECHNICAL ASSISTANCE THE FOLLOWING LOAN PROGRAMS ARE OFFERED SBA MICROLOAN PROGRAM ADDRESSES THE PROBLEMS ENCOUNTERED BY SMALL BUSINESS ENTREPRENEURS SEEKING FINANCING IN THE RANGE OF $2,000-$35,000, AND EMERGING MICRO-ENTERPRISES WITHIN THE TARGET AREAS HEALTH AND HUMAN SERVICES MOTHER'S AGAINST GANGS (MAG) PROGRAMS AT THE MAG CENTER FOCUSES ON DEVELOPING AND COORDINATING PROGRAMS SPECIFICALLY DESIGNED TO PROMOTE CHICANOS POR LA CAUSA, INC (CPLC) AND ITS VARIETY OF SERVICES TO THE COMMUNITY THE MAG CENTER HOUSES AND RECRUITS/RETAINS MANO COALITION MEMBERS AND FACILITATES OPEN COMMUNICATION WITH OTHER COMMUNITY STAKEHOLDERS THROUGH THE COALITION AND WITH THE INTENT TO CREATE FUTURE SUSTAINABLE AND POSITIVE CHANGETHE TRUCE PROJECT THE TRUCE PROJECT WORKS DIRECTLY WITH VERY HIGH-RISK YOUTH THROUGH OUTREACH WORKERS IN ORDER TO HELP PROVIDE SAFETY AND ASSISTANCE FOR INDIVIDUALS BY BUILDING UP THESE RELATIONSHIPS WE HOPE TO INFLUENCE COMMUNITY MEMBERS TO ALWAYS RESOLVE CONFLICTS THROUGH NON-VIOLENT MEANS THROUGH REFERRALS, WE PROVIDE THEM WITH SERVICES AND OPPORTUNITIES, SUCH AS EDUCATION AND EMPLOYMENT VIOLENCE INTERRUPTERS SERVE AS INTERMEDIARIES OF THE PROGRAM WITH THE COMMUNITY THROUGH THEIR WORK WE LEARN OF CONFLICTS THAT MAY RESULT IN VIOLENCE AND ATTEMPT TO CALM THE BOTH PARTIES BEFORE THE ISSUE CAN ESCALATE WHEN SHOOTINGS TAKE PLACE TRUCE WORKERS CANVASS THE NEIGHBORHOODS TO PREVENT ANY RETALIATION FROM THE EVENT OUTREACH WORKERS ALSO RESPOND IN THE HOSPITAL IN CASE ANY INCIDENTS ERUPT IN THE WAITING ROOM FURTHERMORE, TO COMMUNITY IS MOBILIZED TO RESPOND TO EACH SHOOTING AND INFORM ALL INVOLVED THAT SHOOTINGS ARE NOT ACCEPTABLE WE COLLABORATE WITH RESIDENTS, SCHOOLS, FAITH LEADERS, AND SOCIAL SERVICE AGENCIES TO HELP DISTRIBUTE PUBLIC EDUCATION MATERIALS TO HELP SPREAD THE MESSAGE START THE PEACE STOP THE VIOLENCE THE PROJECT IS FUNDED BY THE DEPARTMENT OF JUSTICE AND IS A PARTNERSHIP BETWEEN CHICANOS POR LA CAUSA, INC , ARIZONANS FOR GUN SAFETY, ST JOE'S HOSPITAL, AND ASU CULTURAL PRIDE LINKING COMMUNITIES PROGRAM CULTURAL PRIDE LINKING COMMUNITIES PROGRAM BASED OUT OF LAIRD ELEMENTARY SCHOOL PROGRAM SERVICES ARE MENTORING, LIFE-SKILLS GROUPS, ACADEMIC ASSISTANCE, PARENTAL OUTREACH/ENGAGEMENT AND ALTERNATIVE ACTIVITIES WHICH INCLUDE FIELD TRIPS, SPECIAL EVENTS AND MULTICULTURAL HOLIDAY CELEBRATIONS THE PREVENTION DEPARTMENT THE PREVENTIONS DEPARTMENT OF CHICANOS POR LA CAUSA IN PARTNERSHIP WITH THE CHILDREN'S ACTION ALLIANCE, AND FIRST THINGS FIRST IS PROVIDING FREE APPLICATION ASSISTANCE FOR LOW INCOME FAMILIES THAT MIGHT NEED AHCCCS, FOOD STAMPS, OR CASH ASSISTANCE WE SAVE FAMILIES THE HASSLE OF WAITING IN LINE FOR SEVERAL HOURS AT THE DES OFFICE BY FILLING OUT AND DELIVERING THEIR APPLICATION WITHIN THE HOUR THROUGH OUR ONLINE SYSTEM WE HAVE SEVERAL LOCATIONS THROUGH THE VALLEY FROM WHICH TO SERVICE FAMILIES AND WE WOULD LOVE TO BE A RESOURCE FOR YOU AND YOUR FAMILIES SOUTHERN REGION CPLC YOUTH CENTER THE GOALS OF ARE ACHIEVED THROUGH PROGRAMS AND SERVICES THAT ARE PROVIDED IN THREE MAIN CONTENT AREAS LEADERSHIP, WELLNESS, AND EDUCATION ALL PROGRAMS INTEGRATE A CULTURAL FOUNDATION AND FOCUS, ENCOURAGE CIVIC ENGAGEMENT AND ADVOCACY, AND STRENGTHEN MIND, BODY, SPIRIT AND COMMUNITY ACTIVITIES INCLUDE YOUTH DEVELOPMENT OPPORTUNITIES THROUGH LEADERSHIP CONFERENCES, RETREATS, CULTURAL DEVELOPMENT TRAINING, PUBLIC HEALTH EDUCATION, SKILL BUILDING, SCHOLARSHIP ASSISTANCE, AND MENTORING YOUTH CENTER (CENTRO JUVENILE) THE YOUTH CENTER IS AN AFTER-SCHOOL RESOURCE FACILITY AND SUMMER RECREATION CENTER FOR YOUTH IN GRADES 4 THROUGH 12 ACTIVITIES AND RESOURCES AIM TO PROVIDE EDUCATIONAL SUPPORT, PROMOTE POSITIVE ATTITUDES AND INTERPERSONAL RELATIONSHIPS, AND CREATE A SAFE AND SUPPORTIVE ENVIRONMENT COMPUTERS WITH INTERNET ACCESS ARE AVAILABLE ON SITE TO ASSIST YOUTH IN COMPLETING SCHOOL WORK AND CLASS PROJECTS PUBLIC HEALTH INFORMATION, RESOURCES, AND REFERRALS ARE ALSO AVAILABLE FOR YOUTH AND FAMILIES STAFF ARE BILINGUAL AND BICULTURAL NAHUI OLLIN WELLNESS PROGRAM THIS SCHOOL-BASED YOUTH WELLNESS PROGRAM USES A CULTURALLY-BASED CURRICULUM PROVIDED IN 20 SESSIONS AIMED AT INCREASING KNOWLEDGE ABOUT SUBSTANCE ABUSE, VIOLENCE (HUMAN OPPRESSION), AND SEXUALLY TRANSMITTED DISEASES, IMPROVING HEALTHY DECISION MAKING, BUILDING RESILIENCY SKILLS AMONG HIGH SCHOOL YOUTH THIS IS AN EFFECTIVE AND COMPREHENSIVE CULTURALLY BASED CHARACTER AND LEADERSHIP DEVELOPMENT AND SUBSTANCE ABUSE AND HIV/AIDS PREVENTION PROGRAM PROVIDED AT LOCAL HIGH SCHOOLS AS PART OF THEIR REGULARLY SCHEDULED CLASSROOM THE NAHUI OLLIN CURRICULUM STRESSES THE NEED FOR OPTIMAL HEALTH OF MIND, BODY, SPIRIT, AND COMMUNITY THROUGH THE INCORPORATION OF ACTIVITIES THAT EXPLORE HISTORY, SELF-EMPOWERMENT, FAMILY DYNAMICS, COMMUNICATION, AND LEADERSHIP DEVELOPMENT CORAZON DE AZTLAN YOUTH LEADERSHIP RETREAT THIRTY HIGH SCHOOL YOUTH FROM ACROSS TUCSON ARE SELECTED TO PARTICIPATE IN THIS 3 5 DAY RETREAT IN TUMACACORI ANNUALLY THE OVERALL OBJECTIVE OF THE RETREAT IS TO DEVELOP CHARACTER AND LEADERSHIP AMONG YOUTH BY STRENGTHENING CONFIDENCE LEVELS, SELF-EFFICACY, COMMUNITY INVOLVEMENT, AND INTERPERSONAL RELATIONSHIP SKILLS THE YOUTH PARTICIPATE IN INTERACTIVE WORKSHOPS ON TOPICS SUCH AS CULTURE, HISTORY, LEADERSHIP, SELF-EMPOWERMENT, GENDER ROLES, TEAM BUILDING, AND CIVIC RESPONSIBILITY ALL OTHER PROGRAMS TOTALS