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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

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 $ 139,122,035

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	24
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	804
6	Total number of volunteers (estimate if necessary)	**6**	1,835
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	49,839,966	89,439,885
	9 Program service revenue (Part VIII, line 2g)	10,998,102	44,970,827
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	212,988	959,237
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,408,499	3,359,728
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	63,459,555	138,729,677
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	722,346	330,670
	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)	27,454,611	28,798,855
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶354,780		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	34,129,772	105,821,551
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	62,306,729	134,951,076
	19 Revenue less expenses Subtract line 18 from line 12	1,152,826	3,778,601

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	106,521,009	114,498,807
	21 Total liabilities (Part X, line 26)	62,955,450	66,640,754
	22 Net assets or fund balances Subtract line 21 from line 20	43,565,559	47,858,053

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

****** | 2014-05-14
Signature of officer | Date

MARIA ARJELIA GOMEZ CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
STEPHEN E LIVINGSTON CPA				P00317845

Firm's name ▶ CLIFTONLARSONALLEN LLP | Firm's EIN ▶ 41-0746749

Firm's address ▶ 20 E THOMAS RD STE 2300
PHOENIX, AZ 85012 | 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 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 $ 80,995,229 including grants of $) (Revenue $ 34,458,236)

NEIGHBORHOOD STABILIZATION PROGRAM NEIGHBORHOOD STABILIZATION PROGRAM IS A FEDERALLY FUNDED PROGRAM BEING USED TO STABILIZE AND REVITALIZE NEIGHBORHOODS THAT HAVE BEEN NEGATIVELY IMPACTED BY FORECLOSURES, THE PROGRAM PURCHASES AND REHABILITATES FORECLOSURE OR ABANDONED PROPERTIES AND RESELL THESE PROPERTIES TO INCOME-QUALIFIED INDIVIDUALS

4b (Code) (Expenses $ 14,338,815 including grants of $ 38,885) (Revenue $)

ARIZONA MIGRANT & SEASONAL HEAD START THIS IS A FEDERALLY-FUNDED, EARLY CHILDHOOD EDUCATION PROGRAM THAT IS AVAIABLE TO MIGRANT AND SEASONAL FAMILIES AND SERVES CHILDREN FROM 6 WEEKS OLD TO SIX YEARS OLD THE PROGRAM IS INDIVIDUAIZED, MULTI-CULTURAL AND UTLIZES APPROPRIATE DEVELOPMENTAL PRACTICES CHILDREN LEARN TO BE SELF DIRECTED AND INTERACT IN GROUP SETTINGS STAFF DEVELOP PARTNERSHIPS WITH PARENTS TO INVOLVE THEM AS THE PRIME EDUCATOR IN THE DEVELOPMENT OF THEIR CHILDREN THE PROGRAM SERVES OVER 900 CHILDREN AND FAMILES ANNUALLY

4c (Code) (Expenses $ 12,663,535 including grants of $ 66,700) (Revenue $)

HOUSING, HOUSING COUNSELING AND EMERGENCY ASSISTANCE HOUSING COUNSELING AND EMERGENCY ASSISTANCE-THE PROGRAM PROVIDES MORTGAGE DEFAULT AND RENTAL DELINQUIENCY TO 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 ACCESS TO SINGLE FAMILY AND MULTIFAMILY HOUSING UNITS

(Code) (Expenses $ 5,938,133 including grants of $ 136,055) (Revenue $)

BEHAVIORAL HEALTH SERVICES (CENTRO 48 , CORAZON 49, HIV 53, PA 47, DOMESTIC VOILENCE 35) CPLC OFFERS OUTPATIENT BEHAVIORAL HEALTH SERVICES TO FAMILIES, ADULTS, CHILDREN, AND ADOLESCENTS, SHELTER AND SERVICES FOR WOMEN WHO ARE VICTIMS OF DOMESTIC VIOLENCE, HIV BEHAVIORAL HEALTH AND TREATMENT PRE-NATAL CARE TO SOUTH PHOENIX WOMEN- CENTRO DE LA FAMILIA-PROGRAM PROVIDE PSYCHIATRIC EVALUATIONS, MEDICATION MANAGEMENT, COUNSELING SERVICES, MARRIAGE AND FAMILY COUNSELING, GROUP COUNSELING AND CASE MANAGEMENT FOR CHILDREN AND ADULTS RYAN WHITE CASE SERVICES- THE PROGRAM HAS TWO BASIC COMPONENTS, BEHAVIORAL HEALTH TREATMENT AND TARGETED OUTREACH TO THE LATINO COMMUNITY THE CAST MAJORITY OF THE CLIENTS THAT WE PROVIDE SERVICES TO ARE LATINO, INDIVIDUALS WHO ARE PREDOMINANTLY SPANISH-SPEAKING AND WHO ARE 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 LIFELONG CHALLENGE TO LIVE FREE OF SUBSTANCE ABUSE BETWEEN BOTH PROGRAMS APPROXIMATELY 250 CLIENTS ARE SERVED ANNUALLY BY CORAZON PROGRAMS DE COLORED IS A DOMESTIC VIOLENCE SHELTER THAT SERVES WOMAN AND CHILDREN FLEEING VIOLENT RELATIONSHIPS THE SHELTER WAS OPENED IN 1986 WITH 16 BEDS TODAY DE COLORED HAS 58 BEDS FOR THE CRISIS PROGRAM AND 42 BEDS FOR THE TRANSITIONAL LIVING PROGRAM THE STAFF IS BI-CULTURAL/BI-LINUAL AND SPECIALIZES IN SERVING MONOLINGUAL SPANISH SPEAKING WOMEN THE PROGRAM PROVIDES ALL FO 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 ASSIUS THEM AS THEY BEGIN THEIR JOURNEY TOWARD HEALING AND INDEPENDECE THE SHELTER SERVES APPROXIMATLEY 430 CLIENTS ANNUALLY WITH MAJORITY BEING CHILDREN THE AVERAGE NUMBER OF CHILDREN ENTERING 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 SOURCED INCLUDING GOVERNMENT, FOUNDATIONS, AND INDIVIDUAL DONATIONS YOUTH SERVICES 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

(Code) (Expenses $ 3,501,206 including grants of $) (Revenue $)

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

(Code) (Expenses $ 1,539,615 including grants of $) (Revenue $)

ECONOMIC DEVELOPMENT 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

(Code) (Expenses $ 2,638,247 including grants of $ 1,360) (Revenue $)

PARENTING ARIZONA CPLC PARENTING ARIZONA PROVIDES POSITIVE PARENT EDUCATION TO ALL ARIZONA FAMILIES THROUGH HOME VISITATION, PARENTING CLASSES, COMMUNITY OUTREACH, SCHOOL BASED AND AFTER SCHOOL PROGRAMS THE PROGRAM SERVES OVER 16,900 PARTICIPANTS ANNUALLY THROUGH NATIONAL/INTERNATIONAL CERTIFIED PROFESSIONAL STAFF AND USES NUMEROUS EVIDENCE BASED CURRICULUMS SUCH AS "PARENTS AS TEACHERS", "TRIPLE P", AND "PARENTING AND NURTURING PARENT" THE PROGRAM HAS AN EXTENSIVE STATEWIDE COLLABORATION EFFORT WITH PARTNER AGENCIES AND SUPPORT THROUGH THE USE OF OVER 5000 VOLUNTEER HOURS ANNUALLY

(Code) (Expenses $ 449,182 including grants of $) (Revenue $)

WORKFORCE DEVELOPMENT CPLC WORKFORCE DEVELOPMENT CENTER HAS BEEN IN OPERATION 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 UNDEREMPLOYED UNEMPOLYED FIND GAINFUL EMPLOYMENT THE WDC HIGHLY MOTIVATED BI-LINGUAL STAFF HELP CUSTOMERS WITH ALL ASPECTS OF OBTAINING AND KEEPING A JOB PROGRAM STAFF WORK CLOSELY WITH LOCAL EMPLOYERS TO ENSURE THEY FULFILL THEIR HIRING NEEDS, WHICH PROVIDES GREAT EMPLOYMENT OPPORTUNITIES FOR THE MANY PARTICIPANTS WHO SEEK EMPLOYMENT ASSISTANCE WORKFORCE DEVELOPMENT SERVES PEOPLE IN NEED OF VARIOUS SERVICES INCLUDING GENERAL EDUCATION CLASSES (GED), OCCUPATIONAL TRAINING, JOB PLACEMENT ASSISTANCE AND SUPPORT SERVICES THE CENTER RESOURCE ROOM PROVIDES OUT CLIENTS ACCESS TO INTERNET READY COMPUTERS, CURRENT JOB LISTINGS, JOB FAIR INFORMATION, FAX MACHINE, TELEPHONE AND RESUME WRITING ASSISTANCE IN ADDITION TO THE SELF-SERVICE ASPECT OF THE OPERATION, THE CENTER ALSO HAS A STRONG NETWORK OF EMPLOYERS WHO UTLIZE THE SERVICES OF THE CENTER TO RECRUIT EMPLOYEES THE CENTER OFFERS SERVICES THAT REVOLVE AROUND EDUCATION, EMPLOYMENT, AND TRAINING

(Code) (Expenses $ 393,484 including grants of $) (Revenue $)

IMMIGRATION SERVICES IMMIGRATION SERVICES PROVIDES AFFORDABLE AND COMPREHENSIVE CASE MANAGEMENT IN VARIOUS IMMIGRATION PROCEDURES STAFF IS FULLY TRAINED IN IMMIGRATION LAW AND PROCEDURES AND PROVIDES THE SUPPORT NECESSARY TO ENSURE THAT THE NEEDS OF EVERY INDIVIDUAL CASE ARE MET THE PROGRAM HAS BEEN SERVING THE SOMERTON COMMUNITY SINCE 1978

(Code) (Expenses $ 339,464 including grants of $) (Revenue $)

ELDERLY SERVICES CPLC ADDRESSES THE NEEDS OF ARIZONAS GROWING SENIOR POPULATION, A COMPREHENSIVE, CENTER BASED PRORAM THAT OFFERS ADVOCACY AND CASE MANAGEMENT SERVICES, WHICH INCLUDE BUT ARE NOT LIMITED TO MEDICAL CHECKUPS, SAFE TRANSPORTATION, RECREATION, ENTERTAINMENT, AND COMPANIONSHIP

(Code) (Expenses $ 7,265,231 including grants of $ 87,670) (Revenue $ 10,512,591)

OTHER MISCELLANEOUS PROGRAMS HEALTH AND HUMAN SERVICES - PROMESA-44, ELDERLY-46, HIV-53, PA-47REAL ESTATE-FUND 50RESEARCH - 75TRAINING - 78BUILDINGS - 80PROPERTY MGMT/COMMERCIAL PROP CORPORATESPECIAL EVENTS

4d Other program services (Describe in Schedule O)
(Expenses $ 22,064,562 including grants of $ 225,085) (Revenue $ 10,512,591)

4e Total program service expenses ▶ 130,062,141

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *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 11b 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	191		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	804		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 24		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 24		
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**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe 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 ☐ Other (explain in Schedule O)

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

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

▶ ANTHONY VALENCIA 1112 EAST BUCKEYE ROAD PHOENIX, AZ (602) 257-0700

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								1,525,737	0	174,365

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 ▶ 9

			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
SHEA-CONNELLY DEVELOPMENT LLC 7904 E CHAPARRAL ROAD STE A110-624 SCOTTSDALE AZ 85250	CONSTRUCTION	1,371,034
CASA RICA CONSTRUCTION 1121 W RANCH RD TEMPE AZ 85034	CONSTRUCTION	620,393
PROWORX CONTRACTING LLC 519 W LONE CACTUS DRIVE STE 403 PHOENIX AZ 85027	CONSTRUCTION	432,561
LEAR WEST CORPORATION 3922 E VIRGO PLACE CHANDLER AZ 85249	CONSTRUCTION	281,584
CASCADE MECHANICAL INC 4755 S 32ND ST PHOENIX AZ 85040	AC MAINT/REPAIR/REPLACEMENT	268,856

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 ▶ 41

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	83,080,355			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,359,530			
	g	Noncash contributions included in lines 1a-1f $		2,681,667			
	h	**Total.** Add lines 1a-1f			89,439,885		
Program Service Revenue			Business Code				
	2a	LOW INCOME HOUSE SALES	531390		33,458,236	33,458,236	
	b	RENTAL INCOME	532000		10,901,776	10,901,776	
	c	MANAGEMENT FEES	900099		610,815	610,815	
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f			44,970,827		
	3	Investment income (including dividends, interest, and other similar amounts)			882,515		882,515
	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	126,158				
	b	Less cost or other basis and sales expenses	49,436				
	c	Gain or (loss)	76,722				
	d	Net gain or (loss)			76,722		76,722
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a 771,194				
	b	Less direct expenses	b 342,922				
	c	Net income or (loss) from fundraising events			428,272		428,272
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	COD INCOME	999999	1,754,756			1,754,756
	b	OTHER INCOME	999999	1,176,700			1,176,700
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		2,931,456			
	12	**Total revenue.** See Instructions		138,729,677	44,970,827	0	4,318,965

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response 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	87,670	87,670		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	243,000	243,000		
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	1,035,327	921,442	103,532	10,353
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	22,102,766	19,923,140	1,884,480	295,146
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	150,790	136,106	12,616	2,068
9 Other employee benefits	3,450,207	3,108,911	295,536	45,760
10 Payroll taxes	2,059,765	1,855,670	176,878	27,217
11 Fees for services (non-employees)				
a Management	741,779	668,278	63,699	9,802
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,772,686	1,597,036	152,226	23,424
12 Advertising and promotion	849,094	764,960	72,914	11,220
13 Office expenses	1,572,446	1,416,637	135,031	20,778
14 Information technology	1,121,091	1,010,006	96,271	14,814
15 Royalties				
16 Occupancy	4,310,700	3,883,567	370,172	56,961
17 Travel	663,014	597,318	56,935	8,761
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,166,851	1,952,145	186,074	28,632
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,405,814	3,068,343	292,467	45,004
23 Insurance	1,151,688	1,037,571	98,899	15,218
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROGRAM CONSTRUCTION	73,429,070	73,429,070		
b COST OF SALES	8,733,513	8,733,513		
c OTHER EXPENSES	3,402,785	3,065,613	292,208	44,964
d REPAIRS & MAINT	2,491,465	2,244,594	213,949	32,922
e All other expenses	9,555	317,551	30,268	-338,264
25 **Total functional expenses.** Add lines 1 through 24e	134,951,076	130,062,141	4,534,155	354,780
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		1,914,797	2	2,607,355
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		7,721,745	4	2,266,639
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	4,601,620
	8	Inventories for sale or use		2,788,701	8	4,183,556
	9	Prepaid expenses and deferred charges		163,017	9	135,028
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 106,644,180			
	b	Less accumulated depreciation	10b 31,980,196	75,391,618	10c	74,663,984
	11	Investments—publicly traded securities		3,117,154	11	3,241,063
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		1,857,428	13	1,368,258
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		13,566,549	15	21,431,304
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		106,521,009	16	114,498,807
Liabilities	17	Accounts payable and accrued expenses		6,630,105	17	5,935,773
	18	Grants payable			18	491,351
	19	Deferred revenue		468,126	19	1,509,437
	20	Tax-exempt bond liabilities		21,885,000	20	21,270,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		288,118	21	213,926
	22	Loans and other 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		30,754,851	23	34,017,920
	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		2,929,250	25	3,202,347
	26	**Total liabilities.** Add lines 17 through 25		62,955,450	26	66,640,754
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		41,034,215	27	45,228,883
	28	Temporarily restricted net assets		31,344	28	129,170
	29	Permanently restricted net assets		2,500,000	29	2,500,000
		Organizations that do not follow SFAS 117 (ASC 958), 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		43,565,559	33	47,858,053
	34	Total liabilities and net assets/fund balances		106,521,009	34	114,498,807

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	138,729,677
2	Total expenses (must equal Part IX, column (A), line 25)	2	134,951,076
3	Revenue less expenses Subtract line 2 from line 1	3	3,778,601
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43,565,559
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	707,790
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-193,897
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	47,858,053

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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	

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RODOLFO PARGA JR DIRECTOR	2 00	X						0	0	0
ABE ARVIZU CHAIR	2 00	X		X				0	0	0
LEONARDO LOO VICE CHAIR	2 00	X		X				0	0	0
CARMEN CORNEJO SECRETARY	2 00	X		X				0	0	0
STEPHANIE ACOSTA DIRECTOR	2 00	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 TREASURER	2 00	X		X				0	0	0
ROBERT ORTIZ DIRECTOR	2 00	X						0	0	0
RUDY PEREZ DIRECTOR	2 00	X						0	0	0
NAPOLEON 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 SALAS 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				268,774	0	22,345
MARIA ARJELIA GOMEZ CHIEF FINANCIAL OFFICER	40 00			X				206,450	0	23,974

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID ADAME CHIEF OPERATING OFFICER	40 00				X			193,941	0	17,752
MARTIN QUINTANA CHIEF DEVELOPMENT OFFICE	40 00				X			199,322	0	8,467
JENNIFER LINEHAN NURSE PRACTITIONER	40 00					X		148,003	0	20,569
MARIA SPELLERI VP GENERAL COUNSEL	40 00					X		168,949	0	18,674
GERMAN REYES VP OF COMMUNITY STABILITY	40 00					X		116,739	0	24,798
JOHN M RAMIREZ VP OF DEVELOPMENT & ACQUISITION	40 00					X		115,813	0	16,649
MAX D GONZALES VP OF STRATEGIC COMMUNICATION	40 00					X		107,746	0	21,137

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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

2012

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 described in **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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 supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,438,806	30,887,949	55,939,482	49,839,966	89,439,885	230,546,088
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	4,438,806	30,887,949	55,939,482	49,839,966	89,439,885	230,546,088
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						230,546,088

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	4,438,806	30,887,949	55,939,482	49,839,966	89,439,885	230,546,088
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	695,817	632,055	746,883	1,261,894	882,515	4,219,164
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	2,371,303	1,591,389	1,577,779	2,894,013	3,702,650	12,137,134
11 **Total support** (Add lines 7 through 10)						246,902,386

12 Gross receipts from related activities, etc (see instructions)	12	105,844,147

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 2012 (line 6, column (f) divided by line 11, column (f))	14	93 380 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	91 250 %

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

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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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☑

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	2,531,344	2,589,492	2,851,409	2,868,542	3,704,451
b	Contributions					
c	Net investment earnings, gains, and losses	297,826	72,945	468,083	282,867	-535,909
d	Grants or scholarships					
e	Other expenditures for facilities and programs	200,000	131,093	730,000	300,000	300,000
f	Administrative expenses					
g	End of year balance	2,629,170	2,531,344	2,589,492	2,851,409	2,868,542

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 95 000 %
- c Temporarily restricted endowment ▶ 5 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

		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 XIII 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		11,261,363		11,261,363
b Buildings		83,426,790	25,905,202	57,521,588
c Leasehold improvements				
d Equipment		9,599,898	6,074,994	3,524,904
e Other		2,356,129		2,356,129
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				74,663,984

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) must 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) must 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	7,409,697
(2) LOAN ORIGINATION COSTS	683,891
(3) RELATED PARTY RECEIVABLES	3,734,856
(4) REAL ESTATE HELD FOR SALE	6,589,660
(5) OTHER CURRENT ASSETS	332,771
(6) OTHER LONG-TERM ASSETS	2,680,429
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	21,431,304

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
INTERCOMPANY PAYABLES	3,202,347
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	3,202,347

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

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

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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

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

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

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	THE INCOME TAX FOOTNOTE DESCRIBES THE STRUCTURE OF CHICANOS POR LA CAUSA, INC (CPLC) AND THAT IT AND THE LLC'S THAT ARE TREATED AS DISREGARDED ENTITIES FOR TAX REPORTING PRUPOSES ARE EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THAT THEY ARE NOT CLASSIFIED AS AN ORGANIZATION THAT IS A PRIVATE FOUNDATION CPLC HAS NOT MADE ANY TAX ACCRUALS DUE TO UNCERTAIN TAX POSITIONS AS OF 6/30/2013 THE FIN 48 DISCLOSURE IS AS FOLLOWS 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, 2013, THE ORGANIZATION'S 2010 THROUGH 2012 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. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

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 email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising 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

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 CPLC ANNIVERSARY DINNER (event type)	(b) Event #2 CPLC ANNUAL SCHOLARSHIP GOLF (event type)	(c) Other events 6 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	233,050	212,350	325,794	771,194
	2 Less Contributions	0	0	0	
	3 Gross income (line 1 minus line 2)	233,050	212,350	325,794	771,194
Direct Expenses	4 Cash prizes			28,750	28,750
	5 Noncash prizes	4,090	38,678	19,217	61,985
	6 Rent/facility costs		19,500	5,227	24,727
	7 Food and beverages	62,869	16,270	55,902	135,041
	8 Entertainment			1,195	1,195
	9 Other direct expenses	26,977	7,678	56,569	91,224
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(342,922)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				428,272

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

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

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 _____

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

Name ▶ .....

Address ▶ .....

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

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

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	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

2012

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. Part II can be duplicated 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) ARIZONA STATE UNIVERSITY PO BOX 870303 TEMPE,AZ 85287	86-0196696	501(C)(3)	5,000		N/A	N/A	SCHOLARSHIP ASSISTANCE
(2) ASU FOUNDATION PO BOX 870412 TEMPE,AZ 85287	86-6051042	501(C)(3)	9,720		N/A	N/A	SCHOLARSHIP ASSISTANCE
(3) MARICOPA COMMUNITY COLLEGES FOUNDATION 2411 W 14TH STREET TEMPE,AZ 85281	86-0327449	501(C)(3)	18,163		N/A	N/A	SCHOLARSHIP ASSISTANCE
(4) SI SE PUEDE FOUNDATION PO BOX 1929 CHANDLER,AZ 85244	86-0922834	501(C)(3)	10,500		N/A	N/A	SCHOLARSHIP ASSISTANCE
(5) UNIVERSITY OF ARIZONA FOUNDATION-LOS MEDICOS SCHOLARSHIP PO 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 . . . . . ▶ 5

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

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) FUNERAL ASSISTANCE	49	4,900		N/A	N/A
(2) PAYMENT FOR HOUSING-TO AVOID EVICTION OR TO PROVIDE TEMP HOUSING FOR CLIENTS	55	48,817		N/A	N/A
(3) MORTGAGE ASSISTANCE AND ALSO HOUSING RELIEF FOR FEMA FOR TEMPORARILY DISPLACED CLIENTS AND HARDSHIP	3	1,875		N/A	N/A
(4) ASSISTANCE OF UTILITY PAYMENT FOR CLIENTS GOING THROUGH HARDSHIP	2	206		N/A	N/A
(5) TRANSLATION SERVICES FOR CLIENTS	233	38,885		N/A	N/A
(6) TRANSPORTATION FOR CLIENTS TO AND FROM SITES- FOR THOSE WHO DO NOT HAVE MEANS OF TRANSPORTATION	2307	136,055		N/A	N/A
(7) MISC- GENERAL ASSISTANCE	124	12,262		N/A	N/A

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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

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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

2012

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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ 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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)EDMUNDO HIDALGO PRESIDENT AND CEO	(i)	268,378	0	396	7,489	14,856	291,119	0
	(ii)	0	0	0	0	0	0	0
(2)MARIA ARJELIA GOMEZ CHIEF FINANCIAL OFFICER	(i)	205,622	0	828	9,541	14,433	230,424	0
	(ii)	0	0	0	0	0	0	0
(3)DAVID ADAME CHIEF OPERATING OFFICER	(i)	193,655	0	286	2,088	15,664	211,693	0
	(ii)	0	0	0	0	0	0	0
(4)MARTIN QUINTANA CHIEF DEVELOPMENT OFFICE	(i)	199,033	0	289	1,053	7,414	207,789	0
	(ii)	0	0	0	0	0	0	0
(5)JENNIFER LINEHAN NURSE PRACTITIONER	(i)	146,884	1,000	119	4,849	15,720	168,572	0
	(ii)	0	0	0	0	0	0	0
(6)MARIA SPELLERI VP GENERAL COUNSEL	(i)	168,795	0	154	2,051	16,623	187,623	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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
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 organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
CHICANOS POR LA CAUSA INC CPLC

Employer identification number
86-0227210

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
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	10	2,681,667	FAIR MARKET VALUE
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

			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 noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

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

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTIONS	PART I, COLUMN (B)	THE NUMBER OF CONTRIBUTIONS IS LISTED

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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

2012

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	
	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 CONF LICTS ARE REVIEWED BY THE BOARD OF DIRECTORS ANY BOARD MEMBER OF CPLC'S BOARD WHO HAS A P OTENTIAL CONFLICT OF INTEREST IN A SPECIFIC ACTION OF THE BOARD UNDER CONSIDERATION AT A M EETING IS EXPECTED TO EXCUSE THEMSELVES FROM ANY INFLUENCE ON SUCH ACTION, REQUEST THE MIN UTES OF THE MEETING, NOTE THEIR ABSENTION AND, WHERE APPROPRIATE, LEAVE THE ROOM DURING DI SCUSSION OF THE ACTION SINCE EVERY SITUATION AND CIRCUMSTANCE CANNOT BE ANTICIPATED OR DI SCLOSED IN ADVANCE, CPLC RELIES UPON THE HONESTY AND INTEGRITY OF EACH INDIVIDUAL TO COMPL Y WITH THIS PROTOCOL
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS REVIEWED BY INDEPENDENT PERSONS, RECOMMENDATION IS PROVIDED TO THE EXECUTI VE 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 9	UNREALIZED GAINS 202,134 IMPAIRMENT LOSS -396,031
	FORM 990, PAGE 12, PART XII, LINE 2C	THERE HAS BEEN NO CHANGE IN EITHER THE OVERSIGHT PROCESS OR THE SELECTION PROCESS DURING THE TAX YEAR

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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

2012

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" to Form 990, Part IV, line 33.)

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the 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 or **(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	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	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-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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 section 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	

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

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

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			CHICANOS POR LA CAUSA INC
GRAN VICTORIA HOUSING LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0985482	HOUSING	AZ			CHICANOS POR LA CAUSA INC
CPLC PROPERTY I LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0985478	REAL ESTATE	AZ			CHICANOS POR LA CAUSA INC
CPLC PROPERTY II LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0988479	REAL ESTATE	AZ			CHICANOS POR LA CAUSA INC
CPLC PROPERTY III LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0985481	REAL ESTATE	AZ			CHICANOS POR LA CAUSA INC
PRESTAMOS CDFI LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	SMALL BUSINESS LOANS	AZ			CHICANOS POR LA CAUSA INC
AGUDO LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	MANAGEMENT	AZ			CHICANOS POR LA CAUSA INC
GUADALUPE HUERTA OPERATING CO LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271919	HOUSING	AZ			CHICANOS POR LA CAUSA INC
CASA DE ROMAN APARTMENTS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	HOUSING	AZ			CHICANOS POR LA CAUSA INC
CASA DE FLORES OPERATING COMPANY LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271917	HOUSING	AZ			CHICANOS POR LA CAUSA INC
MOUNTAIN POINT APARTMENTS LIHTC LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	HOUSING	AZ			CHICANOS POR LA CAUSA INC
MOUNTAIN POINT APARTMENTS LIHTC PHASE II LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 01-0857328	HOUSING	AZ			CHICANOS POR LA CAUSA INC
ROSA LINDA OPERATING COMPANY LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271918	HOUSING	AZ			CHICANOS POR LA CAUSA INC
CASA DE ENCANTO OPERATING CO LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271915	HOUSING	AZ			CHICANOS POR LA CAUSA INC
CPLC LAND BANK LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	HOLDING COMPANY	AZ			CHICANOS POR LA CAUSA INC
CPLC LAND BANK MANAGER LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	HOLDING COMPANY	AZ			CHICANOS POR LA CAUSA INC
CPLC HOLDING AND ASSET MANAGEMENT COMPANY LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	HOLDING COMPANY	AZ			CHICANOS POR LA CAUSA INC
SAN MARINA AFFORDABLE APARTMENTS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	HOUSING	AZ			CHICANOS POR LA CAUSA INC
PARADIS VISTA APARTMENTS LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0329801	HOUSING	AZ			N/A
LA CAUSA REALTY LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0329801	DEVELOPMENT	AZ			FUTURO

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
LA CAUSA DEVELOPMENT LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0329801	DEVELOPMENT	AZ			FUTURO
LA CAUSA CONSTRUCTION LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0878144	CONSTRUCTION	AZ			FUTURO
FUTURO SILVER DOLLAR VENTURE LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 26-0334859	DEVELOPMENT	AZ			FUTURO
FUTURO EMPLOYMENT SERVICES LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0329801	HOLDING CO	AZ			FUTURO
LIBERTY IRVINGTON LLC 200 N STONE AVE TUSCON, AZ 85701 86-0329801	REAL ESTATE	AZ			N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, 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				No		Yes		
COMERCIO AZ RE II 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 20-1582404	DEVELOPMENT	AZ	COMERCIO AZ INC	RELATED				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				No		Yes		
COMERCIO AZ RE III 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 20-1582430	DEVELOPMENT	AZ	COMERCIO AZ INC	RELATED				No		Yes		
COMERCIO AZ RE IV 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 20-1582457	DEVELOPMENT	AZ	COMERCIO AZ INC	RELATED				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				No		Yes		
CASA DE FLORES SENIOR APTS LIGHTC LP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271909	HOUSING	AZ	N/A	RELATED				No		Yes		
CASA DE ROMAN APARTMENTS LIHTC LP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0897879	HOUSING	AZ	N/A	RELATED				No		Yes		
CASA DE ENCANTO SENIOR APT LP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271908	HOUSING	AZ	N/A	RELATED				No		Yes		
MOUNTAIN POINTE APARTMENTS LP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0971578	HOUSING	AZ	N/A	RELATED				No		Yes		
MOUNTAIN POINTE APTS PHASE II LP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 01-0857328	HOUSING	AZ	N/A	RELATED				No		Yes		

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
FUTURO INVESTMENT CORP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0329801	HOLDING COMPANY	AZ	CHICANOS POR LA CAUSA INC	C			100 000 %		No
COMERCIO ARIZONA INC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 20-1549598	DEVELOPMENT	AZ	CHICANOS POR LA CAUSA INC	C			100 000 %		No
FUTURO ENTERPRISE SERVICES INC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 80-0412929	HOLDING COMPANY	AZ	CHICANOS POR LA CAUSA INC	C			100 000 %		No
COMERCIO AZ RE I 1112 E BUCKEYE RD PHOENIX, AZ 85034 20-1582373	DEVELOPMENT	AZ	NONE	C					No
COMERCIO AZ RE II 1112 E BUCKEYE RD PHOENIX, AZ 85034 20-1582404	DEVELOPMENT	AZ	NONE	C					No
SHUTTLEPORT VENTURE 1112 E BUCKEYE RD PHOENIX, AZ 85034 51-0563444	TRANSPORTATION	AZ	NONE	C					No
ROSA LINDA 1107 E TONTO ST PHOENIX, AZ 85034 65-1271918	HOUSING	AZ	NONE	C					No
GUADALUPE HUERTA CO 1107 E TONTO ST PHOENIX, AZ 85034 65-1271919	HOUSING	AZ	NONE	C					No
CASA DE FLORES CO 1107 E TONTO ST PHOENIX, AZ 85034 65-1271917	HOUSING	AZ	NONE	C					No
CASA DE ROMAN APTS 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0227210	HOUSING	AZ	NONE	C					No
CASA DE ENCANTO APT 1112 E BUCKEYE RD PHOENIX, AZ 85034 65-1271915	HOUSING	AZ	NONE	C					No
MOUNTAIN POINTE APT 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0227210	HOUSING	AZ	NONE	C					No
MOUNTAIN POINTE APT II 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0227210	HOUSING	AZ	NONE	C					No
COMERCIO AZ EO 1112 E BUCKEYE RD PHOENIX, AZ 85034 20-1582317	DEVELOPMENT	AZ	NONE	C					No
COMERCIO AZ RE III 1112 E BUCKEYE RD PHOENIX, AZ 85034 20-1582430	DEVELOPMENT	AZ	NONE	C					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
COMERCIO AZ RE IV 1112 E BUCKEYE RD PHOENIX, AZ 85034 20-1582457	DEVELOPMENT	AZ	NONE	C					No
COMERCIO AZ SM BUS 1112 E BUCKEYE RD PHOENIX, AZ 85034 20-1582351	DEVELOPMENT	AZ	NONE	C					No
CPLC INC 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0443070	REAL ESTATE	AZ	NONE	C					No
FUTURO PRTLND VENT 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0329801	HOUSING	AZ	NONE	C					No
JUNTOS INC 1112 E BUCKEYE RD PHOENIX, AZ 85034 72-1571866	TRANSPORTATION	AZ	NONE	C					No
TIEMPO INC 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0394473	REAL ESTATE	AZ	NONE	C					No

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CASA DE PRIMAVERA-INTERCOMPANY-153	L	3,442	FMV
CASA DE PRIMAVERA-INTERCOMPANY-153	O	220,271	FMV
CASA LOMACOLTER-2664	L	3,982	FMV
CASA LOMACOLTER-2664	O	18,863	FMV
GRAND VICTORIA HOUSING LLC-INTERCOMPANY-168	S	300,000	FMV
GRAND VICTORIA HOUSING LLC-INTERCOMPANY-168	L	18,274	FMV
GRAND VICTORIA HOUSING LLC-INTERCOMPANY-168	O	1,219,942	FMV
LA BUENA VIDA APARTMENTS (GLENROSA)--2666	L	7,504	FMV
LA BUENA VIDA APARTMENTS (GLENROSA)--2666	O	13,459	FMV
PASTOR COURT APARTMENTS-INTERCOMPANY-201	L	460	FMV
PASTOR COURT APARTMENTS-INTERCOMPANY-201	O	30,693	FMV
SAN MARINA AFFORDABLE APARTMENTS-2137	L	7,247	FMV
SAN MARINA AFFORDABLE APARTMENTS-2137	O	520,219	FMV
STARLIGHTHAZELWOOD APARTMENTS-2823	O	12,986	FMV
COMERCIO AZ INC - 2493	Q	21,683	FMV
FUTURO ENTERPRISES FOOD SERVICES - 2430	D	316,332	FMV
FUTURO ENTERPRISES FOOD SERVICES - 2430	Q	25,683	FMV
FUTURO INVESTMENT--2911	Q	65	FMV
TIEMPO	J	62,693	FMV
CASA DE ENCANTO-151	S	58,707	FMV
CASA DE ENCANTO-151	L	1,113	FMV
CASA DE ENCANTO-151	O	74,146	FMV
CASA DE FLORES-152	S	21,705	FMV
CASA DE FLORES-152	L	924	FMV
CASA DE FLORES-152	O	61,596	FMV

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CASA DE ROMAN-INTERCOMPANY-155	D	10,000	FMV
CASA DE ROMAN-INTERCOMPANY-155	L	1,318	FMV
CASA DE ROMAN-INTERCOMPANY-155	O	87,888	FMV
COMERCIO 003 - 2253	L	116,994	FMV
COMERCIO 2 LAND LLC-2678	Q	10,147	FMV
COMERCIO AZ RE1 CDE LLC-671	L	143,567	FMV
COMERCIO AZ RE1 CDE LLC-671	Q	2,021	FMV
FUTURO ENTERPRISES - BUCKEYE #155 - 2411	Q	34,269	FMV
FUTURO ENTERPRISES - CHARLESTON #-251--2399	Q	10,211	FMV
FUTURO ENTERPRISES - HENDERSON #252 --2410	Q	2,824	FMV
FUTURO ENTERPRISES - LAKE MEAD #253 --2409	Q	8,863	FMV
GENE RICE - ROSA LINDA-INTERCOMPANY-159	L	1,975	FMV
GENE RICE - ROSA LINDA-INTERCOMPANY-159	O	131,650	FMV
GUADALUPE HUERTA-INTERCOMPANY-162	S	11,803	FMV
GUADALUPE HUERTA-INTERCOMPANY-162	L	991	FMV
GUADALUPE HUERTA-INTERCOMPANY-162	O	66,066	FMV
LIBERTY IRVINGTON	J	118,062	FMV
MOUNTAIN POINTE APARTMENTS-296	L	2,170	FMV
MOUNTAIN POINTE APARTMENTS-296	O	144,672	FMV
MOUNTAIN POINTE APTS II-1184	L	1,244	FMV
MOUNTAIN POINTE APTS II-1184	O	77,410	FMV
SHUTTLEPORTVEOLIA -748	A	116,477	FMV
CASA DE PUEBLO II-1971	L	25,836	FMV
CASA DE PUEBLO II-1971	O	55,745	FMV
CASA DE PUEBLO-INTERCOMPANY-154	L	1,389	FMV

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CASA DE PUEBLO-INTERCOMPANY-154	O	92,653	FMV
CASA MIA -786	L	1,693	FMV
CASA MIA -786	O	112,949	FMV
CPLC COMMUNITY SCHOOLS - TOLTECALLI	J	157,379	FMV
CPLC COMMUNITY SCHOOLS -355	D	75,500	FMV
CPLC COMMUNITY SCHOOLS -355	Q	286,784	FMV
CPLC COMMUNITY SCHOOLS -355	O	151,438	FMV
CPLC SOUTHWEST INC - 2537	D	75,000	FMV
CPLC SOUTHWEST INC - 2537	Q	368,490	FMV
GRANT PARK APARTMENTS-INTERCOMPANY-297	L	339	FMV
GRANT PARK APARTMENTS-INTERCOMPANY-297	O	22,623	FMV
GUADALUPE BARRIO NUEVO-INTERCOMPANY-161	S	24,949	FMV
GUADALUPE BARRIO NUEVO-INTERCOMPANY-161	L	1,701	FMV
GUADALUPE BARRIO NUEVO-INTERCOMPANY-161	O	118,992	FMV
SANTA CRUZ APARTMENTS-INTERCOMPANY-169	L	2,986	FMV
SANTA CRUZ APARTMENTS-INTERCOMPANY-169	O	199,149	FMV
TUCSON FOUNDATION - 1504	Q	21	FMV