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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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 province, country, and ZIP or foreign postal code
PHOENIX, AZ 85034

D Employer identification number
86-0227210

E Telephone number
(602) 257-0700

G Gross receipts $ 58,932,324

F Name and address of principal officer
DAVID ADAME
1112 E BUCKEYE RD
PHOENIX,AZ 85034

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

H(b) Are all subordinates 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**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	23
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	844
6	Total number of volunteers (estimate if necessary)	**6**	5,607
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)	48,924,431	30,188,001
9	Program service revenue (Part VIII, line 2g)	14,860,921	23,540,895
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	863,642	2,844,288
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,297,624	1,898,688
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	66,946,618	58,471,872
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	591,071	257,817
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)	27,039,987	27,159,491
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶718,033		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	41,719,220	29,622,279
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	69,350,278	57,039,587
19	Revenue less expenses Subtract line 18 from line 12	-2,403,660	1,432,285
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	121,413,446	120,448,169
21	Total liabilities (Part X, line 26)	76,545,809	72,777,486
22	Net assets or fund balances Subtract line 21 from line 20	44,867,637	47,670,683

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

****** | 2016-05-12
Signature of officer | Date

ALICIA NUNEZ 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	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 or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

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 $ 17,009,551 including grants of $ 257,817) (Revenue $ 8,240,202)

SEE SCHEDULE O

4b (Code) (Expenses $ 9,798,065 including grants of $) (Revenue $ 4,820,907)

SEE SCHEDULE O

4c (Code) (Expenses $ 6,688,983 including grants of $) (Revenue $ 3,843,034)

SEE SCHEDULE O

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 14,704,122 including grants of $) (Revenue $ 6,636,752)

4e **Total program service expenses** ▶ 48,200,721

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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a*	**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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
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**	Yes	
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**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	2,511		
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	844		
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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring 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 or note to any line 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**	23		
	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**	23		
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, address, and telephone number of the person who possesses the organization's books and records ▶ JESSE SATTERLEE

1112 EAST BUCKEYE ROAD
PHOENIX, AZ 85034 (602) 257-0700

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

Check if Schedule O contains a response or note to any line 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			

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) ▶								1,687,438	0	130,286

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 ▶ 16

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
PROWORX CONTRACTING LLC 519 W LONE CACTUS DR STE 403 PHOENIX, AZ 85027	CONSTRUCTION	606,429
ALL PROPERTIES SERVICES 1924 W GREENWAY RD PHOENIX, AZ 85023	CONSTRUCTION	245,087
CASA RICA CONSTRUCTION 1121 W RANCH RD TEMPE, AZ 85034	CONSTRUCTION	208,984
CLIFTON LARSON ALLEN LLP 20 E THOMAS RD STE 2300 PHOENIX, AZ 85012	AUDIT-TAX	105,875

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 ▶ 4

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	375,000			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	28,875,198			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	937,803			
	g	Noncash contributions included in lines 1a-1f $		91,500			
	h	**Total.** Add lines 1a-1f . . . . . ▶		30,188,001			
Program Service Revenue			Business Code				
	2a	RENTAL INCOME	532000	11,060,193	11,060,193		
	b	SERVICE FEES	900099	6,907,571	6,907,571		
	c	LOW INCOME HOUSE SALES	531390	2,993,663	2,993,663		
	d	MANAGEMENT FEES	900099	1,717,705	1,717,705		
	e	SALE OF INVENTORY	531390	594,213	594,213		
	f	All other program service revenue		267,550	267,550		
	g	**Total.** Add lines 2a–2f . . . . . ▶		23,540,895			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,335,731			1,335,731
	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	372,707	1,162,021			
	b	Less cost or other basis and sales expenses	26,171	0			
	c	Gain or (loss)	346,536	1,162,021			
	d	Net gain or (loss) . . . . . ▶			1,508,557		1,508,557
Other Revenue	8a	Gross income from fundraising events (not including $ 375,000 of contributions reported on line 1c) See Part IV, line 18 . .	a	444,010			
	b	Less direct expenses . . .	b	434,281			
	c	Net income or (loss) from fundraising events . . ▶			9,729		9,729
	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	MISCELLANEOUS	999999	1,888,959			1,888,959
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		1,888,959			
	12	**Total revenue.** See Instructions . . . . . ▶		58,471,872	23,540,895	0	4,742,976

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 or note to any line 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 domestic organizations and domestic governments See Part IV, line 21	43,604	43,604		
2 Grants and other assistance to domestic individuals See Part IV, line 22	214,213	214,213		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,041,699	885,444	145,837	10,418
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	21,715,473	17,454,350	3,723,092	538,031
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,461,162	1,980,760	420,236	60,166
10 Payroll taxes	1,941,157	1,564,156	330,154	46,847
11 Fees for services (non-employees)				
a Management	1,412,600	1,138,252	240,257	34,091
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)	992,348	799,619	168,780	23,949
12 Advertising and promotion	945,541	761,902	160,819	22,820
13 Office expenses	1,464,442	1,180,025	249,074	35,343
14 Information technology	1,122,749	904,694	190,959	27,096
15 Royalties				
16 Occupancy	3,831,806	3,087,612	651,718	92,476
17 Travel	580,250	467,556	98,690	14,004
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,978,071	1,593,900	336,433	47,738
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,255,973	2,623,614	553,780	78,579
23 Insurance	1,289,206	1,038,822	219,270	31,114
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	5,387,114	5,387,114		
b COST OF SALES	4,082,142	4,082,142		
c REPAIRS AND MAINTENANCE	2,694,830	2,171,453	458,340	65,037
d BAD DEBT EXPENSE	651,658	525,096	110,835	15,727
e All other expenses	-66,451	296,393	62,559	-425,403
25 **Total functional expenses.** Add lines 1 through 24e	57,039,587	48,200,721	8,120,833	718,033
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 or note to any line 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		3,133,284	2	3,719,230
	3	Pledges and grants receivable, net		9,616	3	2,027,663
	4	Accounts receivable, net		3,062,539	4	1,197,051
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	209,362
	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		6,851,734	7	8,796,147
	8	Inventories for sale or use		2,768,354	8	0
	9	Prepaid expenses and deferred charges		45,431	9	121,109
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 101,651,868			
	b	Less accumulated depreciation	10b 35,215,877	74,610,529	10c	66,435,991
	11	Investments—publicly traded securities		3,126,020	11	2,981,198
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		694,407	13	3,026,153
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		27,111,532	15	31,934,265
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		121,413,446	16	120,448,169
Liabilities	17	Accounts payable and accrued expenses		6,714,602	17	4,210,831
	18	Grants payable		562,768	18	520,730
	19	Deferred revenue		1,373,047	19	2,130,455
	20	Tax-exempt bond liabilities		20,610,000	20	20,000,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		337,032	21	235,431
	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		39,396,907	23	35,755,080
	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		7,551,453	25	9,924,959
	26	**Total liabilities.** Add lines 17 through 25		76,545,809	26	72,777,486
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		42,170,285	27	42,213,346
	28	Temporarily restricted net assets		197,352	28	2,957,337
	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		44,867,637	33	47,670,683
	34	Total liabilities and net assets/fund balances		121,413,446	34	120,448,169

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	58,471,872
2	Total expenses (must equal Part IX, column (A), line 25)	2	57,039,587
3	Revenue less expenses Subtract line 2 from line 1	3	1,432,285
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	44,867,637
5	Net unrealized gains (losses) on investments	5	-330,360
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,701,121
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	47,670,683

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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 III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 2,729,780 including grants of $) (Revenue $ 1,386,330)

BEHAVIORIAL HEALTH SERVICES CPLC OFFERS OUTPATIENT BEHAVIORAL HEALTH SERVICES TO FAMILIES, ADULTS, CHILDREN, AND ADOLESCENTS, SHELTER AND SERVICES FOR WOMEN WHO ARE VICTIMS OF DOMESTIC VIOLENCE, HIV BEHAVIORAL HEALTH AND TREATMENT PRE-NATAL CARE TO SOUTH PHOENIX WOMEN- CENTRO DE LA FAMILIA-PROGRAM PROVIDE PSYCHIATRIC EVALUATIONS, MEDICATION MANAGEMENT, COUNSELING SERVICES, MARRIAGE AND FAMILY COUNSELING, GROUP COUNSELING AND CASE MANAGEMENT FOR CHILDREN AND ADULTS RYAN WHITE CASE SERVICES- THE PROGRAM HAS TWO BASIC COMPONENTS, BEHAVIORAL HEALTH TREATMENT AND TARGETED OUTREACH TO THE LATINO COMMUNITY THE CAST MAJORITY OF THE CLIENTS THAT WE PROVIDE SERVICES TO ARE LATINO, INDIVIDUALS WHO ARE PREDOMINANTLY SPANISH-SPEAKING AND WHO ARE 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 COLORES 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

(Code) (Expenses $ 1,587,619 including grants of $) (Revenue $ 1,095,345)

SINGLE FAMILY HOMES CPLC HAS STABILIZED NEIGHBORHOODS BY PROVIDING HOME OWNERESHIP OPPORTUNITIES CREATING WEALTH THRU HOME OWNERESHIP AND EDUCATION TOWARDS SUSTAINABLE OWNERSHIP REMAINS A PRIORITY TO CPLC WE ARE COMMITED TO ASSIST LOW, MODERATE AND MIDDLE INCOME HOMEBUYERS BY OFFERING SAFE, HABITABLE AND EFFICIENT HOMES AT AFFORDABLE PRICES WE WANT TO ASSIST FAMILIES AND INDIVIDUALS ACHIEVE THEIR DREAM OF PURCHASING A HOME

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

(Code) (Expenses $ 915,194 including grants of $) (Revenue $ 796,768)

ECONOMIC DEVELOPMENT ECONOMIC DEVELOPMENT PROVIDES PRINCIPAL PURPOSE PLANNING, DEVELOPING AND/OR MANAGING LOW INCOME HOUSING, AND COMMUNITY DEVELOPMENT ACTIVITIES THE PROGRAM UTILIZES RESOURCES TO ATTRACK CAPITAL AND INCREASE PHYSICAL, COMMRECIAL, AND BUSINESS DEVELOPMENT THEREFORE CREATING EDUCATION AND JOB OPPORTUNITIES FOR THE RESIDENTS OF THE NEIGHBORHOOD BEING SERVED UNDER THIS DIVISION VARIOUS MISSION DRIVEN DEVELOPMENT ACTIITIES OCCUR INCLUDING MULTI-FAMILY, COMMRCIAL AND SINGLE FAMILY CONSTRUCTION, SINGLE FAMILY SELF-HELP HOUSING AND ACTING AS A GENERAL CONTRACTOR ON PROJECTS

(Code) (Expenses $ 1,478,958 including grants of $) (Revenue $ 635,155)

HOUSING & HOUSING COUNSELING 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

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

(Code) (Expenses $ 1,271,748 including grants of $) (Revenue $ 389,632)

PRESTAMOS CDFI - SMALL BUSINESS LENDING THE PROGRAM PROVIDES ACCESS TO CAPITAL FOR MICROENTERPRISES AND EMERGING SMALL BUSINESSES IN ARIZONA, BY PROVIDING LOANS/EQUITY INVESTMENTS ALONG WITH TECHNICAL ASSISTANCE THE FOLLOWING PROGRAMS ARE OFFERED SBA MICROLOAN PROGRAM $2,000 TO $50,000, NON SBA SMALL BUSINESS LOANS UP TO $500,000 AND EQUITY INVESTMENTS UP TO $750,000 CAPITAL ACCESS PROGRAMS ADDRESS THE PROBLEMS ENCOUNTERED BY SMALL BUSINESS ENTREPRENEURS SEEKING CAPITAL FOR THEIR BUSINESS BUT DO NOT QUALIFY FOR BANK FINANCING WITH THE TARGET AREAS

(Code) (Expenses $ 6,720,823 including grants of $) (Revenue $ 2,333,522)

OTHER MISCELLANEOUS PROGRAMS CORPORATE ADMINISTRATION 25RESOURCE DEVELOPMENT - 26TUCSON ADMINISTRATION 27CHHS 28SE AREA MANAGER 33NV AREA MANAGER - 34REAL ESTATE-FUND - 50RESEARCH - 75TRAINING - 78BUILDINGS 80SE PHOENIX - 85SE TUCSON 86PROPERTY MGMT 88 & 94/COMMERCIAL PROPSPECIAL EVENTS

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			
(1) LEONARDO LOO CHAIR	2 00	X		X				0	0	0
(1) CARMEN CORNEJO VICE CHAIR	2 00	X		X				0	0	0
(2) JAVIER CARDENAS MD SECRETARY	2 00	X		X				0	0	0
(3) ANTONIO MOYA TREASURER	2 00	X		X				0	0	0
(4) STEPHANIE ACOSTA DIRECTOR	2 00	X						0	0	0
(5) ABE ARVIZU JR DIRECTOR	2 00	X						0	0	0
(6) TERRY CAIN DIRECTOR	2 00	X						0	0	0
(7) ALBERTO ESPARZA DIRECTOR	2 00	X						0	0	0
(8) MANNY FRKLICH DIRECTOR	2 00	X						0	0	0
(9) ERICA GONZALEZ-MELENDEZ DIRECTOR	2 00	X						0	0	0
(10) JOSE ANTONIO HABRE DIRECTOR	2 00	X						0	0	0
(11) DELMA HERRERA DIRECTOR	2 00	X						0	0	0
(12) RICK JONES DIRECTOR	2 00	X						0	0	0
(13) MANNY MOLINA DIRECTOR	2 00	X						0	0	0
(14) ROBERT ORTIZ DIRECTOR	2 00	X						0	0	0
(15) RODOLFO PARGA JR DIRECTOR	2 00	X						0	0	0
(16) RUDY PEREZ DIRECTOR	2 00	X						0	0	0
(17) NAPOLEON PISANO DIRECTOR	2 00	X						0	0	0
(18) ANTHONY REYES DIRECTOR	2 00	X						0	0	0
(19) SILVIA SALAS DIRECTOR	2 00	X						0	0	0
(20) RAY SALAZAR DIRECTOR	2 00	X						0	0	0
(21) RAQUEL TERAN DIRECTOR	2 00	X						0	0	0
(22) ALEX VARELA DIRECTOR	2 00	X						0	0	0
(23) EDMUNDO HIDALGO PRESIDENT AND CEO	40 00 5 00			X				292,127	0	18,284
(24) MARIA ARJELIA GOMEZ CHIEF OPERATING OFFICER	40 00 5 00			X				233,814	0	17,663

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			
(26) DAVID ADAME CHIEF ECONOMIC DEVELOPMENT OFFICER	40 00 5 00				X			229,141	0	13,052
(1) MARTIN QUINTANA CHIEF FINANCIAL OFFICER	40 00 5 00				X			232,171	0	5,447
(2) MARIA SPELLERI VP GENERAL COUNSEL	40 00					X		193,566	0	18,170
(3) GERMAN REYES VP OF COMMUNITY AFFAIRS	40 00					X		134,636	0	17,752
(4) JENNIFER LINEHAN NURSE PRACTIONER	40 00					X		130,426	0	8,537
(5) MAX GONZALES VP STRATEGIC COMMUNICATION	40 00					X		124,891	0	17,998
(6) PEDRO CONS VP OF PROPERTY MANAGEMENT	40 00					X		116,666	0	13,383

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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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	55,939,482	49,839,966	89,439,885	48,924,431	30,188,001	274,331,765
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	55,939,482	49,839,966	89,439,885	48,924,431	30,188,001	274,331,765
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						274,331,765

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	55,939,482	49,839,966	89,439,885	48,924,431	30,188,001	274,331,765
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	746,883	1,261,894	882,515	590,915	1,335,731	4,817,938
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 VI)	1,577,779	2,894,013	3,702,650	2,640,844	2,332,969	13,148,255
11 **Total support** Add lines 7 through 10						292,297,958

12	Gross receipts from related activities, etc (see instructions)	12	103,150,576

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	93 850 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	94 330 %

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134076216

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
CHICANOS POR LA CAUSA INC CPLC	86-0227210

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		48,000
j	Total Add lines 1c through 1i			48,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	THIS WAS A RETAINER PAID TO A LAW FIRM FOR FUTURE LOBBYING ACTIVITIES NO ACTIVITIES WERE CONDUCTED AS OF 6/30/2015

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3	Aggregate value of 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) Revenue 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 Revenue 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, for escrow or custodial account liability? ☑ 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	2,697,352	2,629,170	2,531,344	2,589,492	2,851,409
b	Contributions					
c	Net investment earnings, gains, and losses	60,965	403,182	297,826	72,945	468,083
d	Grants or scholarships					
e	Other expenditures for facilities and programs	115,000	335,000	200,000	131,093	730,000
f	Administrative expenses					
g	End of year balance	2,643,317	2,697,352	2,629,170	2,531,344	2,589,492

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 94 580 %
- c Temporarily restricted endowment ▶ 5 420 %

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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		9,012,542		9,012,542
b Buildings		79,110,135	28,524,860	50,585,275
c Leasehold improvements				
d Equipment		9,712,516	6,691,017	3,021,499
e Other		3,816,675		3,816,675
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				66,435,991

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLES	13,556,336
(2) LOAN ORIGINATION COSTS	190,901
(3) RELATED PARTY RECEIVABLES	4,295,657
(4) REAL ESTATE HELD FOR SALE	9,895,910
(5) OTHER CURRENT ASSETS	3,339,173
(6) OTHER LONG TERM ASSETS	362,588
(7) OTHER INVESTMENTS	293,700
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	31,934,265

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
INTERCOMPANY PAYABLES	8,942,176
SELF FUNDING ADMIN & CLAIMS	980,723
OTHER LIABILITIES	2,060
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	9,924,959

2. Liability for uncertain tax positions 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 Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 (losses) 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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

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

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
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
PART X, LINE 2	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 MANAGEMENT BELIEVES THAT THERE WERE NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2015

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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. Form 990-EZ filers are not required to complete this part.

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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions 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 8 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	234,265	221,768	362,977	819,010
	2 Less Contributions	100,000	95,000	180,000	375,000
	3 Gross income (line 1 minus line 2)	134,265	126,768	182,977	444,010
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	6,406	150	37,023	43,579
	6 Rent/facility costs	42,000		5,549	47,549
	7 Food and beverages	55,074	6,143	56,261	117,478
	8 Entertainment	21,656	117,668	81,334	220,658
	9 Other direct expenses	4,567		450	5,017
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(434,281)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				9,729

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 Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct 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 activities conducted 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.** 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 provide any additional information (see instructions).

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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 Domestic Organizations and Domestic Governments.

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 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) NEW SCHOOLS FOR PHOENIX LLC 1825 NORTHERN AVE 275 PHOENIX, AZ 85020	86-0791960	501(C)(3)	25,000		N/A	N/A	SCHOLARSHIP ASSISTANCE

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** 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	34	4,960		N/A	N/A
(2) PAYMENT FOR HOUSING-TO AVOID EVICTION OR TO PROVIDE TEMP HOUSING FOR CLIENTS	57	50,656		N/A	N/A
(3) ASSISTANCE OF UTILITY PAYMENT FOR CLIENTS GOING THROUGH HARDSHIP	2	386		N/A	N/A
(4) MISC GENERAL ASSISTANCE	40	29,544		N/A	N/A
(5) BUS TOKAN ASSISTANCE	5176	51,776		N/A	N/A
(6) PARTICIPANT ASSISTANCE	557	40,889		N/A	N/A
(7) SCHOLARSHIPS	15	36,002		N/A	N/A

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	CPLC PROVIDES SCHOLARSHIP FUNDS TO SELECT UNIVERSITIES AND COLLEGES FUNDS ARE AWARDED TO THE ESTABLISHED ENTITIES, WHO IN TURN FUND SCHOLARSHIP RECIPIENTS ACCOUNTS

Additional Data

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

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	**(b)**Number of recipients	**(c)**Amount of cash grant	**(d)**Amount of non-cash assistance	**(e)**Method of valuation (book, FMV, appraisal, other)	**(f)**Description of non-cash assistance
FUNERAL ASSISTANCE	34	4,960		N/A	N/A
PAYMENT FOR HOUSING-TO AVOID EVICTION OR TO PROVIDE TEMP HOUSING FOR CLIENTS	57	50,656		N/A	N/A
ASSISTANCE OF UTILITY PAYMENT FOR CLIENTS GOING THROUGH HARDSHIP	2	386		N/A	N/A
MISC GENERAL ASSISTANCE	40	29,544		N/A	N/A
BUS TOKAN ASSISTANCE	5176	51,776		N/A	N/A
PARTICIPANT ASSISTANCE	557	40,889		N/A	N/A
SCHOLARSHIPS	15	36,002		N/A	N/A

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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 directors, trustees, officers, including 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), 501(c)(4), and 501(c)(29) organizations 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 in column(B) 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)	292,127	0	0	8,251	10,033	310,411	0
	(ii)	0	0	0	0	0	0	0
2 MARIA ARJELIA GOMEZ, CHIEF OPERATING OFFICER	(i)	233,814	0	0	9,417	8,246	251,477	0
	(ii)	0	0	0	0	0	0	0
3 DAVID ADAME, CHIEF ECONOMIC DEVELOPMENT OFFICER	(i)	229,141	0	0	2,352	10,700	242,193	0
	(ii)	0	0	0	0	0	0	0
4 MARTIN QUINTANA, CHIEF FINANCIAL OFFICER	(i)	232,171	0	0	1,161	4,286	237,618	0
	(ii)	0	0	0	0	0	0	0
5 MARIA SPELLERI, VP GENERAL COUNSEL	(i)	193,566	0	0	5,994	12,176	211,736	0
	(ii)	0	0	0	0	0	0	0
6 GERMAN REYES, VP OF COMMUNITY AFFAIRS	(i)	134,636	0	0	5,576	12,176	152,388	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CHICANOS POR LA CAUSA INC CPLC

Employer identification number
86-0227210

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
(1) MANNY MOLINA	MEMBER OF THE BOARD OF DIRCTORS	SMALL BUSINESS LOAN		X	209,362	209,362		No	Yes		Yes	
Total	▶ $				209,362							

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

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.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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	5	91,500	FMV
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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.** 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.

Return Reference	Explanation
PART I, COLUMN (B)	NUMBER OF CONTRIBUTORS 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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
CHICANOS POR LA CAUSA INC CPLC	86-0227210

Return Reference	Explanation
FORM 990, PART III, LINE 1	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

Return Reference	Explanation
FORM 990, PART III, LINE 4A	HEALTH & HUMAN SERVICES 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 THE MIGRANT AND SEASONAL HEAD START GRANTS ARE FEDERALLY FUNDED EARLY CHILDHOOD EDUCATION PROGRAMS THAT PROMOTE THE SCHOOL READINESS OF CHILDREN AND FAMILIES FAMILIES ARE MIGRANT AND SEASONAL FARMWORKERS WHO SUPPORT OUR NATIONS AGRICULTURAL INDUSTRY AND CHILDREN SERVED ARE FROM SIX WEEKS TO FIVE YEARS OLD THE PROGRAM PROVIDES EDUCATION, MENTAL, SOCIAL, AND EMOTIONAL DEVELOPMENT, WHILE PROVIDING FAMILIES WITH HEALTH, NUTRITION, AND SOCIAL SERVICES THE PROGRAM IS RESPONSIVE TO THE ETHNIC, CULTURAL, AND LINGUISTIC HERITAGE OF FAMILIES AND SERVES 930 CHILDREN ANNUALLY ELDERLY SERVICES CPLC ADDRESSES THE NEEDS OF ARIZONA'S 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 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 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 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 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 THE EARLY HEADSTART GRANT IS A FEDERALLY FUNDED EARLY CHILDHOOD EDUCATION PROGRAM THAT PROMOTES THE SCHOOL READINESS OF CHILDREN AND FAMILIES, AND PROVIDES EARLY, CONTINUOUS, INTENSIVE, AND COMPREHENSIVE CHILD DEVELOPMENT AND FAMILY SUPPORT TO INFANTS, TODDLERS, PREGNANT WOMEN, AND THEIR FAMILIES CHILDREN SERVED ARE SIX WEEKS TO THREE YEARS OLD THE PROGRAM IS RESPONSIVE TO THE ETHNIC, CULTURAL, AND LINGUISTIC HERITAGE OF FAMILIES AND SERVES 124 CHILDREN ANNUALLY

Return Reference	Explanation
FORM 990, PART III, LINE 4B	MULTIFAMILY APARTMENTS PROVIDING AFFORDABLE RENTAL UNITS HAS BEEN A MAJOR COMPONENT OF CPLC'S AFFORADABLE HOUSING EFFORTS CPLC CURRENTLY OWNS AND MANAGES MORE THEN 2,500 APARTMENT UNITS THROUGHOUT THE STATE OF ARIZONA THESE UNITS OFFER RENTS AND DEPOSITS THAT ARE MANAGEABE FOR LOW-INCOME AND/OR ELDERLY RESIDENTS MOST OF THE PROPERTIES ARE NEWLY REFURBISHED AND OFFER AMENITIES SUCH AS FREE LEARNING CENTERS FOR ADULT LEARNING AND AFTERSCHOOL PROGRAMMING FOR CHILDREN, EXPANSIVE PLAYGROUNDS AND REGULAR SOCIAL ACTIVITIES

Return Reference	Explanation
FORM 990, PART III, LINE 4C	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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY ACCOUNTING STAFF AND REVIEWED BY THE VICE PRESIDENT OF FINANCE, FOR ACCURACY AND COSISTENCY, WITH THE CPLC FINANCIAL STATEMENTS IT IS THEN GIVEN TO CPLC'S CFO FOR DISCUSSION AND REVIEW ONCE APPROVED BY THE FINANCE COMMITTEE, THE FORM 990 TAX RETURN IS PRESENTED TO THE CPLC'S BOARD OF DIRECTOR'S

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS REVIEWED BY INDEPENDENT PERSONS, RECOMMENDATION IS PROVIDED TO THE EXECUTIVE COMMITTEE OF THE BOARD, AND THE BOARD, THEN, APPROVES THE COMPENSATION THE PROCESS IS DOCUMENTED IN THE MEETING MINUTES

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

Return Reference	Explanation
FORM 990, PART IX, LINE 24E	OTHER EXPENSES PROGRAM SERVICE EXPENSES 296,393 MANAGEMENT AND GENERAL EXPENSES 62,559 FUNDRAISING EXPENSES 8,878 TOTAL EXPENSES 367,830 FR EVENT EXPENSE TO PAGE 9 PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES -434,281 TOTAL EXPENSES -434,281

Return Reference	Explanation
FORM 990, PART XI, LINE 9	IMPAIRMENT LOSS -83,334 PRIOR YEAR CORRECTION OF INVESTMENT ACCOUNT ELIMINATION 1,393,591 NET TRANFERS IN 390,864

Return Reference	Explanation
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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CHICANOS POR LA CAUSA INC CPLC

Employer identification number
86-0227210

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

(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) FUTURO INVESTMENT CORP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0329801	HOLDING COMPANY	AZ	CHICANOS POR LA CAUSA INC	C	2,505,537	6,247,080	100 000 %	Yes	
(2) FUTURO ENTERPRISE SERVICES INC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 80-0412929	HOLDING COMPANY	AZ	CHICANOS POR LA CAUSA INC	C	65,064	219,616	50 000 %	Yes	

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on 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		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
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		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
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		No

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

(a) Name of related 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" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN (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
PRESTAMOS CDFI LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 26-0020430	BUSINESS LOANS	AZ	296,510	14,515,531	CHICANOS POR LA CAUSA INC
CASA DE PRIMAVERA APARTMENTS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0897878	HOUSING	AZ	30,500	2,056,910	CHICANOS POR LA CAUSA INC
GRAND VICTORIA HOUSING LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0985482	HOUSING	AZ	3,222,251	19,048,472	CHICANOS POR LA CAUSA INC
SAN MARINA AFFORDABLE APARTMENTS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-2999355	HOUSING	AZ	-815,566	11,820,927	CHICANOS POR LA CAUSA INC
CASA LOMA AFFORDABLE APARTMENTS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-3030876	HOUSING	AZ	-89,729	1,041,946	CHICANOS POR LA CAUSA INC
HAZELWOOD AFFORDABLE APARTMENTS LLC DBA STARLIGHT 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-3220332	HOUSING	AZ	-90,711	1,305,514	CHICANOS POR LA CAUSA INC
GLENROSA AFFORDABLE APARTMENTS LLC DBA LA BUENA VIDA 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-3050416	HOUSING	AZ	74,532	1,349,281	CHICANOS POR LA CAUSA INC
CHICANOS POR LA CAUSA LAND BANK LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-2787048	REAL ESTATE	AZ	0	0	CHICANOS POR LA CAUSA INC
CPLC LAND BANK MANAGER LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	REAL ESTATE	AZ	0	0	CHICANOS POR LA CAUSA INC
CPLC HOLDING AND ASSET MANAGEMENT COMPANY LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-2781685	REAL ESTATE	AZ	0	0	CHICANOS POR LA CAUSA INC
CPLC FNMA FIRST LOOK LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 81-1405916	REAL ESTATE	AZ	0	0	CHICANOS POR LA CAUSA INC
CPLC DONATION PARTNERS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-2813544	REAL ESTATE	AZ	0	0	CHICANOS POR LA CAUSA INC
CPLC HOUSING PARTNERS LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 47-2799386	REAL ESTATE	AZ	0	0	CHICANOS POR LA CAUSA INC
FUTURO EQUITY FUND LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 46-3781260	INVESTMENT	AZ	0	0	CHICANOS POR LA CAUSA INC
CASA DE ENCANTO OPERATING COMPANY LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271908	HOUSING	AZ	-7	222,456	CHICANOS POR LA CAUSA INC
CASA DE FLORES OPERATING COMPANY LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271909	HOUSING	AZ	3	60,987	CHICANOS POR LA CAUSA INC
GUADALUPE HUERTA OPERATING COMPANY LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271912	HOUSING	AZ	2	241,750	CHICANOS POR LA CAUSA INC
MOUNTAIN POINTE APARTMENTS LIHTC PHASE II LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 01-0857328	HOUSING	AZ	-73	-303	CHICANOS POR LA CAUSA INC
MOUNTAIN POINTE APARTMENTS LIHTC LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0227210	HOUSING	AZ	93	-558	CHICANOS POR LA CAUSA INC
ROSA LINDA OPERATING COMPANY LLC 1112 E BUCKEYE RD PHOENIX, AZ 85034 65-1271918	HOUSING	AZ	20	275,991	CHICANOS POR LA CAUSA INC

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

(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
COMERCIO ARIZONA INC 1112 E BUCKEYE RD PHOENIX, AZ 85034 20-1549598	DEVELOPMENT	AZ	2	2,131	CHICANOS POR LA CAUSA INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) PUEBLO SENIOR HOUSING INC DBA CASA DEL PUEBLO I 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0757227	HOUSING	AZ	501(C)(3)	LINE 9	N/A	Yes	
(1) CASA DEL PUEBLO II INC 1112 E BUCKEYE RD PHOENIX, AZ 85034 39-0275488	HOUSING	AZ	501(C)(3)	LINE 9	N/A	Yes	
(2) CASA MIA SENIOR APARTMENTS INC 1112 E BUCKEYE RD PHOENIX, AZ 85034 74-2465161	HOUSING	AZ	501(C)(3)	LINE 9	N/A	Yes	
(3) CAUSA COMMUNUITY DEVELOPMENT DBA GUADALUPE BARRIO NUEVO 1112 E BUCKEYE RD PHOENIX, AZ 85034 74-2465160	HOUSING	AZ	501(C)(3)	LINE 9	N/A	Yes	
(4) CPLC COMMUNITY SCHOOLS 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0842209	EDUCATION	AZ	501(C)(3)	LINE 2	CPLC		No
(5) CPLC NEVADA INC 1112 E BUCKEYE RD PHOENIX, AZ 85034 47-2624854	SOCIAL SERVICE	NV	501(C)(3)	LINE 7	CPLC	Yes	
(6) CHICANOS POR LA CAUSA TUCSON FOUNDATION 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0916383	FOUNDATION	AZ	501(C)(3)	LINE 7	CPLC	Yes	
(7) SANTA CRUZ APARTMENTS INC 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0712873	HOUSING	AZ	501(C)(3)	LINE 9	N/A	Yes	
(8) CPLC SOUTHWEST INC 1112 E BUCKEYE RD PHOENIX, AZ 85034 86-0324590	SOCIAL SERVICE	AZ	501(C)(3)	LINE 7	CPLC	Yes	
(9) SIETE DEL NORTE COMMUNITY DEVELOPMENT CORP 1112 E BUCKEYE RD PHOENIX, AZ 85034 85-0227776	HOUSING	AZ	501(C)(3)	LINE 7	CPLC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	
COMERCIO AZ REAL ESTATE I CDE LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 20-1582373	DEVELOPMENT	AZ	COMERCIO AZ INC	RELATED	-110	-239		No		Yes		0 010 %
COMERCIO AZ REAL ESTATE II CDE LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 20-1582404	DEVELOPMENT	AZ	COMERCIO AZ INC	RELATED	-3	-222		No		Yes		0 010 %
ROSA LINDA SENIOR APTS LIHTC LP DBA GENE RICE 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271918	HOUSING	AZ	ROSA LINDA OPERATING COMPANY LLC DBA GENE RICE	RELATED	20	275,991	Yes			Yes		0 010 %
COMERCIO AZ REAL ESTATE III CDE LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 20-1582430	DEVELOPMENT	AZ	COMERCIO AZ INC	RELATED	5	1,185		No		Yes		0 010 %
COMERCIO AZ REAL ESTATE IV CDE LLC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 20-1582457	DEVELOPMENT	AZ	COMERCIO AZ INC	RELATED	50	1,279		No		Yes		0 010 %
GUADALUPE HUERTA SENIOR APARTMENTS LIHTC LP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271919	HOUSING	AZ	GUADALUPE HUERTA OPERATING COMPANY LLC	RELATED	-2	241,750	Yes			Yes		0 010 %
CASA DE FLORES SENIOR APTS LIGHTC LP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271917	HOUSING	AZ	CASA DE FLORES OPERATING COMPANY LLC	RELATED	3	60,987	Yes			Yes		0 010 %
CASA DE ENCANTO SENIOR APARTMENTS LIHTC LP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 65-1271915	HOUSING	AZ	CASA DE ENCANTO OPERATING COMPANY LLC	RELATED	-7	222,456	Yes			Yes		0 010 %
MOUNTAIN POINT II LLIHTC LP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	HOUSING	AZ	MOUNTAIN POINT II LLC	RELATED	93	-558	Yes			Yes		0 010 %
MOUNTAIN POINT APARTMENTS LIHTC PHASE II LP 1112 E BUCKEYE ROAD PHOENIX, AZ 85034 86-0227210	HOUSING	AZ	MOUNTAIN POINT LLC	RELATED	-73	-303	Yes			Yes		0 010 %

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CASA DE PUEBLO I	Q	160,677	FMV
CASA MIA SENIOR APARTMENTS INC	Q	87,840	FMV
CPLC COMMUNITY SCHOOLS	K	190,364	FMV
CPLC COMMUNITY SCHOOLS	Q	593,596	FMV
SANTA CRUZ APARTMENTS	Q	139,849	FMV
CPLC SOUTHWEST	Q	197,896	FMV
CPLC SOUTHWEST	K	891	FMV
SIETE DEL NORTE COMMUNITY DEVELOPMENT CORP	K	14,341	FMV
CHICANOS POR LA CAUSA TUCSON FOUNDATION	Q	45	FMV
SIETE DEL NORTE COMMUNITY DEVELOPMENT CORP	Q	283,560	FMV
CPLC COMMUNITY SCHOOLS	D	325,000	FMV
CASA DE ENCANTO SENIOR APARTMENTS LIHTC LP	Q	122,220	FMV
GUADALUPE HUERTA SENIOR APARTMENTS LIHTC LP	Q	53,313	FMV
MOUNTAIN POINTE I LIHTC LP	Q	109,562	FMV
MOUNTAIN POINTE II LIHTC LP	Q	68,033	FMV
ROSA LINDA SENIOR APARTMENTS LIHTC LP	Q	118,544	FMV
COMERCIO AZ REAL ESTATE I CDE LLC	Q	10,073	FMV
COMERCIO AZ REAL ESTATE 2 CDE LLC	Q	32	FMV
MOUNTAIN POINTE I LIHTC LP	D	3,035,622	FMV
MOUNTAIN POINTE II LIHTC LP	D	482,088	FMV
FUTURO INVESTMENT CORP	B	215,000	FMV
FUTURO INVESTMENT CORP	K	125,760	FMV
FUTURO INVESTMENT CORP	Q	978,979	FMV
FUTURO ENTERPRISE SERVICES INC	R	55,847	FMV
FUTURO ENTERPRISE SERVICES INC	P	122,378	FMV

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
FUTURO INVESTMENT CORP	P	21,084	FMV
FUTURO INVESTMENT CORP	D	168,936	FMV