



CliftonLarsonAllen LLP
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EL CENTRO DE LA RAZA
FORM 990 INCOME TAX RETURN
FOR YEAR ENDED DECEMBER 31, 2021

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20__

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer EL CENTRO DE LA RAZA EIN or SSN 91-0899927

Name and title of officer or person subject to tax ROXANA AMARAL
PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

| | | | |
|---------------------------------------|-------------------------------------|---|------------------------------|
| 1a Form 990 check here | <input checked="" type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1b <u>16,247,348.</u> |
| 2a Form 990-EZ check here ... | <input type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here ▶ | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here ... | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b _____ |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b _____ |
| 6a Form 990-T check here | <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b _____ |
| 7a Form 4720 check here | <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b _____ |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b _____ |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b _____ |
| 10a Form 8038-CP check here ▶ | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ ***** THIS IS NOT A FILEABLE COPY ***** Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

91815612345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ ALLEN GILBERT, CPA Date ▶ 11/15/22

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2021** calendar year, or tax year beginning and ending

| | | |
|---|--|--|
| B Check if applicable: | C Name of organization EL CENTRO DE LA RAZA | D Employer identification number 91-0899927 |
| <input type="checkbox"/> Address change | Doing business as | E Telephone number (206) 329-9442 |
| <input type="checkbox"/> Name change | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2524 16TH AVENUE SOUTH | |
| <input type="checkbox"/> Initial return | City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98144-5104 | G Gross receipts \$ 16,768,155. |
| <input type="checkbox"/> Final return/terminated | F Name and address of principal officer: ESTELA ORTEGA SAME AS C ABOVE | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Amended return | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Application pending | I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | If "No," attach a list. See instructions |
| J Website: WWW.ELCENTRODELARAZA.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 1972 M State of legal domicile: WA |

| Part I Summary | | Prior Year | Current Year |
|---|--|--|----------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: SERVICES TO ENABLE LATINO & OTHER LOW-INCOME PERSONS TO DEVELOP SELF-SUFFICIENCY. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 14 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 14 |
| | 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 181 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 210 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 99,575. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 48,025. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 10,653,467. | 13,171,607. |
| | 9 Program service revenue (Part VIII, line 2g) | 2,389,673. | 2,578,586. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 201,476. | 116,424. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 343,917. | 380,731. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 13,588,533. | 16,247,348. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 2,198,378. | 1,717,164. |
| | 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) | 7,724,534. | 8,120,450. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 554,334. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,729,212. | 2,713,244. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 12,652,124. | 12,550,858. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 936,409. | 3,696,490. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 26,359,605. | End of Year 28,513,520. |
| | 21 Total liabilities (Part X, line 26) | 7,783,710. | 6,251,832. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 18,575,895. | 22,261,688. |

Part II Signature Block

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

| | | |
|-------------------------------|---|---|
| Sign Here | Signature of officer ROXANA AMARAL, PRESIDENT | Date |
| | Type or print name and title | |
| Paid Preparer Use Only | Print/Type preparer's name ALLEN GILBERT, CPA | Preparer's signature ALLEN GILBERT, CPA |
| | Firm's name ▶ CLIFTONLARSONALLEN LLP | Date 11/15/22 |
| | Firm's address ▶ 10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004 | Check if self-employed <input type="checkbox"/> PTIN P01380103 |
| | | Firm's EIN ▶ 41-0746749 Phone no. 425-250-6100 |

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 [X]

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 4,372,924. including grants of \$ 934.) (Revenue \$ 2,508,313.) SEE SCHEDULE O FOR PROGRAM ACCOMPLISHMENTS.

4b (Code:) (Expenses \$ 3,189,211. including grants of \$ 750,304.) (Revenue \$ 0.) SEE SCHEDULE O FOR PROGRAM ACCOMPLISHMENTS.

4c (Code:) (Expenses \$ 704,608. including grants of \$ 9,406.) (Revenue \$ 0.) SEE SCHEDULE O FOR PROGRAM ACCOMPLISHMENTS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,202,934. including grants of \$ 956,520.) (Revenue \$ 403,143.)

4e Total program service expenses 10,469,677.

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)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 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? <i>If "Yes," complete Schedule C, Part II</i> | X | |
| 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 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? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | X | |
| 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? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 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? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| 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? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| 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? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| 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? <i>If "Yes," complete Schedule D, Part IX</i> | X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 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)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 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? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 14; 1b Enter the number of voting members included on line 1a... 14; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 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 on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b 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...; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on 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... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 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... X; b Other officers or key employees of the organization... X; 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? X; 16b 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? X

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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
SHARON HU - (206) 329-9442
2524 16TH AVENUE SOUTH, SEATTLE, WA 98144-5104

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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 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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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) ESTELA ORTEGA EXECUTIVE DIRECTOR | 40.00 2.00 | | | X | | | | 115,930. | 0. | 15,991. |
| (2) XUAN HU CONTROLLER | 40.00 0.00 | | | X | | | | 97,850. | 0. | 19,928. |
| (3) HILADA MAGANA DIRECTOR OF EARLY CHILDCARE CENTER | 40.00 2.00 | | | | | X | | 100,644. | 0. | 13,387. |
| (4) ROXANA AMARAL BOARD PRESIDENT | 2.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (5) EMMA CATAGUE VICE PRESIDENT | 2.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (6) PABLO MENDOZA TRESURER | 2.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (7) VICTORIA KILL SECRETARY | 2.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (8) NORMA TAYLOR PARLIAMENTARIAN | 2.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (9) GIL ADAME (LEFT B4 YE) MEMBER AT LARGE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (10) ELIA BERENICA GARCIA MEMBER AT LARGE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (11) JUAN COTTO MEMBER AT LARGE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (12) SEAN DANIELS MEMBER AT LARGE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (13) REV. DR. ROBERT L. JEFFREY, SR MEMBER AT LARGE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (14) MARTHA JIMENEZ (LEFT B4 YE) MEMBER AT LARGE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (15) MAYRO JUAN OROZCO MEMBER AT LARGE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (16) ELENA MONTALVO MEMBER AT LARGE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (17) ALEJANDRA NARVAEZ MEMBER AT LARGE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below 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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) MILVIA PACHECO MEMBER AT LARGE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (19) RAMON SOLIZ MEMBER AT LARGE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 314,424. | 0. | 49,306. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 314,424. | 0. | 49,306. |

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 2

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

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 |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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 0

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|--|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | 912,549. | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 357,107. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 8,536,881. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 3,365,070. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 693,850. | | | | |
| | h Total. Add lines 1a-1f | | | 13,171,607. | | | |
| Program Service Revenue | 2 a CHILD CARE TUITION | Business Code | 611710 | 2,508,313. | 2,508,313. | | |
| | b MANAGEMENT FEES | | 531310 | 70,273. | 70,273. | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 2,578,586. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 116,424. | | 116,424. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | 511,904. | 39,516. | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | | 411,629. | 0. | | |
| | c Rental income or (loss) | 6c | | 100,275. | 39,516. | | |
| | d Net rental income or (loss) | | | 139,791. | 40,216. | 99,575. | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | | | | |
| | c Gain or (loss) | 7c | | | | | |
| d Net gain or (loss) | | | | | | | |
| 8 a Gross income from fundraising events (not including \$ 357,107. of contributions reported on line 1c). See Part IV, line 18 | 8a | | | 57,464. | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | | 109,178. | | | | |
| c Net income or (loss) from fundraising events | | | -51,714. | | -51,714. | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a MISCELLANEOUS INCOME | Business Code | 611710 | 292,654. | 292,654. | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | 292,654. | | | |
| 12 Total revenue. See instructions | | | 16,247,348. | 2,911,456. | 99,575. | 64,710. | |

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 ... | 8,954. | 8,954. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 1,708,210. | 1,708,210. | | |
| 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 | 249,700. | 105,537. | 139,849. | 4,314. |
| 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 | 6,255,437. | 5,283,422. | 678,913. | 293,102. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 249,276. | 220,752. | 19,394. | 9,130. |
| 9 Other employee benefits | 718,010. | 628,340. | 63,665. | 26,005. |
| 10 Payroll taxes | 648,027. | 522,627. | 96,374. | 29,026. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 38,256. | 38,256. | | |
| b Legal | 23,230. | | 23,230. | |
| c Accounting | 46,397. | | 46,397. | |
| 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 Sch O.) | 521,129. | 352,140. | 103,525. | 65,464. |
| 12 Advertising and promotion | 37,640. | 22,358. | 11,079. | 4,203. |
| 13 Office expenses | 913,727. | 678,201. | 136,034. | 99,492. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 479,514. | 479,289. | 225. | |
| 17 Travel | 28,449. | 27,190. | 777. | 482. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 343,881. | 306,798. | 22,731. | 14,352. |
| 23 Insurance | 121,574. | 14,561. | 107,013. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a MISCELLANEOUS | 98,322. | 24,550. | 69,482. | 4,290. |
| b EQUIP RENTAL AND MAINT | 55,700. | 46,760. | 4,466. | 4,474. |
| c TRAINING AND DEVE | 5,425. | 1,732. | 3,693. | |
| d _____ | | | | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 12,550,858. | 10,469,677. | 1,526,847. | 554,334. |
| 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 | 1,766,579. | 1 | 3,969,732. |
| | 2 Savings and temporary cash investments | 3,182,569. | 2 | 2,697,535. |
| | 3 Pledges and grants receivable, net | 2,132,089. | 3 | 2,080,929. |
| | 4 Accounts receivable, net | 202,195. | 4 | 731,746. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | 3,441,411. | 7 | 3,441,411. |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 19,124. | 9 | 141,419. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 18,138,478. | | |
| | b Less: accumulated depreciation | 10b 5,959,513. | 12,489,196. | 10c 12,178,965. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | 518,137. | 13 | 499,202. |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 2,608,305. | 15 | 2,772,581. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 26,359,605. | 16 | 28,513,520. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,085,084. | 17 | 808,212. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 2,348,113. | 19 | 2,322,241. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 2,995,275. | 23 | 3,087,790. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 1,355,238. | 25 | 33,589. |
| | 26 Total liabilities. Add lines 17 through 25 | 7,783,710. | 26 | 6,251,832. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 15,058,518. | 27 | 20,479,234. |
| | 28 Net assets with donor restrictions | 3,517,377. | 28 | 1,782,454. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 18,575,895. | 32 | 22,261,688. |
| 33 Total liabilities and net assets/fund balances | 26,359,605. | 33 | 28,513,520. | |

Part XI Reconciliation 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 | 16,247,348. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 12,550,858. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3,696,490. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 18,575,895. |
| 5 | Net unrealized gains (losses) on investments | 5 | 8,071. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | -18,768. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 22,261,688. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 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 on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
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? _____
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? _____
If the organization changed either its oversight process or selection process during the tax year, explain on 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? _____
- 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 on Schedule O and describe any steps taken to undergo such audits _____

| | Yes | No |
|-----------|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | X | |
| 3b | X | |

Form **990** (2021)

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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|------------|------------|------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 6,972,362. | 5,901,682. | 8,226,670. | 10,653,467. | 13,171,607. | 44,925,788. |
| 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 | 6,972,362. | 5,901,682. | 8,226,670. | 10,653,467. | 13,171,607. | 44,925,788. |
| 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. | | | | | | 44,925,788. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|------------|------------|------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 6,972,362. | 5,901,682. | 8,226,670. | 10,653,467. | 13,171,607. | 44,925,788. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 662,333. | 206,750. | 226,638. | 225,054. | 156,640. | 1,477,415. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | 238,019. | 29,572. | 99,575. | 367,166. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 8,018. | 45,594. | 84,604. | 361,580. | 292,654. | 792,450. |
| 11 Total support. Add lines 7 through 10 | | | | | | 47,562,819. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 13,474,257. |
| 13 First 5 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|---------------------------------------|---------|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) | 14 | 94.46 % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | 94.17 % |
| 16a 33 1/3% support test - 2021. 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 | ► <input checked="" type="checkbox"/> | |
| b 33 1/3% support test - 2020. 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 | ► <input type="checkbox"/> | |
| 17a 10% -facts-and-circumstances test - 2021. 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 | ► <input type="checkbox"/> | |
| b 10% -facts-and-circumstances test - 2020. 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 | ► <input type="checkbox"/> | |
| 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 | ► <input type="checkbox"/> | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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.

14 First 5 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i> | | |
| 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? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 (*explain in Part VI*). **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): | | |
| 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 (<i>explain in detail in Part VI</i>): | | |
| 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 0.015 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 0.035. | 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 0.85 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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990) 2021

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

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2021 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021 | | | |
| a From 2016 | | | |
| b From 2017 | | | |
| c From 2018 | | | |
| d From 2019 | | | |
| e From 2020 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017 | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 2021 | | | |

Schedule A (Form 990) 2021

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

EL CENTRO DE LA RAZA

Employer identification number

91-0899927

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

| | |
|--|--|
| Name of organization EL CENTRO DE LA RAZA | Employer identification number 91-0899927 |
|--|--|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | FOOD LIFELINE 1702 NE 150TH STREET SHORELINE, WA 98155 | \$ 385,897. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | KING COUNTY DEPARTMENT OF COMMUNITY & HUMAN SERVICES 401 FIFTH AVENUE, SUITE 510 SEATTLE, WA 98104 | \$ 310,454. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | UNITED WAY 1601 5TH AVE STE 1900 SEATTLE, WA 98101 | \$ 910,840. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | SEATTLE DEPARTMENT OF EDUCATION & EARLY LEARNING PO BOX 94665 SEATTLE, WA 98124 | \$ 1,137,213. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | SEATTLE OFFICE OF HOUSING 700 5TH AVE SUITE 5700 SEATTLE, WA 98124 | \$ 496,271. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | BILL AND MELINDA GATES FOUNDATION 440 5TH AVE N SEATTLE, WA 98109 | \$ 300,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization EL CENTRO DE LA RAZA | Employer identification number 91-0899927 |
|--|--|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 7 | JP MORGAN CHASE FOUNDATION 1301 2ND AVE 22ND FL SEATTLE, WA 98101 | \$ 500,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization EL CENTRO DE LA RAZA | Employer identification number 91-0899927 |
|--|--|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| 1 | FOOD _____ _____ _____ | \$ 385,897. | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |

| | |
|--|--|
| Name of organization EL CENTRO DE LA RAZA | Employer identification number 91-0899927 |
|--|--|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on 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," on 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," on 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 organization EL CENTRO DE LA RAZA | Employer identification number 91-0899927 |
|---|---|

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 campaign activity expenditures ▶ \$ 0.
- 3 Volunteer hours for political campaign activities 0.

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 ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0.
- 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 (grassroots 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. | | | |
| 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. | | |
| 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- | | | |
| 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? | | <input type="checkbox"/> Yes | <input type="checkbox"/> 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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | 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? | X | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | X | | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 50. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | | X | |
| j Total. Add lines 1c through 1i | | | 50. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| 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 campaign activity 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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

EL CENTRO ALSO PARTICIPATES IN LOCAL, STATE, NATIONAL AND INTERNATIONAL

COALITION BUILDING, AND ADVOCATE FOR IMMIGRANT/HUMAN/CIVIL RIGHTS AND

SOCIAL JUSTICE. THROUGHOUT OUR HISTORY, WE HAVE WORKED IN SEVERAL

ADVOCACY AREAS. WE HAVE RECENTLY BEGUN CREATING VOTER EDUCATION

CAMPAIGNS AS WELL AS SPREADING AWARENESS ABOUT THE IMPORTANCE OF BEING

Part IV Supplemental Information *(continued)*

COUNTED IN THE CENSUS. THE ORGANIZATION HAS ALSO BEEN ADVOCATING IN
 AREAS OF LAW ENFORCEMENT AND EDUCATION, POLICE ACCOUNTABILITY, AND
 CLOSING THE ACADEMIC ACHIEVEMENT GAP FACED BY LATINO YOUTH, AND
 PROMOTING BETTER TRANSPORTATION OPTIONS FOR LOW-INCOME PEOPLE AND
 COMMUNITIES OF COLOR.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization EL CENTRO DE LA RAZA **Employer identification number** 91-0899927

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 (for example, recreation or education) Preservation of a 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 Tax 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 7/25/06, 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?

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?

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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 on Form 990, Part VIII, line 1 | ▶ \$ | 0. |
| (ii) Assets included in Form 990, Part X | ▶ \$ | 413,611. |

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 FASB ASC 958 relating to these items:

| | | |
|---|------|----|
| a Revenue included on Form 990, Part VIII, line 1 | ▶ \$ | 0. |
| b Assets included in Form 990, Part X | ▶ \$ | 0. |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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 make significant use of its collection items (check all that apply):
a [X] Public exhibition
b [X] Scholarly research
c [] Preservation for future generations
d [] Loan or exchange program
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 [X] No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
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 on Part XIII []

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

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment [] %
b Permanent endowment [] %
c Term endowment [] %
The percentages on 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:
(i) Unrelated organizations []
(ii) Related organizations []
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? []
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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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 | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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 |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) ARTWORK | 413,611. |
| (2) DUE FROM AFFILIATED ORGANIZATIONS | 68,469. |
| (3) UNEMPLOYMENT TRUST FUND | 226,006. |
| (4) ACCRUED INTEREST RECEIVABLE - RELATED PARTY | 1,237,108. |
| (5) RESERVES | 813,295. |
| (6) TENANT SECURITY DEPOSITS | 14,092. |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 2,772,581. |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) TENANT DEPOSITS | 23,144. |
| (3) ACCRUED INTEREST PAYABLE | 10,445. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 33,589. |

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 FASB 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" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

PART III, LINE 4:

THE SCOPE OF EL CENTRO DE LA RAZA'S ART COLLECTION INCLUDES PAINTINGS, DRAWINGS AND POSTERS THAT HIGHLIGHT CIVIL RIGHTS AND SOCIAL JUSTICE THEMES. EL CENTRO DE LA RAZA ALSO MAINTAINS AN ARCHIVE OF IT'S OWN HISTORIC DOCUMENTS AND MATERIALS. AS A VOICE AND HUB OF THE LATINO COMMUNITY, OUR 45-YEAR HISTORY IS A COMMUNITY HISTORY. IT IS A HISTORY OF THE LATINO COMMUNITY AND PEOPLE OF COLOR THAT IS OFTEN UNDERREPRESENTED IN MAINSTREAM HISTORICAL ACCOUNTS. WE HAVE ACTIVELY BEEN WORKING TO DOCUMENT AND SHARE OUR HISTORY AS A WAY TO EDUCATE AND GIVE PRIDE TO OUR COMMUNITY.

PART X, LINE 2:

Part XIII Supplemental Information (continued)

EL CENTRO DE LA RAZA IS A WASHINGTON NONPROFIT CORPORATION, EXEMPT FROM
 FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.
 IT QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION AND HAS BEEN
 CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER
 SECTION 509(A) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION'S INCOME
 TAX FILINGS ARE SUBJECT TO EXAMINATION BY VARIOUS TAXING AUTHORITIES.

THE ORGANIZATION FOLLOWS THE PROVISIONS OF UNCERTAIN TAX POSITIONS AS
 ADDRESSED IN FASB ACCOUNTING STANDARDS CODIFICATION SUBTOPIC 740-10,
 INCOME TAXES. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT
 FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX
 POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through col. (c)) |
|--|---|---------------------------------|--------------|--------------------------|--|
| | | AUCTION BANQUET (event type) | (event type) | (total number) | |
| Revenue | 1 Gross receipts | 414,571. | | | 414,571. |
| | 2 Less: Contributions | 357,107. | | | 357,107. |
| | 3 Gross income (line 1 minus line 2) | 57,464. | | | 57,464. |
| Direct Expenses | 4 Cash prizes | 3,000. | | | 3,000. |
| | 5 Noncash prizes | 57,464. | | | 57,464. |
| | 6 Rent/facility costs | 8,407. | | | 8,407. |
| | 7 Food and beverages | 6,956. | | | 6,956. |
| | 8 Entertainment | 19,956. | | | 19,956. |
| | 9 Other direct expenses | 13,395. | | | 13,395. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 109,178. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | -51,714. | |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
| | | | | | |
| Revenue | 1 Gross revenue | | | | |
| | 2 Cash prizes | | | | |
| Direct Expenses | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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: _____

**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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **EL CENTRO DE LA RAZA** Employer identification number **91-0899927**

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" on 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.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|---|--|--|---|
| ECR 2524 16TH AVENUE SOUTH SEATTLE, WA 98144 | 94-3124654 | 501(C)(3) | 8,954. | 0. | N/A | N/A | SUPPORT OF LOW INCOME HOUSING MISSION |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| HUMAN & EMERGENCY SERVICES | 25583 | 1,272,886. | 435,324. | FMV | FOOD |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

PART I, LINE 2:

EL CENTRO DE LA RAZA MAINTAINED STATISTICAL INFORMATION DOCUMENTING THE

INCOME LEVEL AND HOUSEHOLD SIZE OF ALL PEOPLE SERVED DURING 2021 AS

REQUIRED BY HUD LOANS PASSED THROUGH THE CITY OF SEATTLE.

EL CENTRO HAS A CONTRACT WITH THE HEALTH CARE AUTHORITY OF THE STATE OF

WASHINGTON TO SPONSOR ENROLLEES OF THE AUTHORITY'S BASIC HEALTH PLAN WHOSE

INCOME LEVEL IS BELOW 125 PERCENT OF THE FEDERAL INCOME GUIDELINES AND WHO

LIVE IN CERTAIN AREAS OF THE STATE. EL CENTRO HAS AGREED TO SUBMIT THE

Part IV Supplemental Information

ENTIRE PREMIUM AMOUNT FOR SPONSORED ENROLLEES AND THEIR DEPENDENTS ON A

MONTHLY BASIS.

Multiple horizontal lines for data entry.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **EL CENTRO DE LA RAZA** Employer identification number **91-0899927**

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 | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 419,652 | 620,048. | FAIR MARKET VALUE |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (AUCTION ITEMS) | X | 301 | 57,464. | FAIR MARKET VALUE |
| 26 Other (DONATED GOODS) | X | 24 | 16,338. | FAIR MARKET VALUE |
| 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 V, Donee Acknowledgement **29** 0

| | 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 isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't 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.

SCHEDULE M, PART I, COLUMN (B):

CONTRIBUTIONS OF FOOD IS DENOMINATED IN POUNDS WHILE DONATED GOOD AND

AUCTION ITEMS ARE DENOMINATED BY THE NUMBER OF ITEMS CONTRIBUTED.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

EL CENTRO DE LA RAZA

Employer identification number

91-0899927

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AS AN ORGANIZATION GROUNDED IN THE LATINO COMMUNITY, OUR MISSION IS TO
BUILD UNITY ACROSS ALL RACIAL AND ECONOMIC SECTORS, TO ORGANIZE,
EMPOWER, AND DEFEND OUR MOST VULNERABLE AND MARGINALIZED POPULATIONS
AND TO BRING JUSTICE, DIGNITY, EQUALITY, AND FREEDOM TO ALL THE PEOPLES
OF THE WORLD.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

CHILD & YOUTH PROGRAMS: INVESTING IN OUR CHILDREN AND THEIR FUTURE, EL
CENTRO DE LA RAZA PROVIDES AN ARRAY OF BILINGUAL, MULTICULTURAL CHILD
AND YOUTH SERVICES TO THE LOCAL COMMUNITY. THESE PROGRAMS ARE FREE
WITH THE EXCEPTION OF THE CHILD DEVELOPMENT CENTER AND AFTER SCHOOL
PROGRAM, WHICH ARE FEE-BASED BUT ALSO PROVIDE SUBSIDIES FOR LOW-INCOME
FAMILIES.

THROUGH THESE SERVICES:

- INFANTS AND YOUNG CHILDREN MEET DEVELOPMENT MILESTONES.
- YOUNG CHILDREN ARE PREPARED TO ENTER KINDERGARTEN.
- STUDENTS DEVELOP AND STRENGTHEN SKILLS AND/OR HABITS THAT
SUPPORT ACADEMIC SUCCESS.
- EDUCATIONALLY AT-RISK STUDENTS MAKE ACADEMIC PROGRESS.
- AT-RISK YOUTH DEVELOP COMPUTER AND TECHNOLOGY SKILLS.
- AT-RISK YOUTH ARE ENCOURAGED AND BETTER PREPARED TO PURSUE AND/OR
ENROLL IN POST-SECONDARY EDUCATION.
- PARENTS AND GUARDIANS PARTICIPATE IN CHILDREN'S LEARNING.
- IDENTIFY, ALLEVIATE, AND MEET THE NEEDS OF AT-RISK PREGNANT WOMEN.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

132211 11-11-21

| | |
|--|--|
| Name of the organization EL CENTRO DE LA RAZA | Employer identification number 91-0899927 |
|--|--|

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:

HUMAN & EMERGENCY SERVICES: SEEKING TO ADDRESS IMMEDIATE ASPECTS OF HUMAN SUFFERING SUCH AS HUNGER, HEALTHCARE AND HOMELESSNESS, OUR FRANCES MARTINEZ COMMUNITY SERVICE CENTER PROVIDES DIVERSE, BILINGUAL HUMAN SERVICES AND EMERGENCY SERVICES.

THROUGH THESE SERVICES:

- PEOPLE MEET THEIR BASIC FOOD NEEDS.
- PEOPLE TRANSITIONING OUT OF HOMELESSNESS SECURE PERMANENT HOUSING.
- OLDER ADULTS MAINTAIN THE HIGHEST POSSIBLE QUALITY OF LIFE.
- FAMILIES AND INDIVIDUALS ARE ABLE TO ACCESS BASIC HEALTH INSURANCE PLANS.
- INCREASE ACCESS AND AWARENESS OF HUMAN SERVICES, HOUSING, AND HEALTH RESOURCES FOR ALL VETERANS
- INDIVIDUALS AND FAMILIES IN CRISIS RECEIVE IMMEDIATE INFORMATION, REFERRAL AND SERVICES

FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:

EDUCATION & SKILL BUILDING PROGRAMS: EL CENTRO DE LA RAZA PROMOTES SELF-SUFFICIENCY AND EMPOWERMENT THROUGH FREE BILINGUAL EDUCATION AND SKILL BUILDING INITIATIVES.

THROUGH THESE SERVICES:

- PEOPLE ACQUIRE JOB SEARCH SKILLS, GAIN EMPLOYMENT AND RETAIN JOBS/INCREASE BENEFITS.

| | |
|--|--|
| Name of the organization EL CENTRO DE LA RAZA | Employer identification number 91-0899927 |
|--|--|

-LOW AND MODERATE-INCOME FAMILIES ARE ABLE TO PURCHASE A HOME.

-AT-RISK YOUTH INCREASE COMPUTER SKILLS

-FAMILIES AND INDIVIDUALS INCREASE KNOWLEDGE OF TAXES AND TAX CREDITS.

-HOMEOWNERS ARE ABLE TO AVOID FORECLOSURE THROUGH DEFAULT COUNSELING.

-FAMILIES AND INDIVIDUALS INCREASE KNOWLEDGE OF BANKING AND PERSONAL MONEY MANAGEMENT.

-PEOPLE ACQUIRE AND IMPROVE ENGLISH LANGUAGE AND LITERACY SKILLS.

-ENGAGE LATINO FAMILIES AND COMMUNITY MEMBERS IN JUVENILE JUSTICE

ADVOCACY AND POLICY ISSUES

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY BUILDING & ADVOCACY: EL CENTRO BELIEVES THAT ONLY THROUGH

CIVIC INVOLVEMENT, GRASSROOTS ORGANIZING AND SOCIAL ACTIVISM WILL OUR

COMMUNITY WILL BE ABLE TO EFFECTIVELY ADDRESS THE PROFOUND

CONTRADICTIONS FACING OUR WORLD. WE UNITE COMMUNITIES OF ALL RACES,

GENDERS, AGES AND CLASSES TO FIGHT FOR CIVIL AND HUMAN RIGHTS LOCALLY

AND GLOBALLY. WE ENGAGE THE COMMUNITY THROUGH LISTENING SESSIONS, CAFE

CON EL CENTRO, COMADRES WOMEN'S SUPPORT GROUP, BEACON HILL AIR & NOISE

POLLUTION PROJECT, CULTURAL EVENTS (INCLUDING CINCO DE MAYO AND DIA DE

LOS MUERTOS), SOCIAL MEDIA AND E-NEWSLETTERS. VOLUNTEERISM IS THE

LIFEBLOOD OF THE ORGANIZATION, AND OUR VOLUNTEER PROGRAM RECRUITS MORE

THAN 800 VOLUNTEERS A YEAR TO ENSURE THAT OUR PROGRAM PARTICIPANTS

ACHIEVE THEIR OUTCOMES. EL CENTRO ALSO PROVIDES HOUSING FOR LOW-INCOME

FAMILIES, FURTHER STRENGTHENING OUR COMMUNITY.

| | |
|--|--|
| Name of the organization EL CENTRO DE LA RAZA | Employer identification number 91-0899927 |
|--|--|

EL CENTRO ALSO PARTICIPATES IN LOCAL, STATE, NATIONAL AND INTERNATIONAL COALITION BUILDING, AND ADVOCATE FOR IMMIGRANT/HUMAN/CIVIL RIGHTS AND SOCIAL JUSTICE. THROUGHOUT OUR HISTORY, WE HAVE WORKED IN SEVERAL ADVOCACY AREAS. WE HAVE RECENTLY BEGUN CREATING VOTER EDUCATION CAMPAIGNS AS WELL AS SPREADING AWARENESS ABOUT THE IMPORTANCE OF BEING COUNTED IN THE CENSUS. THE ORGANIZATION HAS ALSO BEEN ADVOCATING IN AREAS OF LAW ENFORCEMENT AND EDUCATION, POLICE ACCOUNTABILITY, AND CLOSING THE ACADEMIC ACHIEVEMENT GAP FACED BY LATINO YOUTH, AND PROMOTING BETTER TRANSPORTATION OPTIONS FOR LOW-INCOME PEOPLE AND COMMUNITIES OF COLOR.

EXPENSES \$ 2,202,934. INCLUDING GRANTS OF \$ 956,520. REVENUE \$ 403,143.

FORM 990, PART VI, SECTION A, LINE 1A:

IF AUTHORIZED BY THE BOARD, THE EXECUTIVE COMMITTEE WILL HAVE, AND MAY EXERCISE SUCH, AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE CORPORATION AS AUTHORIZED BY THE BOARD OF DIRECTORS: PROVIDED, THAT THE EXECUTIVE COMMITTEE WILL NOT HAVE THE AUTHORITY OF THE BOARD OF DIRECTORS IN REFERENCE TO: AMENDING, ALTERING, OR REPEALING THE BYLAWS; ELECTING, APPOINTING OR REMOVING ANY MEMBER OF ANY SUCH COMMITTEE OR ANY DIRECTOR OR OFFICER OF THE CORPORATION; AMENDING THE ARTICLES OF INCORPORATION; ADOPTING A PLAN OF MERGER OR ADOPTING A PLAN OF CONSOLIDATION WITH ANOTHER CORPORATION; AUTHORIZING THE SALE, LEASE, OR EXCHANGE OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY AND ASSETS OF THE CORPORATION, NOT IN THE ORDINARY COURSE OF BUSINESS; AUTHORIZING THE VOLUNTARY DISSOLUTION OF THE CORPORATION OR REVOKING PROCEEDINGS THEREFORE; ADOPTING A PLAN FOR THE DISSOLUTION OF THE ASSETS OF THE CORPORATION; OR AMENDING, ALTERING OR REPEALING ANY RESOLUTION OF THE BOARD OF DIRECTORS WHICH BY ITS TERMS PROVIDES THAT IT WILL NOT BE AMENDED, ALTERED OR

| | |
|--|---|
| Name of the organization EL CENTRO DE LA RAZA | Employer identification number 91-089927 |
|--|---|

REPEALED BY ANY COMMITTEE.

THE DESIGNATION AND APPOINTMENT OF THE EXECUTIVE COMMITTEE AND THE
 DELEGATION THERETO OF AUTHORITY WILL NOT OPERATE TO RELIEVE THE BOARD OF
 DIRECTORS, OR ANY INDIVIDUAL DIRECTOR OF ANY RESPONSIBILITY IMPOSED UPON IT
 BYLAW.

THE EXECUTIVE COMMITTEE WILL CONSIST OF NOT LESS THAN THREE (3) DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A:

AT ANY TIME THERE IS A NEED TO ELECT DIRECTORS WHO WILL SERVE AS A
 REPRESENTATIVE OF THE POOR, THE BOARD WILL DESIGNATE ORGANIZATIONS OR
 GROUPS REPRESENTATIVE OF THE LOW-INCOME COMMUNITY SERVED BY THE
 CORPORATION, OR GROUPS MADE UP OF RECIPIENTS OF THE SERVICES PROVIDED BY
 THE CORPORATION, THAT WILL BE ENTITLED TO ELECT DIRECTORS TO SERVE AS
 REPRESENTATIVES OF THE POOR, AND THE PERSONS THUS ELECTED WILL BECOME
 DIRECTORS UPON NOTICE TO THE BOARD OF SUCH ELECTION BY THE ORGANIZATION OR
 GROUP SO DESIGNATED.

AT ANY TIME THERE IS THE NEED TO ELECT DIRECTORS WHO QUALIFY AS PUBLIC
 OFFICIALS OR THEIR DESIGNEES, THE BOARD WILL SOLICIT NOMINATIONS FROM SUCH
 PUBLIC OFFICIALS AS ARE WILLING AND AVAILABLE TO SERVE AS DIRECTORS OR TO
 APPOINT A DESIGNEE TO SERVE AS A DIRECTOR. NOMINEES WILL BECOME DIRECTORS
 WHEN APPROVED BY A MAJORITY OF THE DIRECTORS THEN IN OFFICE.

AT ANY TIME THERE IS A NEED TO ELECT DIRECTORS WHO WILL SERVE AS
 REPRESENTATIVES OF BUSINESS, INDUSTRY, LABOR, RELIGIOUS, WELFARE,
 EDUCATION, OR OTHER MAJOR GROUPS AND INTERESTS IN THE COMMUNITY, THE BOARD
 WILL SOLICIT NOMINATIONS FROM BUSINESSES, SOCIAL SERVICE AGENCIES, LABOR
 ORGANIZATIONS, RELIGIOUS ORGANIZATIONS, EDUCATIONAL INSTITUTIONS, OR OTHER

| | |
|--|---|
| Name of the organization EL CENTRO DE LA RAZA | Employer identification number 91-089927 |
|--|---|

COMMUNITY GROUPS. NOMINEES WILL BECOME DIRECTORS WHEN APPROVED BY A MAJORITY OF THE DIRECTORS THEN IN OFFICE.

TO QUALIFY FOR ELECTION AS A DIRECTOR, A PERSON MUST BE COMMITTED TO THE GOALS AND PRINCIPLES OF THE CORPORATION, AS DETERMINED BY A SCREENING COMMITTEE DESIGNATED BY THE BOARD AND MADE UP OF REPRESENTATIVES OF THE BOARD AND STAFF OF THE CORPORATION. NO EMPLOYEE OF THE CORPORATION MAY SERVE AS A DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE 990 BEFORE IT IS FILED EACH YEAR.

FORM 990, PART VI, SECTION B, LINE 12C:
NO MEMBER, DIRECTOR OR OFFICER OF THE CORPORATION WILL BE INTERESTED, DIRECTLY OR INDIRECTLY, IN ANY CONTRACT RELATING TO THE OPERATIONS CONDUCTED BY IT, NOR IN ANY CONTRACT FOR FURNISHING SERVICES OR SUPPLIES TO IT, UNLESS

(A) SUCH CONTRACT WILL BE AUTHORIZED BY AN ABSOLUTE MAJORITY OF DIRECTORS PRESENT AND VOTING AT MEETING AT WHICH THE PRESENCE OF SUCH DIRECTOR IS NOT NECESSARY FOR SUCH AUTHORIZATION,

(B) THE FACTS AND NATURE OF SUCH INTEREST WILL HAVE BEEN FULLY DISCLOSED OR SHOWN TO THE MEMBERS OF THE BOARD OF DIRECTORS PRESENT AT THE MEETING AT WHICH SUCH CONTRACT IS SO AUTHORIZED, AND

(C) ANY INTERESTED DIRECTOR HAS ABSTAINED FROM PARTICIPATING IN DISCUSSIONS OR VOTES RELATED TO SUCH AUTHORIZATION, OTHER THAN TO DISCLOSE THE FACTS AND NATURE OF SUCH INTEREST.

| | |
|--|--|
| Name of the organization EL CENTRO DE LA RAZA | Employer identification number 91-0899927 |
|--|--|

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTORS SALARY IS DECIDED EVERY YEAR AT THE ANNUAL BUDGET MEETING. DIRECTORS GO INTO EXECUTIVE SESSION TO DECIDE ON THE EXECUTIVE DIRECTOR'S SALARY AS REQUIRED BY THE DEPARTMENT OF COMMERCE AS A FUNDING SOURCE AND BOARD DOCUMENTATION IS PROVIDED TO THE DEPARTMENT OF COMMERCE.

DIRECTORS AND MANAGERS SALARIES ARE COMPARED BASED ON RESPONSIBILITIES, SIZE OF BUDGET AND THE AMOUNT OF STAFF SUPERVISED. THE EXECUTIVE DIRECTOR HAS CONTRACTED WITH A CONSULTANT TO ADDRESS SALARY EQUITY OF WHAT IS BEING PAID AT OTHER SIMILAR ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

**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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

| | |
|---|---|
| Name of the organization <p style="text-align: center;">EL CENTRO DE LA RAZA</p> | Employer identification number <p style="text-align: center;">91-0899927</p> |
|---|---|

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 |
|---|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| PRM MANAGER LLC - 91-0899927 2524 16TH AVE SOUTH SEATTLE, WA 98144 | LOW INCOME HOUSING | WASHINGTON | -91. | 499,384. | EL CENTRO DE LA RAZA |
| ECDLR COMMUNITY DEVELOPMENT LLC 2524 16TH AVE SOUTH SEATTLE, WA 98144 | LOW INCOME HOUSING | WASHINGTON | -20,828. | 5,973,628. | EL CENTRO DE LA RAZA |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 | No |
| ECR - 94-3124654 2524 16TH AVENUE SOUTH SEATTLE, WA 98144 | OWNS AND MANAGES TWO SINGLE-FAMILY RESIDENCES FOR LOW-INCOME TENANTS | WASHINGTON | 501(C)(3) | LINE 7 | EL CENTRO DE LA RAZA | X | |
| NORTH BEACON HILL HOUSING INITIATIVE ASSOCIATION - 91-1681667, 2524 16TH AVENUE SOUTH, SEATTLE, WA 98144 | DEVELOPING, OPERATING AND MAINTAINING HOUSING UNITS IN THE BEACON HILL AREA | WASHINGTON | 501(C)(3) | LINE 12A, I | EL CENTRO DE LA RAZA | X | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

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

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

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | X | |
| e Loans or loan guarantees by related organization(s) | X | |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | X | |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | X | |

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 |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

(and on Investment Income for Private Foundations) FORM 990-T

2022

▶ Go to www.irs.gov/Form990W for instructions and the latest information.
▶ Keep for your records. Do not send to the Internal Revenue Service.

| | | | | |
|-----|--|-------------|---------|-------------|
| 1 | Unrelated business taxable income expected in the tax year | | 1 | |
| 2 | Tax on the amount on line 1. See instructions for tax computation | | 2 | |
| 3 | Alternative minimum tax for trusts. See instructions | | 3 | |
| 4 | Total. Add lines 2 and 3 | | 4 | |
| 5 | Estimated tax credits. See instructions | | 5 | |
| 6 | Subtract line 5 from line 4 | | 6 | |
| 7 | Other taxes. See instructions | | 7 | |
| 8 | Total. Add lines 6 and 7 | | 8 | |
| 9 | Credit for federal tax paid on fuels. See instructions | | 9 | |
| 10a | Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions | 10a | | |
| b | Enter the tax shown on the 2021 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c | 10b | 10,085. | |
| c | 2022 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c | ADJUSTED TO | | 10c 10,120. |

| | | (a) | (b) | (c) | (d) |
|----|--|-----|-----|-----|----------|
| 11 | Installment due dates. See instructions | 11 | | | 12/15/22 |
| 12 | Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." | 12 | | | 10,120. |
| 13 | 2021 Overpayment. See instructions | 13 | | | |
| 14 | Payment due (Subtract line 13 from line 12) | 14 | | | 10,120. |

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20__

2021

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EL CENTRO DE LA RAZA

EIN or SSN

91-0899927

Name and title of officer or person subject to tax

ROXANA AMARAL
PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | | |
|------------------------------------|-------------------------------------|---|-------------------|
| 1a Form 990 check here | <input type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b _____ |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b _____ |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b _____ |
| 6a Form 990-T check here | <input checked="" type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b 10,085. |
| 7a Form 4720 check here | <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b _____ |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b _____ |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b _____ |
| 10a Form 8038-CP check here | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ******* THIS IS NOT A FILEABLE COPY ******* Date **▶**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

91815612345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **▶** ALLEN GILBERT, CPA Date **▶** 11/15/22

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|--|--|--|
| Type or print | Name of exempt organization or other filer, see instructions. EL CENTRO DE LA RAZA | Taxpayer identification number (TIN) 91-0899927 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 2524 16TH AVENUE SOUTH | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. SEATTLE, WA 98144-5104 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |
| Form 990-T (corporation) | 07 | | |

SHARON HU

• The books are in the care of ▶ 2524 16TH AVENUE SOUTH - SEATTLE, WA 98144-5104

Telephone No. ▶ (206) 329-9442

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2021 or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|-----------|----|---------|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 10,085. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 10,085. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2021

Department of the Treasury
Internal Revenue Service

For calendar year 2021 or other tax year beginning _____, and ending _____

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for
501(c)(3) Organizations Only

| | | | | |
|--|---|----------------------|--|--|
| A <input type="checkbox"/> Check box if address changed. | B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A | Print or Type | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) EL CENTRO DE LA RAZA Number, street, and room or suite no. If a P.O. box, see instructions. 2524 16TH AVENUE SOUTH City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98144-5104 | D Employer identification number 91-0899927 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return. |
| C Book value of all assets at end of year ▶ 28,513,520. | | | | |

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ SHARON HU Telephone number ▶ (206) 329-9442

Part I Total Unrelated Business Taxable Income

| | | |
|--|----|---------|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 1 | 49,025. |
| 2 Reserved | 2 | |
| 3 Add lines 1 and 2 | 3 | 49,025. |
| 4 Charitable contributions (see instructions for limitation rules) | 4 | 0. |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 | 5 | 49,025. |
| 6 Deduction for net operating loss. See instructions | 6 | |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | 7 | 49,025. |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions) | 8 | 1,000. |
| 9 Trusts. Section 199A deduction. See instructions | 9 | |
| 10 Total deductions. Add lines 8 and 9 | 10 | 1,000. |
| 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero | 11 | 48,025. |

Part II Tax Computation

| | | |
|---|---|---------|
| 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) | 1 | 10,085. |
| 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 2 | |
| 3 Proxy tax. See instructions | 3 | |
| 4 Other tax amounts. See instructions | 4 | |
| 5 Alternative minimum tax (trusts only) | 5 | |
| 6 Tax on noncompliant facility income. See instructions | 6 | |
| 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies | 7 | 10,085. |

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

| | | | | |
|-----------|--|-----------|--|---------|
| 1a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 1a | | |
| b | Other credits (see instructions) | 1b | | |
| c | General business credit. Attach Form 3800 (see instructions) | 1c | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 1d | | |
| e | Total credits. Add lines 1a through 1d | 1e | | |
| 2 | Subtract line 1e from Part II, line 7 | 2 | | 10,085. |
| 3 | Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) | 3 | | |
| 4 | Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here | 4 | | 10,085. |
| 5 | Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 | 5 | | 0. |
| 6a | Payments: A 2020 overpayment credited to 2021 | 6a | | |
| b | 2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> | 6b | | |
| c | Tax deposited with Form 8868 | 6c | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | | |
| e | Backup withholding (see instructions) | 6e | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 6f | | |
| g | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total | 6g | | |
| 7 | Total payments. Add lines 6a through 6g | 7 | | |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 8 | | 246. |
| 9 | Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed STATEMENT 3 | 9 | | 10,331. |
| 10 | Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | 10 | | |
| 11 | Enter the amount of line 10 you want: Credited to 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 11 | | |

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

| | | | |
|-----------|--|-----|----|
| 1 | At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | Yes | No |
| 2 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | | X |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |
| 4 | Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4. | | |
| 5 | Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. | | |
| | Business Activity Code | | |
| | Available post-2017 NOL carryover | | |
| | \$ | | |
| | \$ | | |
| 6a | Did the organization change its method of accounting? (see instructions) | | X |
| b | If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V | | |

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ Title: **PRESIDENT**

May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer Use Only

Print/Type preparer's name: ALLEN GILBERT, CPA
 Preparer's signature: ALLEN GILBERT, CPA
 Date: 11/15/22
 Check if self-employed
 PTIN: P01380103
 Firm's name: CLIFTONLARSONALLEN LLP
 Firm's address: 10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004
 Firm's EIN: 41-0746749
 Phone no.: 425-250-6100

FORM 990-T LATE PAYMENT INTEREST STATEMENT 1

| DESCRIPTION | DATE | AMOUNT | BALANCE | RATE | DAYS | INTEREST |
|-----------------------------|----------|---------|---------|-------|------|----------|
| TAX DUE | 05/16/22 | 10,085. | 10,085. | .0400 | 45 | 50. |
| INTEREST RATE CHANGE | 06/30/22 | 0. | 10,135. | .0500 | 92 | 129. |
| INTEREST RATE CHANGE | 09/30/22 | 0. | 10,264. | .0600 | 46 | 78. |
| DATE FILED | 11/15/22 | | 10,342. | | | |
| TOTAL LATE PAYMENT INTEREST | | | | | | 257. |

FORM 990-T LATE PAYMENT PENALTY STATEMENT 2

| DESCRIPTION | DATE | AMOUNT | BALANCE | MONTHS | PENALTY |
|----------------------------|----------|---------|---------|--------|---------|
| TAX DUE | 05/16/22 | 10,085. | 10,085. | 6 | 303. |
| DATE FILED | 11/15/22 | | 10,085. | | |
| TOTAL LATE PAYMENT PENALTY | | | | | 303. |

FORM 990-T INTEREST AND PENALTIES STATEMENT 3

| | |
|------------------------------|---------|
| TAX FROM FORM 990-T, PART IV | 10,085. |
| UNDERPAYMENT PENALTY | 246. |
| LATE PAYMENT INTEREST | 257. |
| LATE PAYMENT PENALTY | 303. |
| TOTAL AMOUNT DUE | 10,891. |

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization EL CENTRO DE LA RAZA B Employer identification number 91-0899927 C Unrelated business activity code (see instructions) 452000 D Sequence: 1 of 1

E Describe the unrelated trade or business DEBT FINANCED COMMERCIAL RENTAL, AND ROOM RENTAL

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Capital loss deduction, Income (loss) from a partnership, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents, Investment income, Exploited exempt activity income, Advertising income, Other income, and Total.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

Table with 3 columns: Line number, Description, and Amount. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; Bad debts; Interest; Taxes and licenses; Depreciation; Less depreciation claimed; Depletion; Contributions to deferred compensation plans; Employee benefit programs; Excess exempt expenses; Excess readership costs; Other deductions; Total deductions; Unrelated business income before net operating loss deduction; Deduction for net operating loss; and Unrelated business taxable income.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 asks if section 263A rules apply.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property (EL CENTRO ROOM RENTALS AND 2524 16TH AVE S, SEATTLE, WA 98144). Rows 2-4: Rent received or accrued from personal and real property. Row 5: Total deductions. Total rents received: 11,571.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property (2524 16TH AVE S, SEATTLE, WA 98144). Rows 2-8: Gross income from debt-financed property (140,361). Rows 9-11: Allocable deductions (102,907) and total dividends-received deductions (0).

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

| | | | | |
|---------------|--|--|--|--|
| | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) |
| Totals | | | 0. | 0. |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
|--------------------------|---------------------|---|----------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

| | | | | |
|---------------|--|---|--|---|
| | | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| Totals | | 0. | | 0. |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | | |
|---|--|---|--|
| 1 | Description of exploited activity: _____ | | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 | |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 | |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 | |
| 5 | Gross income from activity that is not unrelated business income | 5 | |
| 6 | Expenses attributable to income entered on line 5 | 6 | |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 | |

FORM 990-T DESCRIPTION OF ORGANIZATION'S UNRELATED STATEMENT 4
 SCHEDULE A BUSINESS ACTIVITY

DEBT FINANCED COMMERCIAL RENTAL, AND ROOM RENTAL

TO FORM 990-T, SCHEDULE A, LINE E

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 5
 AVERAGE ACQUISITION DEBT

| DESCRIPTION OF DEBT-FINANCED PROPERTY | ACTIVITY NUMBER | AMOUNT OF OUTSTANDING DEBT |
|---------------------------------------|--------------------|----------------------------------|
| | 1 | |
| BEGINNING FIRST MONTH | | 3,260,034. |
| BEGINNING SECOND MONTH | | 3,250,374. |
| BEGINNING THIRD MONTH | | 3,240,700. |
| BEGINNING FOURTH MONTH | | 3,231,014. |
| BEGINNING FIFTH MONTH | | 3,221,315. |
| BEGINNING SIXTH MONTH | | 3,211,603. |
| BEGINNING SEVENTH MONTH | | 3,201,878. |
| BEGINNING EIGHTH MONTH | | 3,192,140. |
| BEGINNING NINTH MONTH | | 3,182,388. |
| BEGINNING TENTH MONTH | | 3,172,623. |
| BEGINNING ELEVENTH MONTH | | 3,162,845. |
| BEGINNING TWELFTH MONTH | | 3,153,053. |
| TOTAL OF ALL MONTHS | | 38,479,967. |
| NUMBER OF MONTHS IN YEAR | | 12 |
| AVERAGE ACQUISITION DEBT | | 3,206,664. |

TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 6
 AVERAGE ADJUSTED BASIS

| DESCRIPTION OF DEBT-FINANCED PROPERTY | ACTIVITY NUMBER | AMOUNT |
|--|--------------------|-------------|
| | 1 | |
| AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON FIRST DAY OF YEAR | | 12,489,196. |
| AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON LAST DAY OF YEAR | | 12,178,965. |
| AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR | | 12,334,081. |

TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5

FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 7

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | PERCENT ALLOCABLE | ALLOCABLE TOTAL |
|--|--------------------|-----------|----------------------|--------------------|
| SALARIES | | 84,461. | | |
| PAYROLL TAXES | | 8,780. | | |
| BENEFITS | | 13,000. | | |
| PROFESSIONAL FEES AND TEMP HELP | | 3,940. | | |
| SUPPLIES | | 10,977. | | |
| TELEPHONE AND POSTAGE | | 1,198. | | |
| OCCUPANCY | | 34,249. | | |
| EQUIPMENT RENTAL AND MAINTENANCE | | 11,545. | | |
| TRAVEL AND MILEAGE | | | | |
| REIMBURSEMENT | | 4. | | |
| TRAINING AND DEVELOPMENT | | 10,325. | | |
| TAXES AND INSURANCE | | 24,302. | | |
| FEES AND LICENSES | | 26,157. | | |
| OTHER | | 6,325. | | |
| DEPRECIATION | | 290,732. | | |
| LESS ALLOCATED FOR ELIMINATED SELF RENTAL | | -256,312. | | |
| INTEREST | | 126,112. | | |
| - SUBTOTAL - | 1 | 395,795. | 1.00 | 395,795. |
| TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B) | | | | 395,795. |

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

| | |
|-------------------------------------|---|
| Name EL CENTRO DE LA RAZA | Employer identification number 91-0899927 |
|-------------------------------------|---|

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

| | | | |
|--|-----------|-----------|---------|
| 1 Total tax (see instructions) | | 1 | 10,085. |
| 2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 | 2a | | |
| b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method | 2b | | |
| c Credit for federal tax paid on fuels (see instructions) | 2c | | |
| d Total. Add lines 2a through 2c | | 2d | |
| 3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty | | 3 | 10,085. |
| 4 Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 | | 4 | 15,629. |
| 5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 | | 5 | 10,085. |

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

| | (a) | (b) | (c) | (d) |
|---|-------------------|----------|----------|----------|
| 9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year | 9 04/15/21 | 06/15/21 | 09/15/21 | 12/15/21 |
| 10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column | 2,521. | 2,522. | 2,521. | 2,521. |
| 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions | | | | |
| Complete lines 12 through 18 of one column before going to the next column. | | | | |
| 12 Enter amount, if any, from line 18 of the preceding column | | | | |
| 13 Add lines 11 and 12 | | | | |
| 14 Add amounts on lines 16 and 17 of the preceding column | | 2,521. | 5,043. | 7,564. |
| 15 Subtract line 14 from line 13. If zero or less, enter -0- | 0. | 0. | 0. | 0. |
| 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- | | 2,521. | 5,043. | |
| 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 | 2,521. | 2,522. | 2,521. | 2,521. |
| 18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column | | | | |

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

| | (a) | (b) | (c) | (d) |
|--|--------------|------------------------|-----|------|
| 19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions | 19 | | | |
| 20 Number of days from due date of installment on line 9 to the date shown on line 19 | 20 | | | |
| 21 Number of days on line 20 after 4/15/2021 and before 7/1/2021 | 21 | | | |
| 22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$... | 22 \$ | \$ | \$ | \$ |
| 23 Number of days on line 20 after 6/30/2021 and before 10/1/2021 | 23 | | | |
| 24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$... | 24 \$ | \$ | \$ | \$ |
| 25 Number of days on line 20 after 9/30/2021 and before 1/1/2022 | 25 | | | |
| 26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$... | 26 \$ | \$ | \$ | \$ |
| 27 Number of days on line 20 after 12/31/2021 and before 4/1/2022 | 27 | SEE ATTACHED WORKSHEET | | |
| 28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$... | 28 \$ | \$ | \$ | \$ |
| 29 Number of days on line 20 after 3/31/2022 and before 7/1/2022 | 29 | | | |
| 30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ | 30 \$ | \$ | \$ | \$ |
| 31 Number of days on line 20 after 6/30/2022 and before 10/1/2022 | 31 | | | |
| 32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ | 32 \$ | \$ | \$ | \$ |
| 33 Number of days on line 20 after 9/30/2022 and before 1/1/2023 | 33 | | | |
| 34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ | 34 \$ | \$ | \$ | \$ |
| 35 Number of days on line 20 after 12/31/2022 and before 3/16/2023 | 35 | | | |
| 36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ | 36 \$ | \$ | \$ | \$ |
| 37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36 | 37 \$ | \$ | \$ | \$ |
| 38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns | 38 \$ | | | 246. |

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

