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Activities & Governance

Revenue

Expenses

Assets or Balances

Net

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2021

Open to Public

Inspection

12

12

0

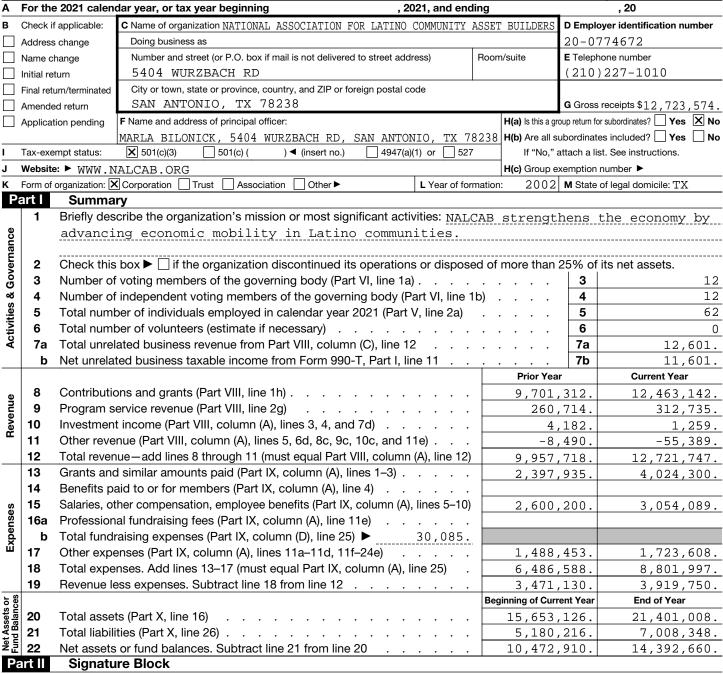
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

, 2021, and ending

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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



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 <u>Marla Bilonick, Preside</u> Type or print name and title	ent and CEO		11 Date	/11/2022						
Paid	Print/Type preparer's name	Preparer's signature	Date		Check if if self-employed	PTIN					
Preparer Use Only	Firm's name Self-Pre	pared		Firm's	s EIN 🕨						
	Firm's address ►			Phon	e no.						
May the IRS	May the IRS discuss this return with the preparer shown above? See instructions										
For Paperwo	For Paperwork Reduction Act Notice, see the separate instructions. BAA REV 07/25/22 PRO Form 990 (2021)										

	0 (2021) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	NALCAB strengthens the economy by advancing economic mobility in Latino communities.
	advancing economic mobility in Latino communities.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ _6,364,418. including grants of \$3,999,300.) (Revenue \$101,650.)
	Organizational Capacity Building - As a US Treasury-certified CDFI lender
	and grantmaker, NALCAB strengthens, coordinates, and builds the systems
	and capacity of NALCAB Network members, other non-profits, and
	government units to advance economic mobility in predominantly low- and
	moderate-income Latino communities. NALCAB creates Capital, Capacity,
	Collective Voice, and Comunidad (Community) by increasing access to grants and investment capital; unlocking access to technical assistance
	resources; sharing research to maximize organizational effectiveness and
	resources; creating and strengthening asset-building practitioner peer
	networks; using culturally relevant training to develop leaders in the asset-
	See Part III, Ln 4a statement
4b	(Code:) (Expenses \$ 444,180. including grants of \$ 25,000.) (Revenue \$ 128,500.)
	Policy Advocacy and Field-Building - The Policy Advocacy and Field-
	Building program provides members and decision-makers with research,
	policy education, and advocacy efforts to influence private, philanthropic,
	and governmental investors to responsibly meet the asset-building needs and
	opportunities in low and moderate-income communities. With NALCAB's
	support and the benefit of the collective NALCAB Network, members may
	develop and advocate for policy strategies that serve their communities at the
	local, state, and federal levels. NALCAB has published numerous reports on
	small business lending in Latino communities, housing vulnerability and
	gentrification, and place-based economic development. The Policy Advocacy See Part III, Ln 4b statement
4c	(Code:) (Expenses \$12,122. including grants of \$0.) (Revenue \$137,722.)
	Lending and Asset Management - A US Treasury-certified CDFI and intermediary
	lender, NALCAB empowers its members with culturally relevant products
	and services to advance economic mobility in predominantly Latino low-
	and-moderate income communities lacking adequate access to capital.
	NALCAB's products provide members with capital, liquidity, and scale
	to build affordable housing, lend to small businesses, and strengthen
	family financial capability. NALCAB offers commercial real estate loans,
	small business loan capital, affordable housing project loans, small
	business loan participation financing, and loan guarantees. Capital for
	lending comes from revenues, cash reserves, private philanthropies, bank
	See Part III, Ln 4c statement
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 7,220,720.

Form 99	0 (2021)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
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>	3		×
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>	4	×	
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> .	5		×
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</i> "Yes," <i>complete Schedule D, Part I</i>	6		×
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>	7		×
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>	8		×
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> .	9		×
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> .	10		×
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
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>	11b		×
с	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>	11c	×	
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>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	×	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		×
	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>	14b		×
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>	15		×
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>	16		×
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	17		×
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> .	18		×
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>	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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>	21	×	

Form 99	90 (2021)		I	Page 4
Part	IV Checklist of Required Schedules (continued)			
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	×	<u> </u>
2-τα	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		×
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			~
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31 32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33	×	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	×	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. 🗆
			Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 47			
b C	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	×	

Form 99				Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	×	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b	×	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	ch		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organization have excess business holdings at any time during the years	8		
э а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.5		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		×
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			
		17		
	If "Yes," complete Form 6069.			

Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	2		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 1	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
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	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	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	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.			
40		12c	×	
13 14	Did the organization have a written whistleblower policy?	13 14	××	
14	Did the process for determining compensation of the following persons include a review and approval by	14	^	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b		×
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	×	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the arrangements?			
Cast	organization's exempt status with respect to such arrangements?	16b	×	
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990	-T (ser	tion F	501(~)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	1 (380		50 1(0)
	X Own website X 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 inte	rest p	olicv.
-	and financial statements available to the public during the tax year.		9	-,,

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► Fernando Garcia, 5404 WURZBACH RD, SAN ANTONIO, TX 78238 (210)227-1010

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

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.

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than o is both		Reportable	Reportable	Estimated amount
	hours	office	er an			or/trust		compensation	compensation	of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) David Adame	3.00									
Chair		×		×				0.	0.	0.
(2) Marla Bilonick	1.50									
Director		×						0.	0.	0.
(3) Janie Barrera Director	1.50	×						0.	0.	0.
	1 50							0.	0.	0.
(4) Rose Garcia Director	1.50	×						0.	0.	0.
(5) Paulina Gonzalez-Brito Director	1.50	×						0.	0.	0.
(6) Luis Granados	1.50									
Secretary		×		×				0.	0.	0.
(7) John Herrera Treasurer	1.50	×		×				0.	0.	0.
(8) Ruby Azurida-Lee Director	1.50	×						0.	0.	0.
(9) Fernando Lemos Director	1.50	×						0.	0.	0.
(10)Raul Raymundo Director	1.50	×						0.	0.	0.
(11) Isabel Rubio Vice Chair	1.50	×		×				0.	0.	0.
(12)Bea Stotzer Director	1.50	×						0.	0.	0.
(13)Rafael Torres Director	1.50	×						0.	0.	0.
(14)Raul Vazquez Director	1.50	×						0.	0.	0.
				L				0.	0.	- 000

Part VII Section A. Officers, Directors,	Trustees,	Key I	Emj	olo	yee	s, an	d⊦	lighest Compe	nsated Emplo	yees (co	ontin	ued)
(A) Name and title		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	Estimate of c	f other	
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee			from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compe fror organiza related or	n the ation a	and
(15) Noel Poyo Executive Director	40.00	-		×			×	148,601.	0.		0 5	
(16) Fernando Garcia	40.00			^			^	140,001.	0.		9,0	588.
Chief Financial Officer		-		×				163,518.	0.	2	25,0	193.
(17)Levar Martin Chief Program Officer	40.00	-				×		135,252.	0.	2	27,2	255.
(18) Marla Bilonick President & CEO	40.00	-		×				157,914.	0.			66.
(19)		-										
(20)		-										
(21)		-										
(22)		-										
(23)		-										
(24)		-										
(25)												
1b Subtotal c Total from continuation sheets to Part					· ·		► ►	605,285.	0.	7	71,0	02.
d Total (add lines 1b and 1c)								605,285.	0.		71,0	02.
2 Total number of individuals (including bu reportable compensation from the organ		d to th	nose	list		above 4	e) w	ho received mor	e than \$100,000	of		
											Yes	No
3 Did the organization list any former employee on line 1a? If "Yes," complete							•		•			
4 For any individual listed on line 1a, is the								 nd other compe		3	×	

- **5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

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

4

5

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×

	90 (202	•					Page 9
Part	t VIII	Statement of Revenue					_
		Check if Schedule O contains a respo	nse or note to ar	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts, ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	128,500.				
	с	Fundraising events 1c					
	d	Related organizations 1d					
, G nil₅	е	Government grants (contributions) 1e	3,653,900.				
ons · Siı	f	All other contributions, gifts, grants, and similar amounts not included above 1 f					
her		Noncash contributions included in	8,680,742.				
I Ot	g		¢				
Con	h	lines 1a-1f 1g Total. Add lines 1a-1f .		12,463,142.			
<u> </u>	n		Business Code	12,403,142.			
é	2a	Fee for service	541690	88,000.	88,000.	0.	0
e ric		Registration fees	611430	150.	150.	0.	0
Program Service Revenue		Management fees	531390	120,435.	120,435.	0.	0
		Loan interest income	522292	90,650.	90,650.	0.	0
Be	е	Tuition	611430	13,500.	13,500.	0.	0
Pro	f	All other program service revenue					
_	g	Total. Add lines 2a–2f	🕨	312,735.			
	3	Investment income (including dividence	ls, interest, and				
		other similar amounts)	🕨	1,109.	0.	0.	1,109.
	4	Income from investment of tax-exempt b	•				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 19,800					
	b	Less: rental expenses 6b 1,827					
	C .	Rental income or (loss) 6c 17,973		10.000			
	d	Net rental income or (loss)	►	17,973.	0.	12,601.	5,372.
	7a	Gross amount from (i) Securities sales of assets					
		other than inventory 7a	150.				
e	b	Less: cost or other basis	150.				
nu	-	and sales expenses . 7b					
Other Reve	с	Gain or (loss)	150.				
Ŗ	d	Net gain or (loss)		150.	150.	0.	0.
:hel	8a	Gross income from fundraising					
Ð		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising ev	ents 🕨				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activit Gross sales of inventory, less	ies►				
	IVa	returns and allowances 10a					
	b	Less: cost of goods sold 10k					
	c	Net income or (loss) from sales of invent					
s			Business Code				
in e	11a	Partnership loss-NNI	531390	-71,598.	-71,598.	0.	0.
ane		Partnership loss-NCF	531390	-646.	-646.	0.	0.
scellaneo Revenue		Partnership loss-ALF	522298	-1,118.	-1,118.	0.	0.
Miscellaneous Revenue	d	All other revenue					
Σ	е	Total. Add lines 11a-11d	►	-73,362.			
_	12	Total revenue. See instructions	🕨	12,721,747.	239,523.	12,601.	6,481.

	90 (2021)				Page 10
	t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete	ete all columns. All	other organizations	must complete colum	n (Δ)
	Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, b, 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	4,024,300.	4,024,300.	3	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	676,287.	200,192.	476,095.	0.
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 8	Other salaries and wages	1,823,990.	1,248,393.	554,237.	21,360.
-	section 401(k) and 403(b) employer contributions)	59,064.	38,668.	19,692.	704.
9	Other employee benefits	271,820.	166,667.	102,324.	2,829
10		222,928.	130,231.	90,737.	1,960.
11	Fees for services (nonemployees):				
a b	Management	39,087.	33,977.	5,110.	0
c		39,007.	0.	39,000.	0
d		39,000.	0.	39,000.	0
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.) .	1,047,778.	949,007.	98,555.	216
12	Advertising and promotion	3,589.	1,482.	2,107.	0
13	Office expenses	71,707.	48,240.	22,971.	496
14	Information technology	142,985.	99,238.	42,822.	925
15	Royalties	0.0. 0.1.0	50 646	24.001	
16		88,319.	52,646. 16,592.	34,881.	792
17 18	Travel	21,449.	16,592.	4,857.	0
19	Conferences, conventions, and meetings	45,955.	40,639.	5,316.	0
20	Interest	133,494.	119,700.	13,502.	292
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	48,221.	28,170.	19,627.	424
23	Insurance	9,891.	5,778.	4,026.	87
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.)				
а	Staff training	22,412.	8,234.	14,178.	0.
b	Bad debt expense	8,566.	8,566.	0.	0.
c d	Federal and state income tax	1,155.	0.	1,155.	0.
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,801,997.	7,220,720.	1,551,192.	30,085
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 ŠOP 98-2 (ASC 958-720)				- 000 /

Form 990 (2021)

	990 (20	,			Page 11
P	art X		wet V		
		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year	•••	∟ (B) End of year
	1	Cash-non-interest-bearing	2,435,032.	1	1,260,307.
	2	Savings and temporary cash investments	5,574,355.	2	10,966,997.
	3	Pledges and grants receivable, net	1,950,000.	3	2,640,000.
	4	Accounts receivable, net	345,273.	4	206,470.
	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	
Assets	7	Notes and loans receivable, net	2,255,513.	7	2,772,875.
SS	8	Inventories for sale or use		8	
◄	9	Prepaid expenses and deferred charges	14,390.	9	21,451.
	10a	Land, buildings, and equipment: cost or other			
	_	basis. Complete Part VI of Schedule D 10a 1,551,554.	1 000 074		1 1 5 5 1 1
	b	Less: accumulated depreciation 10b 377,813.	1,080,854.	10c	1,173,741.
	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	1,997,709.	13	1,924,345.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	434,822.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	15,653,126.	16	21,401,008.
	17	Accounts payable and accrued expenses	358,318.	17	164,681.
	18	Grants payable	165,000.	18	1,225,000.
	19	Deferred revenue	1,650.	19	1,710.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,709,687.	23	2,851,957.
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X	1,008,662.	24	2,765,000.
		of Schedule D	936,899.	25	
	26	Total liabilities. Add lines 17 through 25	5,180,216.	26	7,008,348.
seou		Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	3,855,009.	27	4,544,818.
Ba	28	Net assets with donor restrictions	6,617,901.	28	9,847,842.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here \blacktriangleright and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds .		31	
jt A	32	Total net assets or fund balances	10,472,910.	32	14,392,660.
e e	33	Total liabilities and net assets/fund balances	15,653,126.	33	21,401,008.

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Form **990** (2021)

D						ge 12
Pari	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	12	2,72	21,7	47.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	3,80)1,9	97.
3	Revenue less expenses. Subtract line 2 from line 1	3		3,91	L9,7	50.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10),47	72,9	10.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	14	1,39	92,6	60.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other Other If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xplain	on			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both:	ited or				
	Separate basis X Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersiaht	of			
Ŭ	the audit, review, or compilation of its financial statements and selection of an independent account			2c	×	
	If the organization changed either its oversight process or selection process during the tax year, e			20	^	
	Schedule O.	Apiani				
Ra	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in t	ha			
Ju	Single Audit Act and OMB Circular A-133?			3a	×	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un	terao t		Ja	^	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such			3b	×	
	REV 07/25/22 PRO			Form	990	(2021)

Additional information from your Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4a (continued)

Continuation Statement

20-0774672

Description
building field; and developing a strategic national voice for more than 195
organizations and the communities they serve. Organizations that benefit
from the capacity-building program may borrow capital from NALCAB and
are more likely to secure and diversify their funding opportunities due to
increased organizational capacity.
The Organizational Capacity Building program hosts an annual National
Conference and Training for community economic development practitioners
and it hosts numerous educational webinars throughout the year. It has provided
culturally-relevant training to over 2,500 practitionersn and the Pete Garcia
Community Economic Development Fellowship Program for emerging
leaders has graduated 169 fellows to date. Since 2007 NALCAB has made grants of
over \$27 million to non-profit organizations and utilized over \$12.7 million
in federal funding (US HUD and SBA) to provide technical assistance to
non-profits and local/state government agencies (urban and rural). Since
2008, member organizations have secured more than \$450 million for their
programs due to NALCAB's support and services.

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4b (continued)

Continuation Statement

Description
and Field-Building program advocates for CDFIs, potential CDFIs, and
other lenders to better meet the needs of the communities they serve.
NALCAB partners with community developers and impact investors to
advance the asset-building field.

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4c (continued)

Continuation Statement

Description
loans, the CDFI Fund, and US HUD, including for rural capacity building.
Escalera Community Investments, LLC (Escalera), an asset management
company owned by NALCAB, manages the NALCAB Catalyst Fund I, LLC
(the Catalyst Fund), a real estate-focused social impact fund established to
preserve and produce housing opportunities affordable to low-income and
minority individuals. The Catalyst Fund targets and operates investments in
single-and multifamily projects that provide households with access to
employment, quality education, and healthcare resources, all essential factors
for advancing economic mobility. Escalera also manages the Acceso Loan
Fund, LLC (Acceso), a national small business loan fund that supports

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4c (continued)

Description
growth-oriented lending to minority-owned businesses nationwide through a
network of Latino-led non-profit business lenders. Acceso helps diverse
entrepreneurs in underserved minority communities scale their businesses to
increase revenue, provide more jobs, and strengthen the economy. NALCAB
and eleven NALCAB-network CDFIs are equal co-owners of Acceso.

2

Continuation Statement

20-0774672

SCHEDULE	Α
(Form 990)	

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

<u>۱</u> -	 ,	

Department of the Treasury

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	Service			GO LO WWW.	irs.gov/Form990	for instruc	cuons and the lat	lest informa	auon.	Inspection
Name of the or	ganization								Employer identificati	on number
-	ASSOCI	IATION	FOR	LATINO	COMMUNITY	ASSET	BUILDERS		20-0774672	
Part I	Reason	for Pub	lic Cl	harity Sta	itus. (All orga	nizations	s must compl	ete this p	art.) See instruc	tions.
The second sector 1 - 1		a second card	. .	والمراجع المراجع	· · · · · · · · · · / - · · / - · ·	Barrie Math		- I	- I)	

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(vi) Amount of other support (see instructions)
			Yes	No	
(A)					
(B)					
(C)					
(D)					
(E)					
Total					

1	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
•	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0.001.044			0 701 212		
2	Tax revenues levied for the	2,991,344.	6,163,172.	15,079,723.	9,701,312.	12,054,480.	45,990,031
	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	2,991,344.	6,163,172.	15,079,723.	9,701,312.	12,054,480.	45,990,031
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)						05 105 051
6	Public support. Subtract line 5 from line 4						25,135,071. 20,854,960.
	ion B. Total Support						20,854,900
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4		6,163,172.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	661.	538.	2 251	10 100	6 477	21,226.
9	Net income from unrelated business activities, whether or not the business is regularly carried on .	28,022.	36,186.	3,351.	10,199.	6,477.	
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
11 12 13	(Explain in Part VI.)	e organization'	s first, second	l, third, fourth,	or fifth tax ye	ear as a section	
12 13	(Explain in Part VI.)	e organization' re	s first, second	l, third, fourth,	or fifth tax ye	ear as a section	1,965,651. on 501(c)(3)
12 13	(Explain in Part VI.) . Total support. Add lines 7 through 10 Gross receipts from related activities, etc First 5 years. If the Form 990 is for the organization, check this box and stop he ion C. Computation of Public Suppo	e organization' re rt Percentag	s first, second	I, third, fourth,	or fifth tax ye	ear as a sectio	1,965,651. on 501(c)(3) ▶ [
12 13 Sect	(Explain in Part VI.)	e organization' re rt Percentag 6, column (f), c hedule A, Part ization did not	s first, second e livided by line II, line 14 check the box	I, third, fourth, 11, column (f)) x on line 13, au	or fifth tax ye	14 15 31/3% or more,	1,965,651. on 501(c)(3) ▶ [45.2% 46.47% check this
12 13 Sect 14 15	(Explain in Part VI.)	e organization' re rt Percentag 6, column (f), c hedule A, Part ization did not alifies as a publ ization did not	s first, second e livided by line II, line 14 check the box licly supported check a box o	I, third, fourth, 11, column (f)) x on line 13, and l organization on line 13 or 16	or fifth tax ye	14 15 3 ¹ / ₃ % or more, is 33 ¹ / ₃ % or m	1,965,651. on 501(c)(3) ▶ [45.2% 46.47% check this ▶ [hore, check
12 13 Sect 14 15 16a	 (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the organization, check this box and stop here. Public support percentage for 2021 (line Public support percentage from 2020 Sc 33¹/₃% support test—2021. If the organ box and stop here. The organization qua 33¹/₃% support test—2020. If the organ 	e organization' re rt Percentag 6, column (f), c hedule A, Part ization did not alifies as a public ization did not o qualifies as a 021. If the org neets the facts facts-and-circ	s first, second e livided by line II, line 14 check the box licly supported check a box o publicly supported anization did n -and-circumst umstances tes	I, third, fourth, 11, column (f)) 11, column (f)) constant organization on line 13 or 16 orted organizat not check a bo ances test, ch st. The organizat	or fifth tax ye	14 15 3 ¹ / ₃ % or more, is 33 ¹ / ₃ % or m 6a, or 16b, an and stop here as a publicly	1,965,651. on 501(c)(3) ▶ [45.2% 46.47% check this ▶ [nore, check ▶ [d line 14 is . Explain in supported
12 13 <u>Sect</u> 14 15 16a b	 (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the organization, check this box and stop here. ion C. Computation of Public Suppor Public support percentage for 2021 (line Public support percentage from 2020 Sc 33¹/₃% support test—2021. If the organ box and stop here. The organization qua 33¹/₃% support test—2020. If the organ this box and stop here. The organization 10%-facts-and-circumstances test—2 10% or more, and if the organization in Part VI how the organization meets the organization 10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization 	e organization' re rt Percentag 6, column (f), c hedule A, Part ization did not alifies as a public ization did not o qualifies as a 021. If the org neets the facts facts-and-circ 020. If the org on meets the facts facts-and-circ	s first, second e livided by line II, line 14 check the box licly supported check a box o publicly supported anization did m -and-circumst umstances tes anization did r anization did r anization did r anization did r anization did r	I, third, fourth, 11, column (f)) 11, column (f)) x on line 13, au organization on line 13 or 16 orted organizat not check a bo ances test, ch st. The organizat not check a bo mstances test, est. The organ	or fifth tax ye	1415 $3^{1}/3\%$ or more, $3^{3}/3\%$ or more, <td>1,965,651. on 501(c)(3) ► [45.2% 46.47% check this ► [check this ► [d line 14 is Explain in supported ► [7a, and line pre. Explain supported</td>	1,965,651. on 501(c)(3) ► [45.2% 46.47% check this ► [check this ► [d line 14 is Explain in supported ► [7a, and line pre. Explain supported
12 13 Sect 14 15 16a b 17a	 (Explain in Part VI.)	e organization' re rt Percentag 6, column (f), c hedule A, Part ization did not alifies as a publication did not o qualifies as a 021. If the org neets the facts facts-and-circ 020. If the org on meets the facts facts-and-circ did not check	s first, second e livided by line II, line 14 check the box licly supported check a box of publicly supported anization did m -and-circumst umstances tes anization did m acts-and-circumst anization did m acts-and-circumst a box on line	I, third, fourth, 11, column (f)) 11, column (f)) content of the second seco	or fifth tax ye	14 15 31/3% or more, is 331/3% or more, 6a, or 16b, an and stop here, 6a, 16b, or 17 x and stop here, 6a, 16b, or 17 x and stop here, c as a publicly	1,965,651. on 501(c)(3) $45.2%$ $46.47%$ $46.47%$ $46.47%$ $46.47%$ $46.47%$ $46.47%$ $46.47%$ $46.47%$ $46.47%$ $5000000000000000000000000000000000000$

Page 2

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.)

Secti	on A. Public Support						
Calen	dar 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.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
•	organization without charge						
6 70	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
7a	received from disqualified persons .						
	· · ·						
b	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
-	Add lines 10a and 10b						
C 11	Net income from unrelated business						
11	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. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	•	's first, second	, third, fourth,	or fifth tax yea	ar as a seo	ction 501(c)(3)
	organization, check this box and stop her						🕨 🗌
	on C. Computation of Public Suppor						
15	Public support percentage for 2021 (line 8					15	%
<u>16</u>	Public support percentage from 2020 Sch					16	%
	on D. Computation of Investment Inc			Nulling 10 activ	(f))	17	0/
17 10	Investment income percentage for 2021 (I			•	())	17	%
18 19a	Investment income percentage from 2020 331/3% support tests - 2021. If the organi					-	% ³¹ /3% and line
199	17 is not more than $33^{1}/_{3}$ %, check this box a						
b	33 ¹ / ₃ % support tests – 2020. If the organize	-	-	-		-	
~	line 18 is not more than $33^{1/3}$ %, check this b						
20	Private foundation. If the organization did	-	-	-			
				,, , .			

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in Part VI.*
- 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? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **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? *If "Yes," provide detail in Part VI.*
- **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? *If "Yes," provide detail in Part VI.*
- **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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

3b

Yes No

Yes No

1

2

1

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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		
		<u> </u>		

Schedule A (Form 990) 2021

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990) 2021

Schedu	le A (Form 990) 2021			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	1
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish of		1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted 2	
3	Administrative expenses paid to accomplish exempt purp	nizations 3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required-	VI) 5		
6	Other distributions (describe in Part VI). See instructions.	6		
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive 8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		1()
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
	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			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	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: \$			
а	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</i> Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

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Schedule A (Form 990) 2021

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

SCHEDULE C Political Campaign and Lobbying Activities				OMB No. 1545-0047			
(Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section				d section 527	2021		
Deserters	- f 4h - Tura	-	ete if the organization is described b		()	or Form 990-EZ.	Open to Public
	t of the Treasury venue Service		► Go to www.irs.gov/Form990 for in				Inspection
If the org	anization ans	wered "Yes	," on Form 990, Part IV, line 3, or For	m 990-EZ, Part V, I	ine 46 (Polit	ical Campaign Ac	tivities), then
 Secti 	on 501(c)(3) org	ganizations:	Complete Parts I-A and B. Do not con	nplete Part I-C.			
			on 501(c)(3)) organizations: Complete F	Parts I-A and C below	w. Do not co	mplete Part I-B.	
	0		plete Part I-A only.				
			" on Form 990, Part IV, line 4, or For				
		-	that have filed Form 5768 (election und		•		
		-	that have NOT filed Form 5768 (electio ," on Form 990, Part IV, line 5 (Proxy				
-	separate inst					13) OF 1 OF 11 000-E	
 Section 	on 501(c)(4), (5), or (6) orga	nizations: Complete Part III.				
Name of c	Name of organization Employer identification Employer identification					ication number	
			FOR LATINO COMMUNITY AS			20-077467	
Part I-	-		e organization is exempt und	•	-		
		•	the organization's direct and in	direct political ca	mpaign ac	tivities in Part I	V. See instructions for
			npaign activities."			r ¢	
	-	-	y expenditures. See instructions		· · · · ·		
Part I-I			e organization is exempt und				
			excise tax incurred by the organiza			► \$	
		•	excise tax incurred by organizatior				
			ed a section 4955 tax, did it file For				. Yes No
	las a correcti						. 🗌 Yes 🗌 No
	"Yes," descr						
Part I-0	-		e organization is exempt und	•		•)(3).
a	ctivities		ly expended by the filing organiz			► \$	
52	27 exempt fu	nction acti				▶ \$	
	otal exempt ne 17b	function e	expenditures. Add lines 1 and 2.	Enter here and	on Form	1120-POL, ► \$	
4 D	id the filing o	rganization	n file Form 1120-POL for this year	?			. Yes No
oi th	rganization m ne amount of	ade payme political co	ses and employer identification nur ents. For each organization listed, ontributions received that were pro fund or a political action committe	enter the amount mptly and directly	paid from t delivered t	he filing organiza to a separate pol	tion's funds. Also enter tical organization, such
	(a) Name		(b) Address	(c) EIN	filing o	unt paid from rganization's none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)							
(2)							
(3)							
(4)							
(5)				-			
(6)							

Scł	nedu	le C (Form	990) 2021			Page 2
Pa	art	II-A	Complete if the organization section 501(h)).	n is exempt under section 501(c)(3) and file	d Form 5768 (ele	ection under
Α	Ch	ieck 🕨	_ 0 0	gs to an affiliated group (and list in Part IV each affi	liated group memb	per's name,
			· · · · ·	share of excess lobbying expenditures).		
В	Ch	ieck 🕨	if the filing organization checke	ed box A and "limited control" provisions apply.		
			Limits on Lobby	ying Expenditures	(a) Filing	(b) Affiliated
			(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals
	1a	Total lo	bbying expenditures to influence	public opinion (grassroots lobbying)		
	b	Total lo	bbying expenditures to influence	a legislative body (direct lobbying)		
	С	Total lo	bbying expenditures (add lines 1a	and 1b)		
	d	Other e	exempt purpose expenditures .			
	е	Total e	xempt purpose expenditures (add	lines 1c and 1d)		
	f	Lobbyi columr	-	he amount from the following table in both		
		If the ar	nount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
		Not ove	r \$500,000	20% of the amount on line 1e.		
		Over \$5	00,000 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 \$1	7,000,000	\$1,000,000.		
	g	Grassr	oots nontaxable amount (enter 259	% of line 1f)		
	h	Subtra	ct line 1g from line 1a. If zero or le	ss, enter -0		
	i	Subtra	ct line 1f from line 1c. If zero or les	s, enter -0		
	j		e is an amount other than zero on ng section 4911 tax for this year?	on either line 1h or line 1i, did the organization		Yes No

4-Year Averaging Period Under Section 501(h)

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

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total		
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column (e))							
с	Total lobbying expenditures							
d	Grassroots nontaxable amount							
е	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

REV 07/25/22 PRO

Schedule C (Form 990) 2021

	(election under section 501(h)).		->		(1-)	
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(8			(b)	
lescr	iption of the lobbying activity.	Yes	No	Ar	nount	:
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:					
а	Volunteers?		×			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	×				
С	Media advertisements?		×			
d	Mailings to members, legislators, or the public?	×				5(
е	Publications, or published or broadcast statements?		×			
f	Grants to other organizations for lobbying purposes?		×			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	×			2	25
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		×			
i	Other activities?		×			
j	Total. Add lines 1c through 1i				3	800
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		×			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	II-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).	:)(5), (or see	ction		
					Yes	N
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	II-B Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes."				ine 3	, i
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts	s of				
	political expenses for which the section 527(f) tax was paid).					

а	Current year	2a	
b	Carryover from last year	2b	
	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?		
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.

Pt II-B Line 1: Direct contact with specific legislators, staff and/or congressional

bodies primarily focused on appropriations for federal community and economic

development programs.

Pt II-B Line 1: Letters to specific legislators and/or congressional bodies

primarily focused on appropriations for federal community and economic development

Schedule C (For	Schedule C (Form 990) 2021 Page 4					
Part IV	Supplemental Information (continued)					
programs.						

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.

2021 Open to Public Inspection

OMB No. 1545-0047

Name o	f the organization		Employer identification number
NAT	IONAL ASSOCIATION FOR LATINO COMMUN	ITY ASSET BUILDERS	20-0774672
Par		ised Funds or Other Similar Func	ls or Accounts.
		(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		
	funds are the organization's property, subject to the	.	
6	Did the organization inform all grantees, donors, and		
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?	· · · · · · · · · · · · · ·	· · · · · · · 🗌 Yes 🗌 No
Par			
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the o		
	Preservation of land for public use (for example, recre	,	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization he	Id a qualified concervation contribution	in the form of a conservation
2	easement on the last day of the tax year.		
-			Held at the End of the Tax Year
a ⊾			
b	Total acreage restricted by conservation easements Number of conservation easements on a certified h		
c d	Number of conservation easements included in (
ŭ			· 2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or tern	
	tax year ►		
4	Number of states where property subject to conser		action bondling of
5	Does the organization have a written policy reg violations, and enforcement of the conservation eas		
6			
6	Staff and volunteer hours devoted to monitoring, inspec	cting, nandling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin	a bandling of violations, and onforcing	anonyation accompany during the year
7	 Amount of expenses incurred in monitoring, inspectin \$ 	g, nandling of violations, and enforcing of	conservation easements during the year
8	Does each conservation easement reported on line a		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports c		•
	balance sheet, and include, if applicable, the text of		ncial statements that describes the
	organization's accounting for conservation easeme		
Part			Other Similar Assets.
	Complete if the organization answered "		
1a	If the organization elected, as permitted under FAS		
	of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote		
Ь			
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item	for public exhibition, education, or res	
			► \$
	(ii) Assets included in Form 990, Part X		► \$
2	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \ldots . 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 FA	ASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		► \$
	Assets included in Form 990, Part X		· · · ▶ \$

Schedu	e D (Form 990) 2021								Page 2	
Part	III Organizations Maintaining	Collections of	of Art, His	torical T	reasures	, or O	ther Similar As	sets (con	tinued)	
3	Using the organization's acquisition, collection items (check all that apply):		other recor	ds, chec	k any of th	e follov	ving that make s	ignificant ι	use of its	
а	Public exhibition		d	🗌 Loan	or exchang	e prog	ram			
b	Scholarly research				-					
с	Preservation for future generations	;								
4	Provide a description of the organization XIII.	tion's collection	s and expla	ain how t	hey further	the ore	ganization's exen	npt purpos	e in Part	
5	During the year, did the organization assets to be sold to raise funds rather							r 🗌 Yes	🗌 No	
Part	IV Escrow and Custodial Arra	angements.								
	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 included on Form 990, Part X?							ot	🗌 No	
b	If "Yes," explain the arrangement in P	art XIII and com	plete the fo	llowing ta	able:					
							A	nount		
С	Beginning balance					10	;			
d	Additions during the year					10	1			
е	Distributions during the year					16				
f	Ending balance					11				
<u>2</u> a	Did the organization include an amoun						-			
	If "Yes," explain the arrangement in P	art XIII. Check h	ere if the ex	kplanatio	n has been	provid	ed on Part XIII .			
Par		anowarad "V	oo" on Eor	~ 000 r	Dort IV/ line	- 10				
	Complete if the organization							(-) [
10	Designing of year belongs	(a) Current year	(D) Pri	or year	(c) Two year	rs back	(d) Three years back	(e) Four y	ears back	
1a ⊾	Beginning of year balance									
b C	Contributions									
U	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance Provide the estimated percentage of t	he current veer	and balana	a (lina 1 a)) hold				
2	Board designated or quasi-endowment			e (inte Tg	, column (a)) neiu	as.			
a b		0/	70							
c	Term endowment > %									
Ŭ	The percentages on lines 2a, 2b, and		100%							
3a	Are there endowment funds not in the			zation tha	at are held	and ac	lministered for th	e		
	organization by:		0						es No	
	(i) Unrelated organizations							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related o	rganizations list	ed as requi	red on So	chedule R?			3b		
4	Describe in Part XIII the intended uses	s of the organiza	ation's endo	wment fu	unds.					
Part										
	Complete if the organization	answered "Ye	es" on For	m 990, F	Part IV, line	e 11a.	See Form 990,	Part X, lir	ne 10.	
	Description of property	• •	r other basis stment)		or other basis ther)	• •	Accumulated epreciation	(d) Book	value	
1 a	Land		0.	2	80,000.			280),000.	
b	Buildings			1,0	48,374.		222,477.	825	5,897.	
с	Leasehold improvements									
d	Equipment			2	23,180.		155,336.	6	7,844.	
е	Other									
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form	990, Part X	K, column	n (B), line 10)c.) .		1,173	3,741.	

Schedule D (Form 990) 2021 Page 3 Investments-Other Securities. Part VII 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 (b) Book value (c) Method of valuation: (including name of security) 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.** (Column (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. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value Equity Investment in NALCAB Network Investors, LLC 930,427. (1) Cost (2) Equity Investment in NALCAB Catalyst Fund I, LLC 171,870. Cost Equity investment in Acceso Loan Fund, LLC 822,048. (3) Cost (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ► 1,924,345 Other Assets. Part IX 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) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Other Liabilities. Part X 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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedu	e D (Form 990) 2021				Page 4
Part				Retur	n.
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	12,723,574.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		1,827.		
е	Add lines 2a through 2d			2e	1,827.
3	Subtract line 2e from line 1			3	12,721,747.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	12,721,747.
Part				er Ret	urn.
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	8,803,824.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	1,827.		
е	Add lines 2a through 2d			2e	1,827.
3	Subtract line 2e from line 1	· · ·		3	8,801,997.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.) .		5	8,801,997.
Part					
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
 р+ х	I, Line 2d: Rental expenses				
Pt X	II, Line 2d: Rental expenses				

Schedule D (Form 990) 2021 Pa							
Part XIII	Supplemental Information (continued)						

SCHEDULE I	
(Form 990)	

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.

Open to Public Inspection

Employer identification number

20-0774672

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL ASSOCIATION FOR LATINO COMMUNITY ASSET BUILDERS

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?

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
(1) ACE							
3173 Hwy 129 North Cleveland GA 30528	58-2383669		60,000.				Small Business
(2) Adelante Mujeres							
2030 Main St Suite A Forest Grove OR 97116	03-0473181		85,000.				Small Business
(3) Access Plus Capital							
1920 Mariposa Street Suite 111 Fresno CA 93721	26-1177785		60,000.				Small Business
(4) ASSETS Lancaster							
100 S Queen St Lancaster PA 17603	23-2827808		105,000.				Small Business
(5) Beloved Community Incubator Inc							
1226 Vermont Ave Washington DC 20005	83-3133482		50,000.				Small Business
(6)Bienestar, Inc.							
448 S. 1st Avenue Hillsboro OR 97123	93-0860753		10,000.				Small Business
(7)Branches, Inc.							
11500 NW 12th Ave Miami FL 33168	65-0716969		9,000.				Financial Capability
(8) Building Skills Partnerships							
828 W. Washington Blvd. Los Angeles CA 90015	26-1254255		9,000.				Financial Capability
(9) California Reinvestment Coalition							
474 Valencia Street Suite 230 San Francisco CA 94103	94-3153815		50,000.				Small Business
(10) Carolina Small Business Development Fund							
_ 3128 Highwoods Blvd, Suite 170 Raleigh NC 27604	58-1903219		25,000.				Financial Capability
(11) CASA de Maryland, Inc.							
8151 15th Ave Hyattsville MD 20783	52-1372972		60,000.				Small Business
(12) See Statement							
			3,498,000.				
2 Enter total number of section							
3 Enter total number of other of	organizations listed	I in the line 1 table	e				. ► 0

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

REV 07/25/22 PRO 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
1								
2								
3								
4								
5								
6								
7 Part IV	Supplemental Information. Provide	the information r	aquirad in Dart L li	na Q. Dart III. aalum	n (b), and any other additi	and information		
Part IV	Supplemental Information. Provide	e the mornation h	equired in Part I, III	ne 2; Part III, colum	n (b), and any other addition	onal mormation.		
BAA		REV 07/25/22 P	RO			Schedule I (Form 990) 2021		

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments

Continuation Statement

Name and address of organization or government	EIN	IRC Section (if applicable)	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of noncash assistance	Purpose of grant or assistance
Centro Community Partners 825 Washington Street Suite 228, Oakland, CA 94607	452992960		60,000.				Small Business
Centro de Apoyo Familiar 6801 Kenilworth Ave, Riverdale, MD 20737	260452137		25,000.				Financial Capability
Centro Latino Americano 944 West 5th Avenue, Eugene, OR 97402	930638731		60,000.				Small Business
Chinatown Int'l District Preservation and Dev. Assn. 409 Maynard Ave. S, Suite P2, Seattle, WA 98104	911645126		50,000.				Small Business
Chinese Community Center, Inc. 9800 Town Park Drive, Houston, TX 77036	760067885		9,000.				Financial Capability
Civic Community Partners Inc. 8989 Rio San Diego Dr. Suite 100, San Diego, CA 92108	460660465		135,000.				Small Business
Columbia Heights Day Initiative 3400 11th St NW Ste 200, Washington, DC 20010	260325241		50,000.				Small Business
Community Enterprise Development Services 1450 S Havana St STE 620, Aurora, CO 80012	453064996		50,000.				Small Business
Dorchester Bay Economic Develoment Corp 594 Columbia Rd. Suite 302, Dorchester, MA 02125	042681632		105,000.				Small Business
East LA Community Corporation 2917 E. 1st St., Suite 101, Los Angeles, CA 90033	954531076		50,000.				Small Business
El Centro De La Raza 2524 16th Ave. S, Seattle, WA 98144	910899927		69,000.				SmB/FinCap
El Centro, Inc. 4334 Earhart Blvd., Ste 700, New Orleans, LA 70125	824898926		25,000.				Financial Capability
El Pajara CDC 23 E. Beach St, Suite 209, Watsonville, CA 95076	942656048		60,000.				Small Business
Farmworkers Housing Development Corporation 1274 5th St., Suite 1-A, Woodburn, OR 97071	931055994		15,000.				Small Business
Foundation for Black Entrepreneurship 20340 E 40th Avenue, Denver, CO 80249	825188795		50,000.				Small Business
Fresno Area Hispanic Foundation 1444 Fulton St., Fresno, CA 93721	753129705		105,000.				Small Business
FSC First 1801 McCormick Drive, Suite 300, Upper Marlboro, MD 20774	521305988		105,000.				Small Business

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments

Continuation Statement

Fundacion Bucarabon	660910567	15,000.	Small Business
PO Box 243, Maricao, PR 00606			
Growing Together	471572366	105,000.	Small Business
18 South Lewis Ave., Tulsa, OK 74104			
Hacienda CDC	930979064	50,000.	Small Business
6700 NE Killingsworth St., Portland, OR 97218			
Hispanic Economic Development Corporation 2130 Jefferson Street, Kansas City, MO 64108	431654693	105,000.	Small Business
Hispanic Interest Coalition of Alabama 117 Southcrest Drive, Birmingham, AL 35209	631225764	130,000.	SmB/FinCap
Hispanic Unity of Florida 5840 Johnson Street, Hollywood, FL 33021	592230272	25,000.	Financial Capability
Homewise, Inc. 1301 Siler Road, Building D, Santa Fe, NM 87507	850346325	25,000.	Financial Capability
Immigrant Development Center 810 4th Ave S Suite 100, Moorhead, MN 56560	203368647	15,000.	Small Business
Inclusive Action for the City 2900 East Cesar E Chavez Ave, Los Angeles, CA 90033	270584116	50,000.	Small Business
Jamaica Plain NDC 31 Germania St, Building A, Jamaica Plain, MA 02130	042652919	130,000.	SmB/FinCap
La Cocina VA 918 S. Lincoln St. Suite 2, Arlington, VA 22204	462037695	50,000.	Small Business
La Cocina, Inc 2948 Folsom St., San Francisco, CA 94110	593838549	50,000.	Small Business
La Fuerza Unida CDC 34 Muttontown Lane, East Norwich, NY 11732	113613094	130,000.	SmB/FinCap
Latin American Association, Inc. 2750 Buford Hwy NE, Atlanta, GA 30324	581237316	60,000.	Small Business
LEDC-DC 1401 Columbia RD NW, Unit C-1, Washington, DC 20009	521749216	60,000.	Small Business
LiftFund Inc. 2007 W Martin Street, San Antonio, TX 78207	742712770	50,000.	Small Business
LTSC Community Development Corporation 231 E. 3rd St. Ste G106, Los Angeles, CA 90013		50,000.	Small Business
Maui Economic Development Board 1305 N. Holopono Street, Suite 1, Kihei, HI 96753	990226377	50,000.	Small Business
MEDA 2301 Mission St., Ste. 301, San Francisco, CA 94110	510187791	50,000.	Small Business

20-0774672

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments

Continuation Statement

MERIT	412247717	175,000.		Small Business
2640 Portland RD NE, Salem, OR 97301				
Mi Casa Resource Center	840867773	50,000.		Small Business
345 S Grove St345 S Grove St, Denver, CO 80219				
Mission Community Services Corporation	770494600	50,000.		Small Business
71 Zaca Lane #130, San Luis Obispo, CA 93401				
Neighborhood Housing Services of San Antonio, Inc.	742379794	25,000.		Financial Capability
PO Box 10339, San Antonio, TX 78210				
New Economics for Women	953969029	60,000.		Small Business
303 South Loma Drive, LOS ANGELES, CA 90017				
NEWSED CDC, Inc.	742275534	165,000.		Small Business
2120 W 7th Ave, Denver, CO 80204				
Opening Doors, Inc.	371417129	60,000.		Small Business
1111 Howe Ave., Suite 125, Sacramento, CA 95825				
Pacific Gateway Center	990236204	50,000.		Small Business
723C Umi Street, Honolulu, HI 96819				
Prospera Community Development	770373186	60,000.		Small Business
1904 Franklin Street Suite 801, Oakland, CA 94612				
Rural Community Development Resources	911518311	165,000.		Small Business
24 S. 3rd Avenue, Yakima, WA 98902				
St. Mary's University	741143128	20,000.		Eqtbl. Nbrhd. Dev.
One Camino Santa Maria, San Antonio, TX 78228				
The Resurrection Project	363576073	25,000.		Financial Capability
1805 S Paulina St, Chicago, IL 60608				
VENTURES	911704028	60,000.		Small Business
2100 24th Ave S., Seattle, WA 98144				
VIA CDC	391817581	105,000.		Small Business
1545 S. Layton Blvd., Milwaukee, WI 53215				
Westside Housing Organization	431122742	25,000.		Financial Capability
919 West 24th St., Kansas City, MO 64108				
Women's Economic Ventures	431122742	155,000.		Small Business
333 S Salinas Street, Kansas City, MO 64108				
YWCA of Southern Arizona	860098937	25,000.		Financial Capability
525 N Bonita Ave, Tucson, AZ 85745				
		3,498,000.	0.	

20-0774672

(Form Departm Internal I	ent of the Treasury Revenue Service f the organization	Compe For certain Officers, Dire Co ► Complete if the organizati	OMB No. 1545-0047 2021 Open to Public Inspection on number				
NATI	ONAL ASSOC	IATION FOR LATINO COMMUN	ITY ASSET BUILDERS	20-0774672			
Part	Questic	ons Regarding Compensation				1	
1a	990, Part VII, S	propriate box(es) if the organization pr ection A, line 1a. Complete Part III to p or charter travel	, .	rding these items.	m	Yes	No
	 Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) 						
b	or reimburser	boxes on line 1a are checked, did t nent or provision of all of the ex	penses described above? If "No				
2	directors, trus	nization require substantiation pric tees, and officers, including the CE	O/Executive Director, regarding th				
3	organization's	n, if any, of the following the organiza CEO/Executive Director. Check all t zation to establish compensation of t	hat apply. Do not check any boxes	for methods used by a	a		
	X Independer	tion committee nt compensation consultant f other organizations	 Written employment contract Compensation survey or study Approval by the board or com 				
4		ar, did any person listed on Form 990 r a related organization:), Part VII, Section A, line 1a, with r	espect to the filing			
а		erance payment or change-of-contro			4a		×
b		or receive payment from a suppleme			4b		×
С		or receive payment from an equity-ba of lines 4a-c, list the persons and p			4c		×
5	For persons	501(c)(3), 501(c)(4), and 501(c)(29) c listed on Form 990, Part VII, Sect contingent on the revenues of:			ıy		
а	0	on?			5a		×
b		ganization?			5b		×
6		listed on Form 990, Part VII, Sect contingent on the net earnings of:	tion A, line 1a, did the organiza	tion pay or accrue a	ıy		
a b	Any related or	on?			6a 6b		××
7		isted on Form 990, Part VII, Section described on lines 5 and 6? If "Yes,"			ed 7		×
8	Were any amo to the initial	ounts reported on Form 990, Part VII, contract exception described in	paid or accrued pursuant to a con Regulations section 53.4958-4(a)	ntract that was subject (3)? If "Yes," describ	be		
9	lf "Yes" on li	ne 8, did the organization also fo ection 53.4958-6(c)?	llow the rebuttable presumption	procedure described			×

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

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

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

				1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990	
Noel Poyo	(i)	18,601.	130,000.	0.	7,437.	2,151.	158,189.	30,000.	
1 Executive Director	(ii)	0.	0.	0.	0.	0.	0.	0.	
Fernando Garcia	(i)	158,519.	5,000.	0.	6,592.	18,501.	188,612.	0.	
2 Chief Financial Officer	(ii)	0.	0.	0.	0.	0.	0.	0.	
Levar Martin	(i)	130,252.	5,000.	0.	7,000.	20,255.	162,507.	0.	
3 Chief Program Officer	(ii)	0.	0.	0.	0.	0.	0.	0.	
Marla Bilonick	(i)	147,914.	10,000.	0.	0.	9,066.	166,980.	0.	
4 President & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)		+						
	(i)								
15	(ii)		+						
	(i)								
16	(ii)		+						
ВАА		F	REV 07/25/22 PRO				Scl	nedule J (Form 990) 2021	

	Form 990) 2021 Page
Part III	Supplemental Information
	the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this pa
for any a	dditional information.

SCHEDULE O (Form 990)

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.



Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.		Inspection
Name of the organization		Employer iden	tification number
NATIONAL ASSOCIAT	ION FOR LATINO COMMUNITY ASSET BUILDERS	20-07746	72
Pt VI, Line 11b:	A complete copy of the organization's Form 990 is	reviewed	
by the President	& CEO and the Chief Financial Officer and provided	to each	member
of the governing	Board of Directors. Any questions or concerns are	addressed	
prior to filing.			
Pt VI, Line 12c:	Board members are provided with the conflict of in	terest po	licy.
Potential conflic	ts are brought to the Board for review. Persons wi	th the co	nflict
may not participa	te in deliberations and decisions regarding the tr	ansaction	•
Pt VI, Line 15a:	The Executive Director's compensation is reviewed	by the Bo	ard
of Directors' exe	cutive compensation committee who recommend the co	mpensatio	n
package to the fu	ll board for their vote and approval. The committe	e's recom	mendation
is based upon inf	ormation provided by an independent compensation c	onsultant	,
including data fr	om multiple executive compensation surveys, as wel	l as thei	r
knowledge of comp	arable compensation arrangements. Decisions are do	cumented	in
the minutes of th	e Board of Directors' meetings.		
Pt VI, Line 19: T	he organization makes its governing documents, con	flict of	
interest policy,	and financial statements available to the public u	pon reque	st.
The organization	s financial statements and Form 990 are available	on its we	bsite.
The Form 990 is a	lso listed at www.guidestar.org		

SCHEDULE R	
(Form 990)	

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.

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL ASSOCIATION FOR LATINO COMMUNITY ASSET BUILDERS

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
(1) Escalera Community Investments, LLC 38-3992870					
	Fund and Asset Management	ТХ	120,435.	87,171.	NALCAB
(2)					
(3)					
(4)					
(5)					
(6)					

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	Section Sectio	(g) n 512(b)(13) ntrolled ntity?	
						Yes	No	
(1)								
(2)								
(3)								
(5)								
(6)								



20-0774672

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of- year assets	Dispropo alloca	allocations? amount in box 2 of Schedule K-1 (Form 1065)		Gene mana part		(k) Percentage ownership
		country)		sections 512-514)			Yes	No		Yes	No	
(1) NALCAB Catalyst Fund I, LLC 38-4008906												
5404 Wurzbach Rd San Antonio TX 78238		DE	Escalera Comm	Related	-662.	1,634,168.	×			×		33.07
(2) Acceso Loan Fund, LLC 84-3121538												
5404 Wurzbach Rd San Antonio TX 78238		DE	Escalera Comm	Related	-1,581.	828,178.		×		×		8.34
(3)												
(4)												
(5)												
(6)												
	1											
(7)												



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	g (e) (f) Type of entity (C corp, S corp, or trust) Share of total income		re of total Share of		Section s cont ent	(i) 512(b)(13) trolled tity?
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)	-								
(7)									

Part V

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more rela	ted organiz	zations listed in Parts	II–IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			[1a		×
b	Gift, grant, or capital contribution to related organization(s)			[1b		×
С	Gift, grant, or capital contribution from related organization(s)			[1c		×
d	Loans or loan guarantees to or for related organization(s)			[1d		×
е	Loans or loan guarantees by related organization(s)			[1e		×
f	Dividends from related organization(s)				1f		×
g	Sale of assets to related organization(s)				1g		×
ĥ	Purchase of assets from related organization(s)				1h		x
i	Exchange of assets with related organization(s)				1i		×
i	Lease of facilities, equipment, or other assets to related organization(s)			-	1i		×
-					-		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		×
I	Performance of services or membership or fundraising solicitations for related organization(s)				11	×	
m	Performance of services or membership or fundraising solicitations by related organization(s)			-	1m		×
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	×	
0					10		×
-							
р	Reimbursement paid to related organization(s) for expenses				1p		×
q	Reimbursement paid by related organization(s) for expenses			-	1g	×	
4					- 4		
r	Other transfer of cash or property to related organization(s)				1r		×
S	Other transfer of cash or property from related organization(s)			-	1s		×
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this					shold	
				•			
	(a) (b) Name of related organization Transac		(c) Amount involved	(d) Method of determining	amoun	nt invol	ved
	type (a	—s)					
(1) A	Acceso Loan Fund, LLC		24,566.	Cash Paid			
			,				
(2) N	IALCAB Catalyst Fund, LLC		95,870,	Cash Paid			
			,				
(3)							
(4)							
(5)							
(6)							
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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded	o recent	oartners tion (c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	1) ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana	j) eral or aging ner?	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1) NALCAB Network Investors, LLC 36-4807804													
5404 Wurzbach Rd San Antonio TX 78238	Real Estate	DE	Related		×	-65,974.	942,523.		×			×	40.0000
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	