	99	20	D	oturn	of Organ	ization E	Exempt F	rom Inc	omo	Tax		OIVIB NO. 1545-0047
Form	33		Г	elum	u urgai		-vembr L		ome	ιαλ		2020
			Under section	on 501(c),	527, or 4947(a)(1) of the Ir	ternal Reven	ue Code (ex	cept p	rivate found	ations)	2020
Denart	ment of	the Treasury	►	Do not en	nter social sec	urity numbe	rs on this forn	n as it may	be mad	de public.		Open to Public
		ue Service		Go to 1	www.irs.gov/	Form990 for	instructions a	and the late	st info	rmation.		Inspection
A F	or the	2020 calend	ar year, or tax y				07-0				06-	-30,2021
_		pplicable:				MUNITY R	ESOURCE C	ENTER			D Employ	ver identification number
	ddress c		Doing busir									94-2238257
=	ame cha	-			.O. box if mail is no	ot delivered to stre	et address)		Room/s	uite	E Telepho	
F	itial retu	•	474 VAL	•			or addrood)			100	•	(415)863-0764
H		rn/terminated			ovince, country, and	d ZIP or foreign po	stal codo				G Gross r	
H	mended				, CA 9410						\$	
H						5-34/1				11(-) +		5,410,893 subordinates? Yes X No
	ppiicatio	n pending	F Name and	address of pri	incipal officer:							
					· · · · · ·		<u>, п</u> .			H(b) Are all s		
				501(c) () < (insert no.)	4947(a)(1) or 5	27				See instructions
	/ebsite:									H(c) Group e		
		rganization: X		rust 🔄 Ass	sociation Ot	her 🕨	L	Year of format	ion: 19	074. M S	State of legal	domicile: CA
Par		Summar	,									
	1	•	ibe the organiza			-						TER IS A MULTI-
m		SERVICES	AGENCY DE	DICATEI	D TO THE 1	NEEDS OF	LATINO FA	MILIES A	ND II	NDIVIDUA	L TO A	CHIEVE
nce		SELF-SUF	FICIENCY									
rna												
Governance	2	Check this be	ox ► 🗌 if the o	rganizatior	n discontinued	its operations	or disposed o	f more than	25% of	its net asset	ts.	
ő	3	Number of v	oting members o	of the gove	erning body (P	art VI, line 1a)				3	10
Š	4		ndependent votin	-							4	10
ties	5		r of individuals e	-	-							18
Activities &	6		r of volunteers (e		-							10
Ac			ed business rev									
						().						0
	D	Net unrelate	d business taxal	Je income		90-1, Part I, III	le 11				7b	0
										Prior Year		Current Year
	8		s and grants (Pa							1,859		5,352,061
anc	9	Program service revenue (Part VIII, line 2g)							30	,742	58,832	
Revenue	10		ncome (Part VIII									0
Re	11	Other revenu	e (Part VIII, colu	umn (A), lir	nes 5, 6d, 8c, 9	9c, 10c, and 1	1e)		·			0
	12	Total revenue	e - add lines 8 th	rough 11 ((must equal Pa	art VIII, columr	n (A), line 12)			1,890	,319	5,410,893
	13	Grants and s	imilar amounts p	oaid (Part	IX, column (A)	, lines 1-3)			•			0
	14	Benefits paid	to or for membe	ers (Part I)	X, column (A),	line 4)						0
	15	Salaries, oth	er compensatior	ı, employee	e benefits (Pa	rt IX, column (A), lines 5-10)			1,254	,590	1,496,024
Expenses	16a	Professional	fundraising fees	s (Part IX,	column (A), lir	ne 11e)						0
ens	b	Total fundrai	sing expenses (I	Part IX, co	olumn (D), line	25) 🕨		0				
Ä	17	Other expension	ses (Part IX, col	umn (A), li	nes 11a-11d, 1	1f-24e) .				489	,394	2,603,888
_	18	Total expens	es. Add lines 13	3-17 (must	tequal Part IX	, column (A), I	ine 25)			1,743		4,099,912
	19	•	s expenses. Su		•	().	,				,335	1,310,981
ζø	-									ginning of Curre		End of Year
ts ol	20	Total assets	(Part X, line 16)								,106	1,779,318
Bala	21		es (Part X, line 2								,766	147,997
Net Assets or Fund Balances	22		r fund balances.						·		,340	1,631,321
Par	_		re Block	Oubliact		1020		• • • • • •	•	520	,510	1,031,321
			clare that I have exam	nined this retu	urn including acco	mpanying schedul	es and statements	and to the best	of my kn	owledge and beli	iof it is	
			claration of preparer (owieuge and bei	iei, it is	
C:~.		D	IEL MEDINA									11-11-2021
Sig		Signatur	e of officer								Date	
Here	e	D	IEL MEDINA	, EXCEC	CUTIVE DIE	RECTOR						
		Type or	print name and title									
		Print/Type pre	eparer's name		Preparer's signa	ture		Date		Check	X if P	PTIN
Paic	ł	CHRISTO	PHER CHIME	OGBOD	0			11-29-20	21	self-emp	ployed	P01440017
Pre	barer	Firm's name	► C	HRISTOF	HER CHIM	E OGBODO,		-		Firm's EIN		
	Only				LEGRAPH AV					Phone no.		

OAKLAND CA 94609

X No

510-652-6213

OMB No. 1545-0047

Form	990 (2020) LA RAZA COMMUNITY RESOURCE CENTER	94-2238257	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	LA RAZA COMMUNITY RESOURCE CENTER IS A MULTI- SERVICES AGENCY DEDICATED TO	THE NEEDS OF	LATINO
	FAMILIES AND INDIVIDUAL TO ACHIEVE SELF-SUFFICIENCY		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	x No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	ired 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 \$3,813,280 including grants of \$) (Revenue	\$)
	THE SERVICES INCLUDE, IMMIGRATION LEGAL SERVICES FOR CLIENTS FACING DEPORTA	TION, FILLING	J OUT
	IMMIGRATION FORMS, SUCH AS CITIZENSHIP, DACA, FAMILY PETITIONS, CONSULTATIO	NS, ASYLUM WO	ORK
	PERMITS AND OTHER LEGAL ASSISTANCE FOR IMMIGRANTS. THE SOCIAL SERVICES PROG	RAM INCLUDES	FAMILY
	SUPPORT, RENTAL ASSISTANCE, FOOD PANTRY, CASE MANAGEMENT SUPERVISED VISITAT	ION, COMMUNIT	ry
	GATHERINGS, INFORMATION AND REFERRAL. COMMUNITY EDUCATION IS COMPRISED OF C	ITIZENSHIP CI	LASSES AND
	COMMUNITY EDUCATIONAL FORUMS.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)	,	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses > 3,813,280		
EEA		Forn	n 990 (2020)

	1 990 (2020) LA RAZA COMMUNITY RESOURCE CENTER 94-22382	57	F	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		
_	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
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		x
a	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	44-		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	44-1		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.45		
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	404		
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional \ldots	12b		x
13 142	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	446		
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		x
10		16		v
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 1162 if "Xee," complete Schedule C. Part I, See instructions	47		v
10	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		v
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		v
20 -	If "Yes," complete Schedule G, Part III.	19 202		X
20 a		20a 20b		x
	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 approximation or Bart IX, column (A), line 12, If "Yes," complete Schodule I, Parts I, and II	24		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form	990 (2020) LA RAZA COMMUNITY RESOURCE CENTER 94-2238	257	F	age 4
Pa	rt IV Checklist of Required Schedules (continued)			1
			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? If "Yes," complete Schedule I, Parts I and III	. 22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	. 23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a.			x
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. <u>25a</u>		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
~~	If "Yes," complete Schedule L, Part I	. 25b		x
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 or any of these persons? If "Yes," complete Schedule L, Part II.	. 26		x
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	07		
20	persons? If "Yes," complete Schedule L, Part III	. 27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
-	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		
ь.	"Yes," complete Schedule L, Part IV.	. 28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		
20	"Yes," complete Schedule L, Part IV.	. 280		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
24	conservation contributions? If "Yes," complete Schedule M	. 30		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	. 31		x
32		. 32		v
33	complete Schedule N, Part II	. 32		x
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	. 33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	. 33		x
54	or IV, and Part V, line 1	. 34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	-		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	. <u></u> 55a		x
D	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			
50	related organization? If "Yes," complete Schedule R, Part V, line 2	. 36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			~
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	. 57		~
50	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par		50	_ <u> </u>	
ı ai	Check if Schedule O contains a response or note to any line in this Part V			
		• • • •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	b	103	110
b		2		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
U	reportable gaming (gambling) winnings to prize winners?	. 1c		
			1	L

Form	990 (2020) LA RAZA COMMUNITY RESOURCE CENTER 94-22382	257	P	2 age 2
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
20	Fatar the number of employees reported on Farm W.2. Transmittel of Wage and Tay		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			
h	Statements, filed for the calendar year ending with or within the year covered by this return	2b	v	
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions).	20	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
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,	0.0		
iu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
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		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
с	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		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		х
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		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	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	-		
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			
40-	against amounts due or received from them.)	40-		
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	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans	-		
C 145	Enter the amount of reserves on hand	140		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule 0	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		37
	excess parachute payment(s) during the year?	15		x
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х

Form **990** (2020)

Form	990 (2020) LA RAZA COMMUNITY RESOURCE CENTER 94-2238	257	F	Page 6
Pa	Tt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructio			_
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion 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	<u> </u>		
	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 in line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		
2	any other officer, director, trustee, or key employee?	2		x
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6	Did the organization have members or stockholders?			x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
, a	one or more members of the governing body?	7a		x
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		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
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	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х
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 in Schedule O how this was done	12c		<u> </u>
13	Did the organization have a written whistleblower policy?			x
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
a h	The organization's CEO, Executive Director, or top management official		x	
b	Other officers or key employees of the organization	15b		x
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		v
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Tua		x
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100	1	L
17	List the states with which a copy of this Form 990 is required to be filed California			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LA RAZA COMMUNITY RESOURCE CENTER (415)863-0764, 474 VALENCIA STREET, CA 94103			

Form 990 (20	20) LA RAZA COMMUNITY RESOURCE CENTER	94-2238257	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII								
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete	1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the								
organization's tax year.									

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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 instructions for the order in which to list the persons above.

x Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

			1.	((C)	,				
(A)	(B)	Position (do not check more than one				(D)	(E)	(F)		
Name and title	Average	box,	unles	s per	son is	both ar		Reportable	Reportable	Estimated amount
	hours per week	offic	er and	l a dir	rector/	(trustee)		compensation from the	compensation from related	of other compensation
	(list any	2 5	5	o	7	ФI	т	organization	organizations	from the
	hours for	divid	stitut	Officer	ey er	nplo	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	related organizations	ual ti	iona		Key employee	yee				
	below	Individual trustee or director	Institutional trust		/ee	npen				
	dotted line)	œ	tee			Highest compensated employee				
						<u>a</u>				
(1) BERNARDO_SILVA_ESQ	2.00									
BOARD MEMBER	F	x						0	0	0
(2) VISHAKA AVILA	2.00									
BOARD MEMBER		x						0	0	0
(3) KARLA GARCIA	2.00									
BOARD MEMBER		х						0	0	0
(4) DELDELP_MEDINA	2.00									
BOARD MEMBER		х						0	0	0
(5) JOSE_RODRIGUEZ	2.00									
BOARD MEMBER		х						0	0	0
(6) MARTIN STEINMAN	2.00							_		
SECRETARY AND TREASURER		x						0	0	0
(7) SARAH SOUZA	<u>2.0</u> 0							0		
PRESIDENT	2.00	x						0	0	0
(8) JONATHAN_DUNTEN_ESQ BOARD_MEMBER	2.00	x						0	0	0
	2.00							0	0	0
(9) HENRY MARTINEZ BOARD MEMBER		x						0	o	0
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)										
										F (2000)

	90 (2020) LA RAZA COMMUNITY										4-22382	257	Pa	age 8
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyee	s, ar		_	est Co	mp	ensated Employe	es (contin	ued)			
	(A) Name and title	(B) Average hours per week	box,	unles	Pos eck m ss per	son is	han one s both ar /trustee)		(D) Reportable compensation from the organization	Reporta compensa from rela	(E) Reportable compensation from related organizations	(F) Estimated am of other compensati from the	ted amo of other pensatio	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-I		organ	zation a organiza	
<u>(15)</u>														
<u>(</u> 16)														
<u>(17)</u>														
(18)														
(19)														
(20)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal	 ion A	• • •	•••	•••			• •						
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)		· · ·	••• •••	••• •••	· · ·	••••	• •	0		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization	ed to those l							ore than \$100,000	of			Yes	C No
3	Did the organization list any former officer, direc employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i> .		•				-		•			3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	•	•					•						
5	<i>individual</i>	compensatio	on from	any	unr	elate	ed orga	aniza	ation or individual			4		x
Sacti	for services rendered to the organization? If "Yes on B. Independent Contractors	s," complete	Sched	ule .	J for	SUC	h pers	on				5		х
1	Complete this table for your five highest compensa	ted independ	dent co	ntrad	ctors	that	t recei	ved	more than \$100,00)0 of				
	compensation from the organization. Report comp	ensation for	the cal	enda	ar ye	ear e	nding	with	or within the orga	nization's ta	ax year.			
	(A) Name and business addres	s							(B) Description of service	es		(C) Compensa	tion	
. <u></u>														
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-		thos •		ted a	above)	wh	0					

Form 99	90 (20	20) LA RA	ZA	COMMUNIT	Y R	ESOURCE CENTE	IR		94-22382	257 Page 9
Part	VIII	Statement of Rev	enι	ie						
		Check if Schedule O co	ontair	ns a respons	e or n	ote to any line in thi	s Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	10	Endorstad compaigns			1a					sections 512-514
	1a	Federated campaigns . Membership dues			1b					
nts nts	c b	Fundraising events			10					
Grai	d				1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contr			1e	4,285,229				
i Gi	f	All other contributions, gif			10	4,203,225				
ons Sin	1.	and similar amounts not in	-		1f	1,066,832				
buti ther	q					2,000,002				
d O I		lines 1a-1f			1g	\$				
arc	h	Total. Add lines 1a-1f					5,352,061			
						Business Code				
	2a	SERVICE FEES				900099	42,512	42,512		
Program Service Revenue	b	MISC				900099	16,320	16,320		
Ser	c									
	d									
R	е									
Pro	f	All other program service	rever	nue						
	g	Total. Add lines 2a-2f .	••			•••••	58,832			
	3	Investment income (includi								
		other similar amounts) .								
	4	Income from investment of		•	•					
	5	Royalties	<u></u>							
		0		(i) Real		(ii) Personal				
		Gross rents								
		Less: rental expenses Rental income or (loss)	6b 6c							
		Net rental income or (loss)				· · · · · · •				
		G Net rental income or (loss)			(ii) Other					
	/a	Gross amount from sales of assets			55					
		other than inventory	7a							
	b	Less: cost or other basis								
ā		and sales expenses	7b							
enu	c	Gain or (loss)								
Rev	d	Net gain or (loss)	••			>				
Other Revenue	8a	Gross income from fundra	ising							
ŧ		events (not including \$			_					
		of contributions reported o								
		1c). See Part IV, line 18			8a					
		Less: direct expenses .			8b	1				
		Net income or (loss) from		aising event	s.	· · · · · · •				
	9a	Gross income from gaming	-		0-					
	h	activities, See Part IV, line Less: direct expenses .			9a 9b					
		Net income or (loss) from								
			-	ny activities		· · · · · · •				
	10a	Gross sales of inventory, I returns and allowances .			10a					
	h	Less: cost of goods sold			102					
		Net income or (loss) from :								-
			Juice		,	Business Code				
s	11a									
nou ue	b						<u> </u>			1
ven	c									
Miscellanous Revenue		All other revenue								
Σ	e	Total. Add lines 11a-11d		<u></u>		>				
		Total revenue. See instru					5,410,893	58,832	0	0

0) LA RAZA COMMUNITY RESOURCE CENTER

 Part IX
 Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to	any line in this Part IX		•••••	
	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				
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	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,153,463	1,092,267	61,196	
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	250,013	201,727	48,286	
10		92,548	79,863	12,685	
11	Fees for services (nonemployees):				
a h					
b c	Legal				
d					
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				
5	(A) amount, list line 11g expenses on Schedule O.)	18,161	17,778	383	
12	Advertising and promotion	1,893		1,893	
13	Office expenses	29,147	28,287	860	
14	Information technology	25,649	23,613	2,036	
15	Royalties				
16	Occupancy	42,409	42,275	134	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	237	31	206	
20	Interest	1,457		1,457	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		20,468	19,820	648	
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		1 025 722	1 025 722		
a b	RENTAL ASSISTANCE EMERGENCY ASSISTANCE	1,935,732 240,003	1,935,732 135,000	105,003	
с С	STIPENDS AND SCHOLARSHIPS	66,795	27,345	39,450	
d	PAYROLL SERVICES	10,116	9,387	729	
e	All other expenses	211,821	200,155	11,666	
25	Total functional expenses. Add lines 1 through 24e	4,099,912	3,813,280	286,632	0
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				
	following SOP 98-2 (ASC 958-720)				

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Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			<u></u>
			(A)		(B)
	1		Beginning of year		End of year
	1	Cash - non-interest-bearing	132,006	1	1,522,650
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	258,285	3	246,923
	4	Accounts receivable, net		4	
	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	
ú	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	9,206	9	8,136
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	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		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,609	15	1,609
	16	Total assets. Add lines 1 through 15 (must equal line 33)	401,106	16	1,779,318
	17	Accounts payable and accrued expenses	68,881	17	147,997
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
ilitie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	11,885	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	80,766	26	147,997
		Organizations that follow FASB ASC 958, check here 🛛 🕨 🕱			
ŝ		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	261,262	27	539,653
ala	28	Net assets with donor restrictions	59,078	28	1,091,668
ЧE		Organizations that do not follow FASB ASC 958, check here			
Fun		and complete lines 29 through 33.			
or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	320,340	32	1,631,321
	33	Total liabilities and net assets/fund balances	401,106	33	1,779,318
					Earm 000 (2020)

EEA

Form **990** (2020)

Form	990 (2020) LA RAZA COMMUNITY RESOURCE CENTER	94-223825	7	Pa	age 12
Pa	rt 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	5,	410,	893
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	4,	099,	,912
3	Revenue less expenses. Subtract line 2 from line 1	. 3	1,	310,	,981
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		320,	,340
5	5 Net unrealized gains (losses) on investments				
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			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10	1,	631,	,321
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🕱 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis 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 oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
			3b		
EEA			Form	990 (1	2020)

SCHEDULE A	
(Form 990 or 990-EZ)	

Public Charity Status and Public Support

OMB No. 1545-0047

EZ)	rubic charty clatus and rubic cuppert	2020
	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.	2020

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

(D)

(E) Total ► Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection

							Employer identificatio	
	rt I	A COMMUNITY RESOURCE CEN Reason for Public Charity		ragnizations must a	omplete	this nar	t) See instructions	
		nization is not a private foundation bec		v				
1	□.gu	A church, convention of churches, or		•				
2	П	A school described in section 170(b						
3	Π	A hospital or a cooperative hospital s		,	,	,		
4	Π	A medical research organization ope	•				(1)(A)(iii). Enter the	
		hospital's name, city, and state:	,	·				
5	\square	An organization operated for the bene	efit of a college or u	university owned or operation	ated by a g	overnmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete	-	, ,	, ,	•		
6	\square	A federal, state, or local government	,	init described in section	170(b)(1)	(A)(v).		
7	x	An organization that normally receive	•				m the general public	
		described in section 170(b)(1)(A)(vi					0	
8	\square	A community trust described in secti		,				
9		An agricultural research organization		, , ,	rated in co	onjunction	with a land-grant colleg	je
	_	or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter th	e name, cit	ty, and stat	e of the college or	
		university:					-	
10		An organization that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, memb	ership fees, and gross	
		receipts from activities related to its e	exempt functions - s	subject to certain excepti	ons; and (2	2) no more	than 33 1/3% of its	
		support from gross investment income	e and unrelated bu	siness taxable income (le	ess sectior	n 511 tax) f	rom businesses	
		acquired by the organization after Ju	ne 30, 1975. See :	section 509(a)(2). (Com	plete Part	III.)		
11		An organization organized and operation	ated exclusively to	test for public safety. Se	e section	509(a)(4).		
12		An organization organized and operation	ted exclusively for t	the benefit of, to perform	the functio	ns of, or to	carry out the purposes	;
		of one or more publicly supported or	ganizations describ	bed in section 509(a)(1)	or section	n 509(a)(2)). See section 509(a)(3	3).
		Check the box in lines 12a through 12	2d that describes th	ne type of supporting orga	anization a	nd comple	te lines 12e, 12f, and 12	2g.
	а	Type I. A supporting organization	n operated, superv	rised, or controlled by its	supported	l organizat	ion(s), typically by givir	ng
		the supported organization(s) the	power to regularly	appoint or elect a major	rity of the c	lirectors or	trustees of the	
		supporting organization. You mu	ist complete Part	IV, Sections A and B.				
	b	Type II. A supporting organization	on supervised or co	ontrolled in connection w	ith its supp	orted orga	anization(s), by having	
		control or management of the sup	oporting organization	on vested in the same pe	rsons that o	control or r	nanage the supported	
		organization(s). You must comp	olete Part IV, Sect	ions A and C.				
	С	Type III functionally integrated		•				th,
		its supported organization(s) (see	,	•				
	d	Type III non-functionally integr					••••	n(s)
		that is not functionally integrated.	0 0			•	nt and an attentiveness	
		requirement (see instructions). Y	•					
	е	Check this box if the organization				sa Type I,	Type II, Type III	
		functionally integrated, or Type II		0 11 0 0				
	f	Enter the number of supported organ			• • • • •			• • • •
	g	Provide the following information abo		Č ((ha) ha tha a			(all) Amount of
	(I	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docum	ient?	instructions)	instructions)
					Yes	No		
					100			
(A)								
(B)								
(2)								
(C)								

Sche	,	OMMUNITY RE				94-223825	
Pa	rt II Support Schedule for Organiza	ations Descri	bed in Secti	ons 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you checked th						ify under
	Part III. If the organization fails to	o qualify unde	r the tests list	ted below, ple	ease complete	e Part III.)	
	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	884,357	1,177,314	1,481,532	1,890,319	5,410,893	10,844,415
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	884,357	1,177,314	1,481,532	1,890,319	5,410,893	10,844,415
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						6,781,308
	Public support. Subtract line 5 from line 4						4,063,107
_	ction B. Total Support						
_	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	884,357	1,177,314	1,481,532	1,890,319	5,410,893	10,844,415
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
	Total support. Add lines 7 through 10						10,844,415
	Gross receipts from related activities, etc. (se						(2)
13	First five years. If the Form 990 is for the or						
800	organization, check this box and stop here ction C. Computation of Public Suppor	••••••••••••••••••••••••••••••••••••••	· · · · · · · · · ·				· · · · ► 🗋
	Public support percentage for 2020 (line 6, c			oolump (f))		14	37.47 %
	Public support percentage from 2019 Schedu					15	<u> </u>
	33 1/3% support test - 2020. If the organiza					-	
104	box and stop here. The organization qualifie						
F	33 1/3% support test - 2019. If the organization						
~	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2020.	•	• • • •	•			
	10% or more, and if the organization meets t						
	Part VI how the organization meets the facts						
	organization			-			_
ŀ	10%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization m	-					
	in Part VI how the organization meets the fac						
	organization			•	•		_
18	Private foundation. If the organization did n						
-	instructions						▶□

Sche	dule A (Form 990 or 990-EZ) 2020 LA RAZA C	OMMUNITY RE	SOURCE CEN	TER		94-2238	257 Page 3
Pa	rt III Support Schedule for Organiz	ations Desc	ribed in Sec	tion 509(a)(2	2)		
	(Complete only if you checked t	he box on lin	e 10 of Part I	or if the orga	nization failed	l to qualify ι	under Part II.
	If the organization fails to qualify	y under the te	ests listed bel	ow, please co	omplete Part I	l.)	
See	ction A. Public Support			-	-	ł	
Cal	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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						
Ũ	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						
F	The value of services or facilities						
5							
	furnished by a governmental unit to the						
~	organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
See	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
С	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the orga	nization's first	second third	fourth or fifth	tay year as a se	action 501(c)	(3)
	organization, check this box and stop here						
Sol	ction C. Computation of Public Suppor	t Percentag	<u></u>		•••••		· · · · · · · · ·
				column (f))		15	0/
	Public support percentage for 2020 (line 8, c						<u>%</u>
	Public support percentage from 2019 Sched					16	%
	ction D. Computation of Investment In				(f))	47	0/
17	Investment income percentage for 2020 (line					17	<u>%</u>
	Investment income percentage from 2019 Se					18	%
19a	33 1/3% support tests - 2020. If the organiz						
_	17 is not more than 33 1/3%, check this box	-	-				
b	33 1/3% support tests - 2019. If the organiz						
_	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	ot check a box	k on line 14, 19	a, or 19b, che	ck this box and	see instructi	ons 🕨 🗌

	e A (Form 990 or 990-EZ) 2020 LA RAZA COMMUNITY RESOURCE CENTER 94-223	8257	Р	age 4
Part				
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, comp			
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, P		•	
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Sections A and D, and complete Sections A and D, and complete Sections A and D.	ete Part	V.)	
Sect	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		100	110
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
u	lines 3b and 3c below.	3a		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ju		
D	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B			
4-	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	5 5 5			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
0	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
0-2	Was the organization controlled directly or indirectly at any time during the tax year by one or more	0		
9a				
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations	0-		
	described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a		
D	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	-		
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С				
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	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 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		
EA		A (Form 990		2

Schedule A (Form 990 or 990-EZ) 2020 LA RAZA COMMUNITY RESOURCE CENTER	94-2238257	P	age 5
Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines	11b and		
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11	c, provide		
detail in Part VI.	11c		
Section B. Type I Supporting Organizations	i		
		Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of more supported organizations have the power to regularly appoint or elect at least a majority of the organization			

- 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

- 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?
 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).*3 By reason of the relationship described in 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.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a [] The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in 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.
- 3 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.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

1

2

1

3

Yes No

zations on Nov. 20, 1970 <i>(expl</i> is must complete Section (A) Prior Year	-
ns must complete Section	ons A through E. (B) Current Yea
	(B) Current Yea
(A) Prior Year	
(A) Prior Year	(B) Current Yea (optional)
	Current Year
rated Type III supportir	ng organization
	(A) Prior Year

Schedule A (Form 990 or 990-EZ) 2020

	LA RAZA COMMUNITY RESOURC			2238	3257 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	zations (continue	ea)	
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ions	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - pr	rovide details in Part 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 which the	organization is respons	sive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
EEA				Sched	lule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Fo	m 990 or 990-EZ) 2020 Page 8
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 B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

2020

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Employer identification number LA RAZA COMMUNITY RESOURCE CENTER 94-2238257

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	∑ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Name of organization

Page 2 Employer identification number

LA RAZA COMMUNITY RESOURCE CENTER

94-2238257

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	INSTITUTO FAMILIAR DE LA RAZA 2919 MISSION STREET SAN FRANCISCO CA 94110	\$	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CITY AND COUNTY OF SAN FRANCISCO 1 SOUTH VAN NESS SAN FRANCISCO CA 94102	\$2,988,398	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	CARECEN 3101 MISSION SUITE 101 SAN FRANCISCO CA 94110	\$310,842	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	OFFICE OF CIVIC ENGAGEMENT AND IMMI 50 VAN NESS AVENUE SAN FRANCISCO CA 94102	\$60,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	SAN FRANCISCO IMMIGRANT LEGAL 938 VALENCIA STREET SAN FRANCISCO CA 94110	\$78,261	PersonImage: CompletePayrollImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	MISSION ECONOMIC DEVELOPMENT ASSOC 2301 MISSION STREET 301 SAN FRANCISCO CA 94110	\$114,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)

Name of organization

Page 2 Employer identification number

LA RAZA COMMUNITY RESOURCE CENTER

94-2238257

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SELF HELP FOR THE ELDERLY LEAD AGEN 731 SANSOME STREET STE 100 SALT LAKE CITY UT 84111	\$60,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	FIRST 5 1390 MARKET STREET STE 1100 SAN FRANCISCO CA 94102	\$125,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MISSION NEIGHBORHOOD CENTERS INC 2301 MISSION ST STE 301 SAN FRANCISCO CA 94110	\$84,479	PersonxPayroll_Noncash_(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEI	DULE D
(Form	990)

Department of the Treasury

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.

OMB No. 1545-0047

	2020
	Open to Public
	Inspection
tification	number
2025	7

Intern	al Revenue Service	► Go to www.irs.gov/Forms	990 for instructions and the latest inform	nation.	Inspection
Name	of the organization			Employer ide	ntification number
LA	RAZA COMMUNI	TY RESOURCE CENTER		94-22	238257
Pa	rt I Organiza	ations Maintaining Donor Advised Fu	unds or Other Similar Funds or Acco	ounts.	
	Complete	e if the organization answered "Yes" on	Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b	Funds and other accounts
1	Total number at e	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 organizati	ion inform all donors and donor advisors in w	riting that the assets held in donor advised		
	funds are the org	anization's property, subject to the organizati	on's exclusive legal control?		🗌 Yes 🗌 No
6	Did the organizati	ion inform all grantees, donors, and donor ad	visors in writing that grant funds can be use	d	
	only for charitable	purposes and not for the benefit of the dono	r or donor advisor, or for any other purpose		
		nissible private benefit?	<u></u>		🗌 Yes 🗌 No
Pa		rvation Easements.			
	Comple	te if the organization answered "Yes" o	n Form 990, Part IV, line 7.		
1	Purpose(s) of cor	nservation easements held by the organization	on (check all that apply).		
	Preservation	of land for public use (e.g., recreation or edu	cation) Preservation of	of a historically	/ important land area
	Protection of	natural habitat	Preservation of	of a certified h	istoric structure
	Preservation	of open space			
2	Complete lines 2a	through 2d if the organization held a qualified	conservation contribution in the form of a c	onservation	
	easement on the	last day of the tax year.			Held at the End of the Tax Ye
а	Total number of c	conservation easements		2a	
b	Total acreage res	stricted by conservation easements		2b	
С	Number of conse	rvation easements on a certified historic strue	cture included in (a)	2c	
d	Number of conse	rvation easements included in (c) acquired a	fter 7/25/06, and not on a		
	historic structure l	isted in the National Register		2d	
3	Number of conse	rvation easements modified, transferred, rele	ased, extinguished, or terminated by the or	ganization du	ing the
	tax year ►				
4	Number of states	where property subject to conservation ease	ement is located		
5	Does the organization	ation have a written policy regarding the perio	odic monitoring, inspection, handling of		
	violations, and en	forcement of the conservation easements it h	nolds?		🗌 Yes 🗌 No
6	Staff and voluntee	er hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conserva	tion easemen	ts during the year
	▶				
7	Amount of expense	ses incurred in monitoring, inspecting, handlir	ng of violations, and enforcing conservation	easements du	uring the year
	▶\$				
8	Does each conse	rvation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)	
	and section 170(h	n)(4)(B)(ii)?			🗌 Yes 🗌 No
9	In Part XIII, descr	ibe how the organization reports conservation	on easements in its revenue and expense sta	atement and	
	balance sheet, an	d include, if applicable, the text of the footnot	e to the organization's financial statements t	that describes	the
		counting for conservation easements.			
Pa	rt III Organ	izations Maintaining Collections	of Art, Historical Treasures, or (Other Simi	ilar Assets.
	Comple	ete if the organization answered "Yes" of	on Form 990, Part IV, line 8.		
1a	If the organization	n elected, as permitted under FASB ASC 958	3, not to report in its revenue statement and	balance sheet	works
	of art, historical tr	easures, or other similar assets held for publi	ic exhibition, education, or research in furthe	erance of publ	ic
	service, provide, i	in Part XIII the text of the footnote to its finan	cial statements that describes these items.		
b	If the organization	n elected, as permitted under FASB ASC 958	3, to report in its revenue statement and bala	ance sheet wo	rks of
	art, historical trea	sures, or other similar assets held for public e	exhibition, education, or research in furthera	nce of public	service,
	•	ing amounts relating to these items:			
	(i) Revenue incl	uded on Form 990, Part VIII, line 1			▶ \$
	(ii) Assets includ	led in Form 990, Part X			▶ \$
2	If the organization	n received or held works of art, historical trea	sures, or other similar assets for financial ga	ain, provide th	e
	following amounts	s required to be reported under FASB ASC 9	958 relating to these items:		
а	Revenue included	on Form 990, Part VIII, line 1			▶ \$
b	Assets included in	n Form 990, Part X			▶ \$

	ule D (Form 990) 2020 LA RAZA COMMUNITY				_		94-2238			age 2
Pa	rt III Organizations Maintaining Co							sets (co	ontin	ued)
3	Using the organization's acquisition, accession, an	nd other records,	check any	of the follo	owing that ma	ake signi	ficant use of its			
	collection items (check all that apply):									
а	Public exhibition		d	Loan	or exchange	program	S			
b	Scholarly research		е	Other						_
С	Preservation for future generations									
4	Provide a description of the organization's collection	ons and explain h	now they fu	urther the o	organization's	s exempt	purpose in Part			
	XIII.									
5	During the year, did the organization solicit or rece	eive donations of	art, historio	cal treasur	es, or other s	imilar				
	assets to be sold to raise funds rather than to be r	maintained as pa	rt of the or	ganization	's collection?			Ye	s 🗌	No
Pa	rt IV Escrow and Custodial Arrange	ements.		-						
	Complete if the organization ans	wered "Yes" of	on Form	990, Pa	art IV, line	9, or re	ported an amo	unt on F	- orm	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian or	other intermediar	v for contri	butions or	other assets	not				
			-					. 🗌 Yes	sП	No
b	If "Yes," explain the arrangement in Part XIII and o									,
-			ining tauro				Amo	ount		
с	Beginning balance					. 1c				
d	Additions during the year									
e	Distributions during the year									
f	o ,									
	Ending balance					·			s 🗌	No
2a ⊾	-] NO]
Do	If "Yes," explain the arrangement in Part XIII. Che t V Endowment Funds.	ck here if the exp	nanation na	as been pr	ovided on Pa		•••••	• • • •	<u>· </u>	
ra		worod "Voo"	on Form	000 0-	wet IV / line	10				
	Complete if the organization ans							1		
		a) Current year	(b) Pric	or year	(c) Two years	s back	(d) Three years back	(e) Four	years b	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current ye	ear end balance ((line 1g, co	lumn (a)) l	held as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment > %									
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c should ec	ual 100%.								
3a	Are there endowment funds not in the possession	of the organizati	ion that are	held and	administered	for the				
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organizations							3b		
4	Describe in Part XIII the intended uses of the orga									1
	t VI Land, Buildings, and Equipme									
	Complete if the organization ans		on Form	990. Pa	art IV, line	11a. S	ee Form 990 F	art X. li	ne 1(0.
	Description of property	(a) Cost or othe			r other basis		Accumulated	(d) Boo		<u>~·</u>
		(investme			other)	.,	epreciation	(a) 500		
1a	Land	, , ,		``````````````````````````````````````			·			
b										
C L	Leasehold improvements									
d										
e	Other				(0)					
	I. Add lines 1a through 1e. (Column (d) must equa	ai ⊢orm 990, Par	t X, colum	n (B), line	10.c.,)	• • • • •				
EEA							S	chedule D (Form 9	90) 2020

Schedule D (Form 990) 2020

Schedule D (Form	990) 2020 LA RAZA COMMUNITY RESOURCE (CENTER	94-	2238257	Page 3
Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form	990, Part X,	line 12.
	 (a) Description of security or category (including name of security) 	(b) Book value		Method of valuation r end-of-year market valuation	
(1) Financial of					
(2) Closely-he	ld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12.) ►				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form	990, Part X,	line 13.
	(a) Description of investment	(b) Book value		c) Method of valuation r end-of-year market valuation	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 13.) ►				
Part IX	Other Assets.				
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	990, Part X,	line 15.
	(a) Description			(b) Boo	ok value
(1) DEPOSIT	S				1,609

(1) EPOSITS	1,609
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	1,609
Part X Other Liabilities.	

Part X	Other	Liabili
--------	-------	---------

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) Fede	eral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col	umn (b) must equal Form 990, Part X, col. (B) line 25	5.). ►

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.

Sched	ule D (Form 990) 2020 LA RAZA COMMUNITY RESOURCE CENTER	94-2238257	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	5,410,893
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,410,893
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 4a		
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 12.).	5	5,410,893
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Returr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,099,912
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,099,912
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		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,099,912
Pa	rt XIII Supplemental Information.		

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

SCHEDULE G	Supplemer	ntal Informatio	on Regard	dina Fund	Iraising or Gan	nina Act	ivities	OMB No. 1545-0047
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if organization entered more than \$15,000 on Form 990-EZ, line 6a.						2020		
Department of the Treasury Attach to Form 990 or Form 990-EZ.						Open to Public		
Internal Revenue Service For www.irs.gov/Form990 for instructions and the latest information.						Employer ide	Inspection entification number	
-								
LA RAZA COMMUNITY			bo organi	zation and	wered "Yes" on	Form 00		138257
	-	•	-		wered res on	FOIII 98	o, Pait IV	, inte 17.
		t required to cor	•		ing Charly all that a			
1 Indicate whether the	organization rais	sea tunas through	•	-				
a Mail solicitations	adicitationa				f non-government gi f government grants			
					aising events			
c Phone solicitation d In-person solicitati			g 🗋	Special fullui	aising events			
2a Did the organization		r oral agroomont w	ith any indivi	dual (includir	a officare directore	tructooc		
or key employees list		-	-		-			′es 🗌 No
b If "Yes," list the 10 hi	-	, .		•	0			
compensated at leas	0 1		inuiaiseis) p	uisuani to ag				
compensated at leas	a \$5,000 by the c	nganization.						
			(11) 5:14			(v) Am	ount paid to	(D A) (b b)
(i) Name and address		(ii) Activity		ndraiser have or control of	(iv) Gross receipts	(or re	tained by)	(vi) Amount paid to (or retained by)
or entity (fundra	ilser)	(ii) / touvity		outions?	from activity		ser listed in ol. (i)	organization
			Yes	No			01. (1)	
1			105		-			
•								
2								
-								
3								
-								
4								
5								
6								
7								
8								
9								
10								
				►		110 and 11 1-		
3 List all states in which	•	is registered or li	censed to so	iicit contributi	ons or has been not	unea it is ex	kempt from	
registration or licensin	g.							

		than \$15,000 of fundraising gross receipts greater than		5		
		gioss receipts greater triain	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
anu						
Revenue	1	Gross receipts				
œ	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines	s 4 through 9 in column (d)			
_	11	Net income summary. Subtract line	10 from line 3, column (d)			
Pa	rt II	Gaming. Complete if the c \$15,000 on Form 990-EZ,	-	'Yes" on Form 990, Part	IV, line 19, or reported	more than
		+ ,				
anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	4		(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1	Gross revenue	(a) Bingo		(c) Other gaming	
Expenses			(a) Bingo		(c) Other gaming	
Expenses	2	Cash prizes	(a) Bingo		(c) Other gaming	
	2 3	Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	2 3 4	Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	2 3 4 5	Cash prizes	Yes%	bingo/progressive bingo	% %	
Expenses	2 3 4 5 6 7	Cash prizes	Yes% No S 2 through 5 in column (d)	bingo/progressive bingo	% % No	
Expenses	2 3 4 5	Cash prizes	Yes% No S 2 through 5 in column (d)	bingo/progressive bingo	% % No	
6 Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	Yes% No s 2 through 5 in column (d) tract line 7 from line 1, colu	bingo/progressive bingo	□ Yes% □ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En Ist	Cash prizes	Yes% No s 2 through 5 in column (d) tract line 7 from line 1, colu	bingo/progressive bingo	□ Yes% □ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En Ist	Cash prizes	Yes % No S 2 through 5 in column (d) tract line 7 from line 1, colu tion conducts gaming activ gaming activities in each o	bingo/progressive bingo	□ Yes% □ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En Is 1 9 If "	Cash prizes	Yes% No S 2 through 5 in column (d) tract line 7 from line 1, colu tion conducts gaming activities in each o	bingo/progressive bingo	Yes % No	col. (a) through col. (c))

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Schedule G (Form 990 or 990-EZ) 2020 LA RAZA COMMUNITY RESOURCE CENTER

Part II

94-2238257

Page 2

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public

Employer identification number

ployer identification num

LA RAZA COMMUNITY RESOURCE CENTER

94-2238257

01. Form 990 governing body review (Part VI, line 11)

BOARD OF DIRECTORS REVIEWS ALL COMPENSATION ADJUSTMENTS AND INCREASES AND APPROVES SUCH

AFTER DISCUSSION AND DELIBERATIONS AMONGST BOARD AT BOARD MEETING

02. CEO, executive director, top management comp (Part VI, line 15a)

BOARD OF DIRECTORS REVIEWS ALL COMPENSATION ADJUSTMENTS AND INCREASES AND APPROVES SUCH

AFTER DISCUSSION AND DELIBERATIONS AMONGST BOARD AT BOARD MEETING

03. Governing documents, etc, available to public (Part VI, line 19)

ALL INFORMATION IS OPEN TO THE PUBLIC AT THE OFFICES OF

THE EXECUTIVE DIRECTOR AND AVAILABLE

	0	0	7	'n		^
Form	Ο	Ο	1	3	-E	U

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning 07-01-2020 , and ending 06-30-2021

Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

2020

Department of the Treasury	
Internal Revenue Service	

► Go to www.irs.gov/Form8879EO for the latest information.

Taxpayer identification number

94-2238257

LA RAZA COMMUNITY RESOURCE CENTER

Name and title of officer or person subject to tax

Name of exempt organization or person subject to tax

GABRIEL MEDINA, EXCECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)
Check the box for the retum for which you are using this Form 8879-EO and enter the applicable amount, if any, from the retum. If you
check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being filed with this form was
blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the
return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

/\ \ /L

1a	Form 990 check here X b To	tal revenue, if any (Form 990, Part VIII, column (A), line 12) 1b _	5,410,893
2a	Form 990-EZ check here b	Total revenue, if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here b	Tax based on investment income (Form 990-PF, Part VI, line 5) 4b	
5a	Form 8868 check here ► _ b	Balance due (Form 8868, line 3c)	
6a	Form 990-T check here b	Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here ► b	Total tax (Form 4720, Part III, line 1)	
P	art II Declaration and Sign	ature Authorization of Officer or Person Subject to Tax	

Under penalties of perjury, I declare that	I am an officer of the above organization or	I am a person subject to tax with respect to
(name of organization)	(FIN)	and that I have examined a conv

(name of organization) _________, (EIN) _________ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

	I authorize	to enter my PIN	as my signature
	ERO firm name	Enter five numbers, but do not enter all zeros	
		. If I have indicated within this return that a copy of the return of the IRS Fed/State program, I also authorize the aforemen .	
x	electronically filed return. If I have indicated v	bect to the organization, I will enter my PIN as my signature of vithin this retum that a copy of the retum is being filed with a s ate program, I will enter my PIN on the retum's disclosure co	state agency(ies)
	38257		
Signature	of officer or person subject to tax	Date 🕨	11-11-2021
Part	III Certification and Authenticat	ion	
ERO's	EFIN/PIN. Enter your six-digit electronic filing	identification	
number	r (EFIN) followed by your five-digit self-selected	d PIN. 9430	74 06926
			Do not enter all zeros
that I a	• •	is my signature on the 2020 electronically filed retum indicat e requirements of Pub. 4163 , Modernized e-File (MeF) Infor	
ERO's sig	pnature	Date 🕨	11-29-2021
		lust Retain This Form - See Instructions This Form to the IRS Unless Requested To D	o So

990	90 Overflow Statement		2020 Page 1	
Name(s) as shown o	i return	FEIN		
LA RAZA	COMMUNITY RESOURCE CENTER		94-2238257	

OTHER EXPENSES

Description	 Amount
CONSULTANTS	\$ 21,924
DUES AND MEMBERSHIP FEES	 1,868
PROGRAM SUPPLIES	 5,019
REPAIRS AND MAINTENENCE	 4,970
SUBCONTRACTORS	 43,578
INDIRECT COSTS	 113,059
MISC	 9,737
Total:	\$ 200,155

OTHER ADMIN EXPENSES

Description		Amount
CONSULTANTS		\$ 8,319
DUES AND MEMBERSHIP		360
MISC		2,987
	Total: \$	<u> </u>

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Form	990
Work	sheet

Schedule A, Line 5 - Excess 2% Limitation Contributors

	(Keep for your records)	2020
Name(s) as shown on return		Tax ID Number
LA RAZA COMMUNITY RESOURCE CENTER		94-2238257
LA RAZA COMMUNITY	RESOURCE CENTER	94-2238257

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
Name	2016	2017	2018	2019	2020	Total	Excess contributions
							(col. (f) minus
							the 2% limitation)
INSTITUTO FAMILIAR DE LA RAZA		360,445	367,295	378,313	287,592	1,393,645	1,176,757
CITY AND COUNTY OF SAN FRANCISCO		347,245	563,926	872,524	2,988,398	4,772,093	4,555,205
CARECEN		218,739	298,790	303,260	310,842	1,131,631	914,743
OFFICE OF CIVIC ENGAGEMENT AND IMMI		45,000	25,760	60,000	60,000	190,760	
SAN FRANCISCO IMMIGRANT LEGAL		84,010	108,810	80,410	78,261	351,491	134,603
MISSION ECONOMIC DEVELOPMENT ASSOC			12,000	14,000	114,000	140,000	
SELF HELP FOR THE ELDERLY LEAD AGEN			65,000	60,000	60,000	185,000	
FIRST 5					125,000	125,000	
MISSION NEIGHBORHOOD CENTERS INC					84,479	84,479	

TOTAL

6,781,308

FOR TAX YEAR 2020

LA RAZA COMMUNITY RESOURCE CENTER

CHRISTOPHER CHIME OGBODO, CPA 4225 TELEGRAPH AVENUE OAKLAND, CA 94609 (510)652-6213

990	Tax Exempt Diagnostic Summary						
Name				Employer Identification #			
LA RAZA COMMUNITY RE	SOURCE CENTER			94-2238257			
Demographics Mailing Address: 474 VALENCIA STREET SAN FRANCISCO, CA 94		Phone:	(415)863-07	64			
Resident State: CA							
Diagnostics Preparer: CHRISTOPHER	R CHIME Invoic	e:	Date:	11-29-2021			

Return Information

Itom on Deturn	2020	2019 Federal
Item on Return	Federal	(If available)
Total Revenue	5,410,893	1,890,319
Total Expenses	4,099,912	1,743,984
Net Excess (Deficit)	1,310,981	146,335
Net Assets or Fund		
Balances	1,631,321	320,340

State/City Information

State/City	Taxable	Total	Change Fund	UBIT	Total	Refund/
	Revenue	Expenses	Balance		Tax	(Balance Due)
CA	5,410,893	1,310,981				

TAXABLE YEARCalifornia Exempt Organization2020Annual Information Return

FORM **199**

Calenda	ar Year 2020 or fiscal year beginning (mm/dd/yyyy) $07 - 01 - 2020$, and ending (mm/dd/yyyy)	06-30-2021 .		
	n/Organization name		orporation number		
LA R	AZA COMMUNITY RESOURCE CENTER	497			
Additional	information. See instructions.	FEIN			
		94-2	238257		
	ress (suite or room)		PMB no.		
	VALENCIA STREET APT 100				
City	EDANGIGGO	State			
	FRANCISCO	CA	94103-3471		
Foreign co	ountry name Foreign province/state/county		Foreign postal code		
A First ret	urn • • • • • • • • • • • • • • • • • • •	ation have any changes to its guidelines			
B Amende		the FTB? See instructions • • • • •	•••• Yes X No		
C IRC Sec	ction 4947(a)(1) trust ••••••••• Yes 🔀 No J If exempt unde	r R&TC Section 23701d, has the organization	on 🗌 🚍		
_		itical activities? See instructions • •	••••••••••••••••••••••••••••••••••••••		
		tion exempt under R&TC Section 23701g?			
		he gross receipts from nonmember sources	· · · · • •		
	accounting method: (1) Cash (2) X Accrual (3) Other				
			•••••••••••••••••••••••••••••••••••••		
		ation file Form 100 or Form 109 to report			
		tion under audit by the IRS or has the IRS	••••••••••••••••••••••••••••••••••••••		
			• Yes X No		
11 103,		1023/1024 pending? •••••	$\cdot \cdot \cdot \cdot \cdot \cdot \cdot = \prod_{i=1}^{n} \operatorname{Yes} X_{i}$ No		
	Date filed with				
Part I	Complete Part I unless not required to file this form. See General Information B and C.				
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 • • • • • • • •		• 1 5,410,893 00		
	2 Gross dues and assessments from members and affiliates • • • • • • • • • • • • • • • • • • •		• <u>2</u> 00		
Receipts	3 Gross contributions, gifts, grants, and similar amounts received •••••••••••		• 3 00		
and Revenues	4 Total gross receipts for filing requirement test. Add line 1 through line 3.				
	This line must be completed. If the result is less than \$50,000, see General Information B $\cdot\cdot$	· · <u>· · · · · · · · · · · · · · · · · </u>	• 4 5,410,893 00		
	5 Cost of goods sold • • • • • • • • • • • • • • • • • • •	• 5	00		
	6 Cost or other basis, and sales expenses of assets sold • • • • • • • • • • • • • • • • • • •	• 6	00		
	7 Total costs. Add line 5 and line 6 • • • • • • • • • • • • • • • • • •		7 00		
	8 Total gross income. Subtract line 7 from line 4 · · · · · · · · · · · · · · · · · ·	<u></u>	• 8 5,410,893 00		
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18 • • • • • • • • • • • • •		• <u>9</u> 4,099,912 00		
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 • • • •	•••••	• 10 1,310,981 00		
	11 Total payments • • • • • • • • • • • • • • • • • • •		• 11 00		
Filing	12 Use tax. See General Information K		• 12 00		
Fee	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 • • • • • • •		• <u>13</u> 00		
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 ••••••• 15 Description and letteral One Operated Information I		• 14 00 • 15 00		
	15 Penalties and Interest. See General Information J. . . . 16 Pelance due Addition 12 and line 17. Then subtract line 14 from the result	· · · · · · · · · · · · · · · · · · ·			
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedule	s and statements, and to the best of my kno			
Sign Here	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of	which preparer has any knowledge.	● Telephone		
nere	Signature	IVE DI11/11/2021	415-863-0764		
		Check if self-	•PTIN		
	Preparer's	9/2021 employed ► X	P01440017		
Paid	_		•Firm's FEIN		
Preparer's Use Only	Firm's name (or yours, if self-employed) ► CHRISTOPHER CHIME OGBOD	O, CPA	94-3006926		
	and address 4225 TELEGRAPH AVENUE		●Telephone		
	OAKLAND, CA 94609		510-652-6213		
_	May the FTB discuss this return with the preparer shown above? See instructions		• Yes X No		

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Part	t II	Organizations with gross receipts of more t	•						
		regardless of amount of gross receipts - con	•				94-223825	57	
		1 Gross sales or receipts from all business a				1	5,410,893	00	
		2 Interest				2		00	
Recei	nte	3 Dividends • • • • • • • • • • • • • • • • • • •				3		00	
from	pis	4 Gross rents • • • • • • • • • • • • • • • • • • •				4		00	
Other		5 Gross royalties	• • • • • •	5		00			
Sourc	es	6 Gross amount received from sale of assets	• • • • • •	6		00			
		7 Other income. Attach schedule			• • • • • •	7		00	
		8 Total gross sales or receipts from other sources	. Add line 1 through line 7.	Enter here and on Side 1, Pa	art I, line 1. • • • •	8	5,410,893	00	
		9 Contributions, gifts, grants, and similar amo	ounts paid. Attach sched	ule • • • • • • • • • •	• • • • • •	9		00	
		10 Disbursements to or for members			•	10		00	
		11 Compensation of officers, directors, and tru	ustees. Attach schedule		•	11		00	
		12 Other salaries and wages • • • • • • •			• • • • • •	12	1,153,463	00	
Expen	ses	13 Interest			• • • • • •	13	1,457	00	
and		14 Taxes			• • • • • •	14	92,548	00	
Disbu ments		15 Rents			• • • • • • •	15	42,409	00	
		16 Depreciation and depletion (See instruction				16	,	00	
		17 Other expenses and disbursements. Attach				17	2,810,035	00	
		18 Total expenses and disbursements. Add				18	4,099,912	00	
Sch	edul		-	taxable year			able year		
Ass	ets		(a)	(b)	(c)		(d)		
1	Cash)	()	132,006			• 1,522,65	50	
2	Net a	accounts receivable • • • • • • • • • • • •		258,285			• 246,92		
3	Net r	notes receivable • • • • • • • • • • • • • • • • •					•		
4	Inver	ntories · · · · · · · · · · · · · · · · · · ·					•		
5	Fede	eral and state government obligations • • • •					•	-	
6	Inves	stments in other bonds · · · · · · · · · · ·					•	-	
7	Inves	stments in stock • • • • • • • • • • • • • • • • •					•		
8	Mort	gage loans • • • • • • • • • • • • • • • • • • •					•		
9	Othe	r investments. Attach schedule					•		
10	a D	epreciable assets • • • • • • • • • • • • • • • • • • •							
	b Le	ess accumulated depreciation • • • • • •							
11	Land						•		
12	Othe	r assets. Attach schedule		10,815			• 9,7	45	
13	Tota	assets		401,106			1,779,32	18	
Liat	oilitie	s and net worth							
14	Acco	ounts payable • • • • • • • • • • • • • • • • • •		68,881			• 147,99	97	
15	Cont	ributions, gifts, or grants payable • • • • •					•		
16	Bond	Is and notes payable					•		
17	Mort	gages payable · · · · · · · · · · · · · · · · · ·					•		
18	Othe	r liabilities. Attach schedule		11,885					
19	Capi	tal stock or principal fund					•		
20	Paid	-in or capital surplus. Attach reconciliation •					•		
21	Reta	ined earnings or income fund		320,340			• 1,631,32	21	
22	Tota	l liabilities and net worth		401,106			1,779,32	18	
Sch	edul	e M-1 Reconciliation of income per books	s with income per retu	m					
		Do not complete this schedule if the a	mount on Schedule L, li	ne 13, column (d), is less	than \$50,000				
1	Net i	ncome per books	•	7 Income recorded o	n books this year				
2	Fede	eral income tax • • • • • • • • • • • • • • • • • • •	•	not included in this	return. Attach sche	dule	•		
3	3 Excess of capital losses over capital gains • 8 Deductions in this return not charged								
4	Incor	me not recorded on books this year.		against book incom	•				
	Attac	h schedule	•	Attach schedule •		•••	•		
5	Expe	enses recorded on books this year not		9 Total. Add line 7 ar	nd line 8 • • • • •				
	dedu	cted in this return. Attach schedule	•	10 Net income per ret	um.				
6	Tota	Add line 1 through line 5		Subtract line 9 from	n line 6 • • • • •				

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STATE OF CALIFORNIA RRF-1 (Rev. 09/2017) MAIL TO: Registry of Charitable Trusts P.O. Box 903447

Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS:

www.oag.ca.gov/charities

(For Registry	Use Only)
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ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

LA RAZA COMMUNITY RESOURCE CENTER Name of Organization			Check if:			
List all DBAs and names the organization uses or	Ame	nded report				
474 VALENCIA STREET APT Address (Number and Street)	State Ch	arity Registration Number	CT-1567	'3		
SAN FRANCISCO, CA 94103- City or Town, State, and ZIP Code	-3471	Corporat	ion or Organization No.	0712497	1	
	MEDINA@LARAZACRC.OR E-mail Address	Federal E	Employer ID No. 94–2	238257		
ANNUAL REGISTRATION R	ENEWAL FEE SCHEDULE (11 Cal. Code Make Check Payable to Departmen			12)		
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue			ee
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million	\$50 \$75	Between \$1,000,001 and Between \$10,000,001 and Greater than \$50 million		\$	150 225 300
PART A - ACTIVITIES						
For your most recent full accounting p	period (beginning $07 - 01 - 2020$	ending (6-30-2021) list:			
Gross Annual Revenue \$ 5,410,89	Noncash Contributions \$		Total Assets \$	1,779	<u>,318</u>	_
Program Expenses \$	3,813,280 Total E	Expenses	\$ 4,099,912			
PART B - STATEMENTS REGARDING ORGANIZ	ATION DURING THE PERIOD OF THIS	REPORT				
	swer "yes" to any of the questions below, y ach "yes" response. Please review RRF-1 ir				Yes	No
 During this reporting period, were there any co officer, director or trustee thereof, either directl 			0		103	X
2. During this reporting period, was there any the	ft, embezzlement, diversion or misuse of th	ne organiza	ation's charitable property or	funds?		х
3. During this reporting period, were any organiza	ation funds used to pay any penalty, fine o	r judgmen	1?			Х
4. During this reporting period, were the services coventurer used?	of a commercial fundraiser, fundraising c	ounsel for o	charitable purposes, or comr	mercial		x
5. During this reporting period, did the organization	on receive any governmental funding?					X
6. During this reporting period, did the organization	on hold a raffle for charitable purposes?					x
7. Does the organization conduct a vehicle donation program?						
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?						
9. At the end of this reporting period, did the orga	anization hold restricted net assets, while r	eporting n	egative unrestricted net asse	ets?		Х
I declare under penalty of perjury that I have exa belief, the content is true, correct and complete,		iying doci	uments, and to the best of	my knowled	ge and	
	GABRIEL MEDINA	ΕX	CECUTIVE DIR	11-	11-2	2021
Signature of Authorized Agent	Printed Name		Title		Da	ite

TAXABLE YE	EAR Califor	nia e-	file Ro	eturn A	uthori	zatio	n foi	r					FORM
2020	Exemp	ot Org	anizat	ions									8453-EO
Exempt Organiza	tion name									Identif	ying numbe	er	
LA RAZA	COMMUNIT	Y RES	OURCE	CENTER	Я.					94	-223	8257	
Part I Ele	ectronic Return In	formation	(whole dr	allars only)									
1 Total gro	ss receipts (Form 7	199, line 4)										1 5,	410,893
2 Total gro	ss income (Form 1	99, line 8)										25,	410,893
3 Total exp	enses and disburse	ements (Fo	rm 199, line	ə9) · · ·	••••	• • • •		••••				3 4,	099,912
Part II s	ettle Your Accoun	t Electroni	ically for T	axable Year	2020								
	ronic funds withdra		4a Amou				4b \	Withdrawa	l date	(mm/dd	l/yyyy)		
Part III B	anking Informatio	on (Have y	ou verified	the exempt c	organization	s banking	g inform	ation?)					
5 Routing	number												
6 Account						7 T	ype of a	ccount:	Che	ecking		Savings	
Part IV D	eclaration of Offic	er											
	exempt organization's	-	be settled as	s designated in	Part II. If I ch	eck Part II	, Box 4, I	authorize ar	n electr	onic fund	ds withdra	awal for	
	s of perjury, I declare	that I am an	officer of the	e above exemp	ot organizatior	and that t	he inform	nation I provi	ided to	my elect	ronic retu	ırn originatoı	·
(ERO), transmi	tter, or intermediate s 2020 California electro	service provid	der and the a	amounts in Par	t I above agre	e with the	amounts	on the corre	espondi	ing lines	of the exe	empt	
the exempt org	anization is filing a ba	alance due re	eturn, I unde	rstand that if th	e Franchise 1	ax Board	(FTB) do	es not receiv	/e full a	nd timel	y paymen	t of the	
	ation's fee liability, th turn and accompanyi												t
processing of	the exempt organiz	•									•		he
reason(s) for t	ine delay.												
Sign					11-	11-20)21	EXC	CECU	JTIV	E DI	RECTO	R
Here	Signature of officer				Date			Title					
Part V	Declaration of Ele	ctronic Re	eturn Oriai	nator (ERO)	and Paid F	reparer.	See ins	structions.					
	have reviewed the ab			. ,					nplete a	and corre	ct to the l	best of my	
	l am only an intermed orm FTB 8453-EO ac												
transmitting this	s return to the FTB; I	have provide	ed the organi	ization officer w	vith a copy of	all forms a	nd inform	nation that I	will file	with the	FTB, and	I have	
	er requirements desc due date of the returr												
to the FTB upo	n request. If I am also	o the paid pre	eparer, unde	r penalties of p	perjury, I decla	ire that I ha	ave exam	nined the abo	ove exe	empt orga	anization'	s return	
	ying schedules and s formation of which I h			st of my knowle	euge and bein	er, they are	true, cor	rieci, and co	mpiete	. I make	unis decia	aration	
					Dat	•	1	Check if	I	Check		ERO's PTIN	I
ERO	ERO's- signature	AT STO	PHER (снтмғ (CGBODO	CPA		also paid	X	if self- employ	ed X		40017
Must							7	preparer	Ϋ́	employ	Firm's FE		10017
Sign	Firm's name (or yours if self-employed)	CHR	ISTOP	HER CHI	IME OG	BODO,	CPA	A			94-3	300692	26
	and address	422		EGRAPH	AVENU	E						ZIP code	•
Lindor popultion	s of perjury, I declare			, CA	zation'a raturn	and accord	moonving		and ata	tomonto	and to th	9460	9
	and belief, they are tr			0			1 7 0	<i>.</i>			,	ie dest of	
Paid	Paid proporor'o						Date			Check		Paid prepar	er's PTIN
Preparer	preparer's signature									if self- employed			
Must	Firm's name (or yours										Firm's FE	EIN	
Sign	if self-employed)											ZIP code	
	and address												
For Privacy	Notice, get FTB 1 ⁴	131 ENG/S	 ЭР.									FTB	8453-EO 2020

CAOVFLOW	State Supporting Statements	2020 Page 1
Name(s) as shown on return		SSN/FEIN
LA RAZA COM	MUNITY RESOURCE CENTER	94-2238257

Description	Amount
EMPLOYEE BENEFITS	\$ 250,013
ACCOUNTING AND PROFESSIONAL SERVICES	18,161
OFFICE EXPENSES	29,147
TELEPHONE AND INTERNET	25,649
CONFERENCES AND MEETINGS	237
INSURANCE	20,468
PROGRAM SUPPLIES	5,019
RENTAL ASSISTANCE	1,935,732
EMERGENCY ASSISTANCE	240,003
STIPENDS AND SCHOLARSHIPS	66,795
PAYROLL SERVICES	10,116
DUES AND MEMBERSHIPS	2,228
CONSULTANTS	30,243
REPAIRS AND MAINTENANCE	4,970
ADVERTISING	1,893
INDIRECT COSTS	113,059
SUBCONTRACTORS	43,578
MISC	12,724
Total:	\$2,810,035