Γ	Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.
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## Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

Nutoma	atic 6-Month Extension of Time. Only subm	ait origin	al (no copies peeded)			
All corpor	ations required to file an income tax return other than F Form 7004 to request an extension of time to file incom	orm 990-T	(including 1120-C filers), partnersh	nips, REMIC	es, and trusts	
ype or	Name of exempt organization or other filer, see instru	ictions.		Taxpayer	identification num	ber (TIN)
rint						
ile by the	Mi Casa Resource Center				84-0867773	
ue date for ling your eturn. See	Number, street, and room or suite no. If a P.O. box, s 345 S. Grove St.	see instruc	tions.			
structions.	City, town or post office, state, and ZIP code. For a for Denver, CO 80219	oreign add	dress, see instructions.			
nter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1
Application	on	Return	Application			Return
s For		Code	Is For			Code
orm 990	or Form 990-EZ	01	Form 990-T (corporation)			07
orm 990	-BL	02	Form 1041-A			08
orm 472	0 (individual)	03	Form 4720 (other than individual	)		09
orm 990	-PF	04	Form 5227			10
orm 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
orm 990	-T (trust other than above)	06	Form 8870			12
Teleph	one No. ► 303-573-1302  organization does not have an office or place of business for a Group Return, enter the organization's four digit  If it is for part of the group, check this box ►	s in the Ur Group Exe	Fax No. ▶	. If this is fo	r the whole group, o	
the	quest an automatic 6-month extension of time until organization named above. The extension is for the organization reason is a calendar year 2020 or tax year beginning	anization's		ile the exem	npt organization ret	urn for
2 If th	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period			Final retur	n	
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less			
	nonrefundable credits. See instructions.			3a	\$	0.
	is application is for Forms 990-PF, 990-T, 4720, or 6069					
	mated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa					
usir	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ons.	3c	\$	0.
Caution:	If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form	8453-EO ar	nd Form 8879-EO fo	or payment

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

Form 8868 (Rev. 1-2020)

### \*\* PUBLIC DISCLOSURE COPY \*\*

Form **991** 

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2020 calendar year, or tax year beginning	and	ending	<b>-</b>	
В	Check if applicabl	C Name of organization			D Employer identi	fication number
	Addre chang	Mi Casa Resource Center				
	Name chang				84-0867773	
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone numb	ner
	Final	245 G G Gt	vorou to ourout addrood	1100111/Julio	303-573-130	
	return. termin ated		7IP or foreign postal code		G Gross receipts \$	4,023,569.
Г	Amen		in or foreign pootal code		H(a) Is this a group	
F	Applic	,	es Ortega		for subordinate	
•	pendi	same as C above	-		H(b) Are all subordinates	
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c)(3) 501(c)( )	<b>■</b> (insert no.) 4947(a)(1)	or 527	1 ' '	a list. See instructions
		e: www.micasaresourcecenter.org	()		H(c) Group exempt	
			sociation Other	L Year		M State of legal domicile: CO
		Summary	<del></del>			<u> </u>
_	1	Briefly describe the organization's mission or most	significant activities: Mi Cas	a Resourd	ce Center creates	 S
Governance		pathways to opportunity.				
rra	2	Check this box 🕨 🔲 if the organization discor	tinued its operations or dispo	sed of more	e than 25% of its net	assets.
ove	3	Number of voting members of the governing body	Part VI, line 1a)		3	15
Ğ	4	Number of independent voting members of the gov				. 15
es &		Total number of individuals employed in calendar y				51
Ϋ́Ε		Total number of volunteers (estimate if necessary)				15
Activities	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12		7	0.
_		Net unrelated business taxable income from Form 9				0.
					Prior Year	Current Year
<u>•</u>	8	Contributions and grants (Part VIII, line 1h)			3,060,772	3,129,140.
Revenue	9	Program service revenue (Part VIII, line 2g)			114,047	68,941.
ě	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		54,657	38,257.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		18,950	,
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		3,248,426	3,254,316.
	13	Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)		0	0.
	14	Benefits paid to or for members (Part IX, column (A	), line 4)		0	•
es	15	Salaries, other compensation, employee benefits (F			2,566,113	2,485,917.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			0	0.
ă	b	Total fundraising expenses (Part IX, column (D), line				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,			828,385	
		Total expenses. Add lines 13-17 (must equal Part I)			3,394,498	
. (/	19	Revenue less expenses. Subtract line 18 from line	12		-146,072	+
SOC				Ве	ginning of Current Year	
Sset	20				7,471,191	<del></del>
Net Assets or Find Balances	21				275,219	
	22 ort II	Net assets or fund balances. Subtract line 21 from	line 20		7,195,972	6,852,559.
	art II	Signature Block Ities of perjury, I declare that I have examined this return,	noluding accompanying achadula	o and atatam	center and to the heat of	my knowledge and bolist it is
		t, and complete. Declaration of preparer (other than office				iny knowieuge and belief, it is
uuc	,	t, and complete. Declaration of preparer (other than office	) is based on all illiorniation of w	ilicii piepaiei	ilas any knowledge.	
Si.	ın	Signature of officer			I Date	
Sig He		Angeles Ortega, Executive Director	•			
. 16		Type or print name and title	•			
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Pai	d		Maria Montoya	lo	8/24/21 if self-empl	nved P01363907
	parer	Firm's name Kundinger, Corder & Engle		<u> </u>	Firm's EIN	oyou
	Only	Firm's address 475 Lincoln Street, Suite			. IIII O EIN	·
	•	Denver, CO 80203			Phone no. (3	03) 534-5953
Ma	y the II	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No

Pai	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:	=
	Mi Casa Resource Center creates pathways to opportunity.	
		_
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	0
	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?	0
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
4a	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 1,318,492. including grants of \$ ) (Revenue \$	_
<del>4</del> a	Business Pathways	- '
	Business Pathways, which operates the Women's Business Center under the	_
	U.S. Small Business Administration, provides comprehensive support	_
	services for underserved business owners and entrepreneurs with	_
	particular focus on women, minorities, and low-income clients. Services	
	include knowledge and skill building through workshops, intensive	
	training, one-on-one consulting, industry-focused connections, access	
	to capital, legal support, financial coaching and wrap-around supports.	
	This programming supports participants through all stages of business	_
	development from start-up to growth and expansion.	
	Business ownership is an essential strategy for economic independence,	_
4b	4.000.444	_
ΉIJ	(Code:) (Expenses \$	<u>·</u> /
	Career Pathways utilizes flexible, multi-service solutions designed to	_
	train, support, and connect low-income youth and adults to high-demand	_
	careers that meet their professional and personal needs. In order to	_
	build progressive levels of education, training, support services, and	_
	credentials to optimize participant success, Career Pathways is built	
	on four primary pillars to support jobseekers across the spectrum:	
	workshops and webinars, navigation, training, and coaching.	_
		_
	MCRC offers two blended learning training programs for low-income job	
	seekers: Specialized Skills Training and Technical Skills Training.  Participants work with our trained Recruitment staff to choose the	
4c	-	_
40	(Code:) (Expenses \$	- '
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	_
-ru	(Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program service expenses 2 605 633	_

# Form 990 (2020) Mi Casa Resource Center Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		Х
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		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
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		Х
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
لم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	114		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	Α .
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE	- 21	
•	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
u	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	24a		Х
	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	<b> </b>		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
D	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	054		x
06	,	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_ A
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			
•	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
<b>-</b>	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		······	Щ
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 36	-1		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2020)

Mi Casa Resource Center

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 5	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		Х
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 A				
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 of the control		5b		Х
	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				X
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.		6a		
D			6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).		OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		1.2		
	to file Form 8282?	•	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ \textbf{Did a donor advised fund maintained}$				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	ا ءم			
a		10a   10b	$\dashv$		
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ן מטו	-		
''	Gross income from members or shareholders	11a			
a h	Gross income from other sources (Do not net amounts due or paid to other sources against				
~	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	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	13b	1		
	Enter the amount of reserves on hand	13c			
			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				l <u>.</u>
	excess parachute payment(s) during the year?		15		Х
40	If "Yes," see instructions and file Form 4720, Schedule N.				17
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				

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

	to line ba, bb, or 10b below, describe the circumstances, processes, or changes on schedule of see instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
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	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
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	Х	
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	Х	
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	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
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	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	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			
	Kevin Burdi - 303-573-1302			
	345 S Grove St Denver CO 80219			

Form 990 (2020) Mi Casa Resource Center 84-0867773 Page **7** 

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c	Pos heck ss pe	more rson	than	th an	(D)  Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Monique Lovato	40.00									
CEO/Executive Director				Х				132,271.	0.	5,760.
(2) Mary Tamara Mulligan	40.00	4								
C00				Х				103,390.	0.	10,000.
(3) Kevin Burdi	40.00	1								
Director of Finance				Х				74,556.	0.	8,837.
(4) Jeff Whipple	1.00	1								
President		Х		Х				0.	0.	0.
(5) Jessica Acosta	1.00	1								
Secretary		Х		Х				0.	0.	0.
(6) Shelley Thompson	1.00									
Past President		Х		Х				0.	0.	0.
(7) Shannon Corcoran	1.00									
President Elect		Х		Х				0.	0.	0.
(8) David Espinosa	1.00									
Past President		Х		Х				0.	0.	0.
(9) Fermin Avila	1.00									
Member		Х						0.	0.	0.
(10) Chad Schneider	1.00									
Member		Х						0.	0.	0.
(11) Ludy Yevara	1.00									
Member		Х						0.	0.	0.
(12) Murugan Palani	1.00									
Member		Х						0.	0.	0.
(13) Sarah Murphy	1.00									
Member		Х						0.	0.	0.
(14) Michelle Fournier Johnson	1.00									
Member		Х						0.	0.	0.
(15) Martina Hinojosa	1.00									
Member		Х						0.	0.	0.
(16) Katherine Keegan	1.00									
Member		Х						0.	0.	0.
(17) Tyler Jaeckel	1.00									
Member		Х						0.	0.	0.

032007 12-23-20 Form **990** (2020)

Form 990 (2020) Mi Casa Res									84-086777	73		Pi	age 8
Part VII   Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
<b>(A)</b> Name and title	(B) Average hours per week	box offi	not c	Pos theck ess pe end a d	more rson	than	th an	from	(E) Reportable compensation from related		am	(F) timate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		frorga orga	pensa om the anizat d relat anizati	e ion ed
(18) Laura Wing	1.00												
Member		X						0.		0.			0.
1b Subtotal								310,217.		0.		24,	,597.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)							<b>&gt;</b>	310,217.		0. 0.		24,	0. 597.
<ul> <li>Total number of individuals (including but compensation from the organization</li> </ul>	not limited to the	nose	liste	ed al	bove	e) w	ho r	received more than \$100	0,000 of reportable				:
												Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			-		-		_	-	•		3		х
4 For any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportab	le c	omp	ensa	atior	n an	d ot	her compensation from	the organization		4		Х
5 Did any person listed on line 1a receive o									idual for services		•		
rendered to the organization? If "Yes," co	mplete Schedu	le J t	or s	uch ,	pers	son				.	5		X
Section B. Independent Contractors  1 Complete this table for your five highest of	compensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of compe	nsa	ation f	rom	
the organization. Report compensation for	r the calendar y	/ear	endi	ng v	vith	or w	/ithir		year.				
(A) Name and busines	s address	NO	NE					(B) Description of s	services	С	(C omper		n
2 Total number of independent contractors	(including but r	not li	mite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the orga	nization >					0					Form 9	990 (	2020)

Form 990 (2020) Mi Casa Res
Part VIII Statement of Revenue

function revenue   business revenue			Check if Schedule O	contains a	response	or note to any lin	e in this Part VIII			
1 a Federated campaigns   1a	1						(A)	, ,	` '	<b>(D)</b> Revenue excluded
1 a Federated campaigns   1a							Total revenue			from tax under
Business Code   541900   58,000   58,000										sections 512 - 514
Business Code   541900   58,000   58,000	nts	1 a	Federated campaigns		1a					
Business Code   541900   58,000   58,000	on B	b	Membership dues		1b					
Business Code   541900   58,000   58,000	Am (	С	Fundraising events		1c					
Business Code   541900   58,000   58,000	直	d	Related organizations		1d					
Business Code   541900   58,000   58,000	ii.3	е	Government grants (contr	ributions)	1e	1,443,496.				
Business Code   541900   58,000   58,000	를	f	All other contributions, gifts,	grants, and						
Business Code   541900   58,000   58,000	ള		similar amounts not included	above	1f	1,685,644.				
Business Code   541900   58,000   58,000	g	g	Noncash contributions included in	lines 1a-1f	1g \$					
Second   S	<u>8 0</u>	h	Total. Add lines 1a-1f			▶	3,129,140.			
Class fees   Closs fees   Clo						Business Code				
g Total. Add lines 2a-2f	8	2 a		es		541900				
g Total. Add lines 2a-2f	e Z	b	Class fees			611600	7,608.	7,608.		
g Total. Add lines 2a-2f	en S	С	Loan interest			900099	3,333.	3,333.		
g Total. Add lines 2a-2f	e a	d								
g Total. Add lines 2a-2f	<u>Б</u> .	е								
3   Investment income (including dividends, interest, and other similar amounts)   71,814.     4   Income from investment of tax-exempt bond proceeds   5   Royalties   6   (i) Real   (ii) Personal   6   (ii) Real   (ii) Personal   6   (ii) Real   (iii) Personal   6   (iii) Real   (iii) Personal   (iii) Real   (iii) Personal   (iii) Real   (iii) Real   (iii) Personal   (iii) Real	۱ ۵	f	All other program service	revenue .						
other similar amounts)  71,814.  Income from investment of tax-exempt bond proceeds  Royalties  (i) Real (ii) Personal  6a Gross rents (b Less: rental expenses (6c 13,410.)  d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses  7 Gain or (loss)  7 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See  Part IV, line 18  Ba  b Less: direct expenses  C Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  10 b Less: cost of goods sold  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Rusiness Code		g	Total. Add lines 2a-2f			<b></b>	68,941.			
Part		3	Investment income (include	divid gnit	ends, intere	est, and				
Second							71,814.			71,814.
G a Gross rents   Ga   (ii) Personal   Ga   13,410.		4	Income from investment of	of tax-exer	npt bond p	oroceeds <b>&gt;</b>				
Page 2016   Page 2016   Page 2016   Page 2016   Page 2016		5	Royalties							
B Less: rental expenses					( )	```				
C Rental income or (loss)  d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses  7 b 769,253.  7 c Gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  B Less: direct expenses  C Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold C Net income or (loss) from sales of inventory  Rusiness Code		6 a	Gross rents	6a						
d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 b 769,253. c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Pusiness Code				6b						
To a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses					13,410.					
assets other than inventory b Less: cost or other basis and sales expenses 7b 769,253.  c Gain or (loss) 7c -33,557.  d Net gain or (loss) 5 of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Rusiness Code							13,410.			13,410.
b Less: cost or other basis and sales expenses		7 a		.,,		<del>- ``</del>				
and sales expenses 76 769,253.  c Gain or (loss) 7c -33,557.  d Net gain or (loss) 5 -33,557.  d Net gain or (loss) 5 -33,557.  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a			•	7a	735,696.					
of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Pusiness Code		b								
of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Pusiness Code	ng									
of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Pusiness Code	e e			-	-					
of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Pusiness Code	ج					▶	-33,557.			-33,557.
of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Pusiness Code	l ţ	8 a		ng events (ı						
Part IV, line 18  b Less: direct expenses  c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Pusiness Code	0				-					
b Less: direct expenses										
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code										
9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses 9 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10 b Less: cost of goods sold 10 c Net income or (loss) from sales of inventory										
Part IV, line 19  b Less: direct expenses  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Business Code					_	<b>P</b>				
b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code		э а		-	I					
c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Business Code										
10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Business Code					·····					
and allowances 10a  b Less: cost of goods sold 10b  c Net income or (loss) from sales of inventory Pusiness Code				-						
b Less: cost of goods sold		ю а								
c Net income or (loss) from sales of inventory		h								
Rusiness Code										
11 a Miscellaneous revenue 900099 4,568.	$\dashv$	C	THEL INCOME OF (1088) ITOM	saits Of If	iveritory					
Belling Bellin	Snc	11 ^	Miscellaneous reven	11e			4 568			4,568.
SE S C d All other revenue	Jue					70000	1,550.			1,550.
d All other revenue	ella Ver									
	<u> </u>		All other revenue							
e Total. Add lines 11a-11d	Σ						4 568.			
12 Total revenue. See instructions 3,254,316. 68,941. 0.								68,941.	0.	56,235.

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.   Check
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(r)(11)) and persons described in section 4958(r)(11) and persons described in Section 4958(r)(3)(8) 7 Other salaries and wages 1,764,118. 1,236,687. 272,811. 254 8 Pension plan accruals and contributions (include section 401k) and 403(r) employer contributions (section 4958(r) employer contributions) 9 Other employee benefits 181,942. 126,999. 31,525. 23 10 Payroll taxes 160,071. 105,975. 32,966. 21 11 Fees for services (nonemployees): a Management b Legal 21,984. 21,984. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 investment management fees 23,156. 23,156. g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 13 Office expenses 32,367. 20,713. 8,055. 3 14 Information technology 62,182. 32,417. 20,265. 5 15 Royalties 16 Occupancy 61,050. 41,412. 15,742. 3 17 Travel 4,674. 3,669. 2990.
and domestic governments. See Part IV, line 21  Grants and other assistance to domestic individuals. See Part IV, line 22  Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees 334,815. 99,542. 166,257. 65  Compensation of current officers, directors, trustees, and key employees 334,815. 99,542. 166,257. 65  Compensation of current officers, directors, trustees, and key employees 334,815. 99,542. 166,257. 65  Compensation of current officers, directors, trustees, and key employees 334,815. 99,542. 166,257. 65  Compensation of current officers, directors, trustees, and key employees 34,815. 99,542. 166,257. 65  Compensation of current officers, directors, trustees, and key employees 334,815. 99,542. 166,257. 65  Compensation of current officers, directors, trustees, and key employees 34,815. 99,542. 166,257. 65  Compensation of current officers, directors, trustees, and key employees 34,815. 99,542. 166,257. 65  Compensation of current officers, directors, trustees, and key employees 34,815. 99,542. 166,257. 65  Person plan accruals and contributions (include section 498(c)(3)(8)  Pension plan accruals and contributions (include section
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 334,815. 99,542. 166,257. 65 6 Compensation not included above to disqualified persons (as defined under section 4958(r)(11) and persons described in section 4958(r)(11) and persons described in section 4958(c)(3)(8) 7 Other salaries and wages 1,764,118. 1,236,687. 272,811. 254 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 44,971. 32,190. 5,879. 6 9 Other employee benefits 181,942. 126,999. 31,525. 23 10 Payroll taxes 160,071. 105,975. 32,966. 21 11 Fees for services (nonemployees): a Management b Legal 21,984. 21,984. 21,984. c Accounting 21,984. 21,984. 21,984. c Accounting 21,984. 21,9
individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 334,815. 99,542. 166,257. 65 Compensation of included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8)  7 Other salaries and wages 1,764,118. 1,236,687. 272,811. 254 Bension plan accruals and contributions (include section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employers. 181,942. 126,999. 31,525. 23 10 Payroll taxes 160,071. 105,975. 32,966. 21 11 Fees for services (nonemployees): a Management b Legal 21,984. 21,984. 21,984. c Accounting 21,984. 21,
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 dispulsion of compensation in the 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 1,764,118, 1,236,687, 272,811, 254 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 181,942, 126,999, 31,525, 23 10 Payroll taxes 160,071, 105,975, 32,966, 21 11 Fees for services (nonemployees): a Management b Legal 21,984, 21,984
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 334,815. 99,542. 166,257. 63 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and p
individuals. See Part IV, lines 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(c)(3)(8)  Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  Other employee benefits  Payroll taxes  160,071.  105,975.  32,966.  21  Fees for services (nonemployees):  a Management  b Legal  C Accounting  d Lobbying  e Professional fundraising services. See Part IV, line 17  f Investment management fees  Q Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  32,389.  12,761.  13,942.  24,943.  25,499.  21,984
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 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 181,942, 126,999, 31,525, 23 10 Payroll taxes 160,071, 105,975, 32,966, 21 11 Fees for services (nonemployees): a Management b Legal 21,984, 21,
5 Compensation of current officers, directors, trustees, and key employees 334,815. 99,542. 166,257. 65 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(11)) and persons described in section 4958(c)(3)(8) 7 Other salaries and wages 1,764,118. 1,236,687. 272,811. 254 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 44,971. 32,190. 5,879. 69 9 Other employee benefits 181,942. 126,999. 31,525. 23 10 Payroll taxes 160,071. 105,975. 32,966. 21 11 Fees for services (nonemployees): a Management b Legal 21,984. 21,984. 21,984. 21,984. C Accounting 4 Lobbying 21,984. 21,984. 21,984. 21,984. 21,984. 21,984. 21,984. 21,984. 21,984. 23,156. 32,3156.
trustees, and key employees 334,815, 99,542, 166,257, 659 Compensation not included above to disqualified persons (as defined under section 4958(t)(1)) and persons described in section 4958(c)(3)(8)  7 Other salaries and wages 1,764,118, 1,236,687, 272,811, 254 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 181,942, 126,999, 31,525, 23 10 Payroll taxes 160,071, 105,975, 32,966, 21 11 Fees for services (nonemployees): a Management b Legal 21,984, 21,9
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
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  7
persons described in section 4958(c)(3)(B)  7 Other salaries and wages  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  181,942. 126,999. 31,525. 23  10 Payroll taxes  160,071. 105,975. 32,966. 21  11 Fees for services (nonemployees):  a Management  b Legal  21,984. 21,984.  c Accounting  d Lobbying  e Professional fundraising services. See Part IV, line 17  f Investment management fees  2 0 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  12 Advertising and promotion  13 Office expenses  32,367. 20,713. 8,055. 33  14 Information technology  62,182. 32,417. 20,265. 95  15 Royalties  16 Occupancy  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials
7 Other salaries and wages 1,764,118. 1,236,687. 272,811. 254 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 44,971. 32,190. 5,879. 6 9 Other employee benefits 181,942. 126,999. 31,525. 23 10 Payroll taxes 160,071. 105,975. 32,966. 21 11 Fees for services (nonemployees): a Management 21,984. 21,984. 21,984. c Accounting 21,984. 21,984
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits
section 401(k) and 403(b) employer contributions)     44,971.     32,190.     5,879.     6       9 Other employee benefits     181,942.     126,999.     31,525.     23       10 Payroll taxes     160,071.     105,975.     32,966.     21       11 Fees for services (nonemployees):     Amanagement     21,984.     21,984.       b Legal     21,984.     21,984.     21,984.       c Accounting     21,984.     21,984.     21,984.       d Lobbying     20,000     20,000     20,000     20,000       e Professional fundraising services. See Part IV, line 17     20,000     20,000     20,000     20,000       f Investment management fees     23,156.     23,156.     23,156.     23,156.       g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)     32,389.     12,761.     19,442.       12 Advertising and promotion     32,367.     20,713.     8,055.     3       13 Office expenses     32,367.     20,713.     8,055.     3       15 Royalties     62,182.     32,417.     20,265.     9       16 Occupancy     61,050.     41,412.     15,742.     3       17 Travel     4,674.     3,669.     290.       18 Payments of travel or entertainment expenses for any federal
9 Other employee benefits
10 Payroll taxes 160,071. 105,975. 32,966. 21 11 Fees for services (nonemployees): a Management 21,984. 21,984. c Accounting 4 Lobbying 4 Professional fundraising services. See Part IV, line 17 f Investment management fees 23,156. 23,156. g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 4 Advertising and promotion 32,367. 20,713. 8,055. 3 14 Information technology 62,182. 32,417. 20,265. 9 15 Royalties 40,000 41,412. 15,742. 3 16 Occupancy 61,050. 41,412. 15,742. 3 17 Travel 4,674. 3,669. 290.
11 Fees for services (nonemployees): a Management b Legal
a Management b Legal 21,984. 21,984. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 23,156. g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 32,367. 20,713. 8,055. 3 14 Information technology 62,182. 32,417. 20,265. 9 15 Royalties 61,050. 41,412. 15,742. 3 17 Travel 4,674. 3,669. 290.
b Legal 21,984. 21,984
c Accounting       d Lobbying         e Professional fundraising services. See Part IV, line 17       17         f Investment management fees       23,156.         g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)       32,389.       12,761.       19,442.         12 Advertising and promotion       32,367.       20,713.       8,055.       3         14 Information technology       62,182.       32,417.       20,265.       9         15 Royalties       61,050.       41,412.       15,742.       3         16 Occupancy       61,050.       41,412.       15,742.       3         17 Travel       4,674.       3,669.       290.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       61,050.       41,412.       15,742.       3
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials
e Professional fundraising services. See Part IV, line 17 f Investment management fees 23,156. g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  12 Advertising and promotion 13 Office expenses 32,367. 20,713. 8,055. 3 14 Information technology 62,182. 32,417. 20,265. 9 15 Royalties 7 16 Occupancy 61,050. 41,412. 15,742. 3 17 Travel 4,674. 3,669. 290.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)       32,389.       12,761.       19,442.         12 Advertising and promotion       32,367.       20,713.       8,055.       3         14 Information technology       62,182.       32,417.       20,265.       9         15 Royalties       61,050.       41,412.       15,742.       3         17 Travel       4,674.       3,669.       290.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       4<
column (A) amount, list line 11g expenses on Sch 0.)       32,389.       12,761.       19,442.         12 Advertising and promotion       32,367.       20,713.       8,055.       3         14 Information technology       62,182.       32,417.       20,265.       9         15 Royalties       61,050.       41,412.       15,742.       3         17 Travel       4,674.       3,669.       290.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       4,674.       3,669.       290.
12 Advertising and promotion       32,367.       20,713.       8,055.       3         14 Information technology       62,182.       32,417.       20,265.       9         15 Royalties       61,050.       41,412.       15,742.       3         16 Occupancy       61,050.       41,412.       15,742.       3         17 Travel       4,674.       3,669.       290.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       4
13 Office expenses       32,367.       20,713.       8,055.       33         14 Information technology       62,182.       32,417.       20,265.       9         15 Royalties       61,050.       41,412.       15,742.       3         16 Occupancy       61,050.       41,412.       15,742.       3         17 Travel       4,674.       3,669.       290.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       40,674.       30,669.       20,000.
14 Information technology       62,182.       32,417.       20,265.       9         15 Royalties       61,050.       41,412.       15,742.       3         17 Travel       4,674.       3,669.       290.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       4<
15 Royalties       61,050.       41,412.       15,742.       3         16 Occupancy       61,050.       41,412.       15,742.       3         17 Travel       4,674.       3,669.       290.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       4,674.
16     Occupancy     61,050.     41,412.     15,742.     3       17     Travel     4,674.     3,669.     290.       18     Payments of travel or entertainment expenses for any federal, state, or local public officials     —     —     —
17 Travel 4,674. 3,669. 290.  18 Payments of travel or entertainment expenses for any federal, state, or local public officials
18 Payments of travel or entertainment expenses for any federal, state, or local public officials
for any federal, state, or local public officials
19 Conterences conventions and meetings I I I I I I I I I I I I I I I I I I I
160
21Payments to affiliates123,021.86,297.28,868.722Depreciation, depletion, and amortization123,021.86,297.28,868.7
20 065 10 765 7 777
23 Insurance 23,363. 13,763. 7,772. 2
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 0.)
a Programming 806,380. 689,812. 28,233. 88
b Communications 83,222. 65,628. 12,062. 5
c Staff Training 26,274. 15,509. 8,865. 1
d Bad Debt 21,224. 3,012. 18,212.
e All other expenses 28,880. 13,245. 11,293. 4
<b>25 Total functional expenses</b> . Add lines 1 through 24e 3,842,845. 2,605,633. 733,837. 503
26 Joint costs. Complete this line only if the organization
reported in column (B) joint costs from a combined
educational campaign and fundraising solicitation.
Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2020)
Part X Balance Sheet

Га	LA	Charle if School up Cooptains a response or	note to	ny line in this Dest V			
		Check if Schedule O contains a response or	поте то а	ny iine in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,040,984.	1	704,025.
	2	Savings and temporary cash investments		127,935.	2	30,226.	
	3	Pledges and grants receivable, net		511,143.	3	562,760.	
	4	Accounts receivable, net			128,891.	4	161,232.
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of	these per	sons		5	
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr				6	
र	7	Notes and loans receivable, net		F	106,781.	7	106,605.
Assets	8	Inventories for sale or use				8	
ğ	9	Prepaid expenses and deferred charges			29,824.	9	47,331.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	l l	2,926,584.			
	b	Less: accumulated depreciation			2,634,689.	10c	2,517,411.
	11	Investments - publicly traded securities			2,827,716.	11	3,066,577.
	12	Investments - other securities. See Part IV, li		Г		12	
	13	Investments - program-related. See Part IV, I	ine 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		63,228.	15	65,090.	
	16	Total assets. Add lines 1 through 15 (must e		7,471,191.	16	7,261,257.	
	17	Accounts payable and accrued expenses		205,565.	17	345,836.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or	former of	icer, director,			
Liabilities		trustee, key employee, creator or founder, so					
abi		controlled entity or family member of any of	these per	sons		22	
Ξ	23	Secured mortgages and notes payable to ur	related t	nird parties		23	
	24	Unsecured notes and loans payable to unrel	lated third	l parties	58,000.	24	58,000.
	25	Other liabilities (including federal income tax	, payable	s to related third			
		parties, and other liabilities not included on I	ines 17-2	4). Complete Part X			
		of Schedule D			11,654.	25	4,862.
	26	Total liabilities. Add lines 17 through 25			275,219.	26	408,698.
		Organizations that follow FASB ASC 958,	check he	re 🕨 X			
ĕ		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			6,081,785.	27	6,261,291.
Ba	28	Net assets with donor restrictions			1,114,187.	28	591,268.
Pur		Organizations that do not follow FASB AS					
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur	nds			29	
se	30	Paid-in or capital surplus, or land, building, o	r equipm	ent fund		30	
t As	31	Retained earnings, endowment, accumulate	d income	, or other funds		31	
Ne	32	Total net assets or fund balances			7,195,972.	32	6,852,559.
	33	Total liabilities and net assets/fund balances			7,471,191.	33	7,261,257.

Form **990** (2020)

Both consolidated and separate basis

Form **990** (2020)

За

Х

2c | X

Separate basis

X Consolidated basis

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 84-0867773 Mi Casa Resource Center Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,544,633.	3,697,707.	2,903,361.	3,060,772.	3,129,140.	16,335,613.
2	Tax revenues levied for the organ-						
	ization'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	3,544,633.	3,697,707.	2,903,361.	3,060,772.	3,129,140.	16,335,613.
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)						1,577,826.
_6	Public support. Subtract line 5 from line 4.						14,757,787.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	3,544,633.	3,697,707.	2,903,361.	3,060,772.	3,129,140.	16,335,613.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	47,545.	13,671.	90,204.	104,176.	85,224.	340,820.
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.)						
11	Total support. Add lines 7 through 10						16,676,433.
12	Gross receipts from related activities	etc. (see instruction	ons)			12	442,589.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	501(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2020 (	line 6, column (f), c	divided by line 11, c	olumn (f))		14	88.49 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	88.40 %
16a	33 1/3% support test - 2020. If the	organization did no	ot check the box on	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2019. If the	organization did no	ot check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop her	e. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances tes	t - <b>2019.</b> If the org	anization did not cl	neck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circur	nstances test, ched	ck this box and <b>st</b> o	<b>op here.</b> Explain ir	Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	ulifies as a publicly	supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	s ▶□

Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendary part (or fiscal year beginning in)    Galter, grants, contributions, and membership less received. (Do not include any "unusual grants.")  Gross received from admissions, merchandise sold or services personal purpose of continuous and particular to the organization of tax exempl purpose. Gross receives from admissions, merchandise sold or services personal purpose of considerations and the particular to the organization of tax exempl purpose. Gross receives from activities that are not an unrelated trade or flushings and the particular to the organization of tax exemple purpose of considerations and the particular to the par		palify under the tests listed be Public Support	elow, please com	plete Part II.)				
Giffes, grants, contributions, and membership less received. (Dr not include any "unusual grants,")  Giress receipts from admission, more contributed in any activity that is related to the organizations tax exempt purpose  3 Gross receipts from admission, more contributed in any activity that is related to the organizations tax exempt purpose  3 Gross receipts from admission and the part of contributed that are not an unusualised trade or business under section 513.  4 Tax revenues level of the organization surplines below the part of contribution in the organization without change of Total, additionally the part of contribution in the organization without change of Total additions through 5  7 a Amounts included on lines 1, 2, and 5 received from disqualified persons 1 to more than 1 to the organization without change of Total, and films of through 5  7 a Amounts included on lines 1, 2, and 5 received from disqualified persons 1 to more than 1 to the organization without change of Total and the second to th			(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
membership fees received. (Do not include any "unusual grants")  2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's tax-exempt purpose 3 cross receipts from admission that are not an unrelated trade or business under section 513  5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf to receive or facilities furnished by a governmental unit to the organization without charge to the organization without charge to Total. Add lines 1 through 5			(a) 2016	(b) 2017	(C) 2016	(a) 2019	(e) 2020	(I) Total
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## Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined 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.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
_		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
34		
9b		
9c		
96		
10a		
10b		
m 990 or 90	0-F7	2020

Pa	rt IV Supporting Organizations (continued)			age <b>o</b>
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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	_		
800	supported organizations played in this regard.	3		
	tion 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 yea(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.		ma\	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	Structio		N <sub>a</sub>
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	Za		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in  Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
2	-	20		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	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 <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Jd		
J	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990-EZ) 2020 Mi Casa Resource Center	0		4-0867773 Page <b>6</b>
1	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti  Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI) See instructions.
•	All other Type III non-functionally integrated supporting organizations must			r art vij. God mod addonor
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ıed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive	e		
	(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	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributior Pre-2020	าร	Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
	From 2015				
b	From 2016				
С	From 2017				
	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
<u>g</u>	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: \$				
a	Applied to underdistributions of prior years				
	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:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
_	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 Mi Casa Resource Center	84-0867773	Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a (See instructions.)	lines 1 and 2; Part IV, Secti Part V, Section B, line 1e; F	on C.

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

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

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

**2020** 

	Mi Casa Resource Center	84-0867773					
Organization type (che	neck one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private found	dation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n					
	501(c)(3) taxable private foundation						
Chack if your organizat	ation is covered by the <b>General Rule</b> or a <b>Special Rule</b> .						
	501(c)(7), (8), or (10) organization can check boxes for both the General Rule and	a Special Rule. See instructions.					
General Rule							
-	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contriburn any one contributor. Complete Parts I and II. See instructions for determining a						
Special Rules							
sections 509( any one contr	nization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/0(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, tributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% 90-EZ, line 1. Complete Parts I and II.	line 13, 16a, or 16b, and that received from					
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.							
year, contribu is checked, er purpose. Don	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigsim \frac{1}{2} \f						
but it <b>must</b> answer "No	tion that isn't covered by the General Rule and/or the Special Rules doesn't file S No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-E meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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

	`	,	,	, (	 <u> </u>
Name o	f organizatio	n			Employer identification number
Mi Cas	a Regourc	e Cent	er		84-0867773

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$853,473.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
Mi Casa Resource Center	84-0867773

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
7		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
8		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
9		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
10		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
11		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
12		Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization

Employer identification number

Mi Casa Resource Center

84-0867773

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		l \$	İ

Name of o	organization			Employer identification number	r	
Mi Casa	Resource Center			84-0867773		
Part III		) through (e) and the following line charitable, etc., contributions of \$1,000	entry For organi	(7), (8), or (10) that total more than \$1,000 for the yearions	eai	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
					- - -	
		(e) Transfer of	gift			
	Transferee's name, address, a	nd ZIP + 4	Relatio	onship of transferor to transferee		
					- - -	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
					- -	
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
					- - -	
(a) No. from Part I	(b) Purpose of gift (c) Use of g			(d) Description of how gift is held		
					- - -	
		(e) Transfer of	gift		_	
	Transferee's name, address, a	nd ZIP + 4	Relation	onship of transferor to transferee		
					- - -	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
					- -	
		(e) Transfer of	nift		_	
	Transferee's name, address, a			onship of transferor to transferee		
					-	
					-	

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 84-0867773

Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	04-000///3
Ра		ACCOUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	(b) Evenda and other accounts
		(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
_	impermissible private benefit?	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	V, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education) Preservation of a hist	torically important land area
	Protection of natural habitat Preservation of a cer	tified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution contribution in the form of a conservation contribution contributi	onservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	inization during the tax
	year <b>&gt;</b>	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations.	
	•	•
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	easements during the year
	<b>▶</b> \$	g ,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(	(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements t	
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	•
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balan	ce sheet works of
-	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	·· • \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	·· • · -
_	the following amounts required to be reported under FASB ASC 958 relating to these items:	, provide
•		<b>&gt;</b> \$
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X	
D	^>>= Note	▶ Ψ

Sche	dule D (Form 990) 2020 Mi Casa Res	source Center					8	34-08677	73	Page <b>2</b>
Par	t III   Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	r Simila	ar Asse	<b>ts</b> (contir	nued)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition	C			hange progra					
b										
C	Preservation for future generations							. 5	VIII	
4	Provide a description of the organization's co							se in Par	XIII.	
5	During the year, did the organization solicit of to be sold to raise funds rather than to be m		-						Yes	□ No
Par	t IV Escrow and Custodial Arran									No
· ui	reported an amount on Form 990, Pa		ete ii tile	organizatio	iii aiisweieu	165 011	1 01111 990	, raitiv,	iii le 9, Oi	
	Is the organization an agent, trustee, custod	•	diary for	contribution	ns or other as	sets not i	included			
	on Form 990, Part X?		•						Yes	□ No
b	If "Yes," explain the arrangement in Part XIII									
	, 1	•	3						Amount	t
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
	Ending balance									
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liabili	ty?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete	f the organization ar	1		· · · · · · · · · · · · · · · · · · ·					
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (	<b>d)</b> Three y	ears back	(e) Four	years back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g 2	End of year balance	rent year end halan	L ce (line 1	a column (	a)) bold as:					
	Board designated or quasi-endowment	rent year end baland	%	g, coluitii (a	ajj rielu as.					
	Permanent endowment	%								
		<u></u> ,~								
•	The percentages on lines 2a, 2b, and 2c sho	ř =								
За	Are there endowment funds not in the posse	•	ation tha	at are held a	ınd administe	ered for th	e organiz	ation		
	by:	· ·					· ·		ſ	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	V, line 11a. S	See Form 990	), Part X,	line 10.			
	Description of property	(a) Cost or o basis (investr			or other (other)		cumulate reciation	d	(d) Bool	k value
1a	Land									
	Buildings			2	723,862.		316,	927.	2	,406,935.
	Leasehold improvements							_		
	Equipment				124,272.			747.		40,525.
	Other				78,450.		8,	499.		69,951.
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	10c.)				2	,517,411.

Schedule D (Form 990) 2020

Part VII	Investments - Other Securities.			
(a) Docori	Complete if the organization answered "Yes" o			d of year market value
• •	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	u-or-year market value
	ial derivatives			
	/ held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(h) maret a mari Farma 000 Part V and (D) line 40 \			
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	I Investments - Program Related.			
	Complete if the organization answered "Yes" (			al af
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	u-or-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(I) 15 000 D 11 10 10 10 10 10 10 10 10 10 10 10 10			
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.			
Part IX	J .	Faura 000 Dart IV line	add Cas Farms 000 Dart V line 15	
	Complete if the organization answered "Yes" (	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(4)	(a) L	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h)	45)		
Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	15.)		
raitA	Complete if the organization answered "Yes" of	on Form 000 Port IV line	allo or 11f Coo Form 000 Dort V line 06	-
	(a) Description of liability	on Form 990, Part IV, line	e Tie or Tii. See Form 990, Part X, line 23	(b) Book value
<b>1.</b> (1) [5]	* * * * * * * * * * * * * * * * * * * *			(b) Book value
. ,	deral income taxes  O-Copiers			4,862.
(-/	O-COPIEIS			4,002.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(A)	05.)		4.000
	umn (b) must equal Form 990, Part X, col. (B) line			4,862.
	y for uncertain tax positions. In Part XIII, provide			
organiz	zation's liability for uncertain tax positions under	FASB ASC 740. Check h	<u>iere it the text of the footnote has been p</u>	rovided in Part XIII L

Sche	dule D (Form 990) 2020 Mi Casa Resource Center			84-0867773	Page <b>4</b>
Pai	t XI Reconciliation of Revenue per Audited Financial Stat	tements With F	Revenue per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,532,787.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		245,116.		
b	Donated services and use of facilities		56,511.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	301,627.
3	Subtract line 2e from line 1			3	3,231,160.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	22 156		
a	Investment expenses not included on Form 990, Part VIII, line 7b		23,156.	-	
b	Other (Describe in Part XIII.)			-	22 156
_	Add lines 4a and 4b			4c	23,156,
5 <b>D</b> a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  rt XII Reconciliation of Expenses per Audited Financial Sta		Evnoncos nor	5 Doturn	3,254,316
Га			Expenses per	neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				2 976 200
1	Total expenses and losses per audited financial statements			1	3,876,200
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ء ا	E <i>C</i> E11		
a	Donated services and use of facilities		56,511.	-	
b	Prior year adjustments	1 4 1		-	
С.	Other losses			-	
d	Other (Describe in Part XIII.)			-	E
e	Add lines 2a through 2d			2e	56,511.
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,819,689
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	22 156		
a	Investment expenses not included on Form 990, Part VIII, line 7b		23,156.	-	
b	Other (Describe in Part XIII.)	<u>-</u>		-	22 156
	Add lines 4a and 4b			4c	23,156,
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. rt XIII Supplemental Information.	.)		5	3,842,845.
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional informa	ation.		

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Mi Casa Resource Center

**Employer identification number**  $84 \!-\! 0867773$ 

Form 990, Part III, Line 4a, Program Service Accomplishments:
both for business owners and their employees. In low-income
communities, business ownership generates wealth through generations,
creating a ripple effect of increased prosperity in families and
communities. MCRC offers all Business Pathways programming in English
and Spanish to serve the most vulnerable members of our community.
Business Pathways offers a modular training series to support
entrepreneurs at every phase of business ownership, from ideation to
growth and expansion. With four modules (Plan, Launch, Manage, and
Grow), training covers creation of an elevator pitch and business plan,
marketing, key business strategies, fiscal and financial
responsibility, and more. Business owners can join the module most
suited to their needs. Program success is measured through program
completion rates, businesses launched, revenue generated, and jobs
created or retained.
Business Pathways collaborates with local community partners to prevent
involuntary displacement by supporting business owners. Additionally,
we administer a ProBoPat Program, which refers qualified low-income
inventors to volunteer patent professionals. ProboPat serves residents
of Colorado, Montana, New Mexico, Utah, and Wyoming and is part of a
nationwide network of patent pro bono services coordinated by the U.S.
Patent & Trademark Office.

Name of the organization  Mi Casa Resource Center	Employer identification number 84-0867773
and skill building, English Language Acquisition (ELA) classes, mental	
health counseling, free legal advice, and tax preparation services	
augment the important work of the Business Pathways program. MCRC	
partners with a range of government agencies, Community Development	
Financial Institutions (CDFIs), and local community and nonprofit	
partners to provide these additional services. MCRC provides	
wrap-around navigation services to guide participants to these	
resources in order to increase their success. Navigators use a	
strengths-based support to combine goal setting with action plans to	
meet potential barriers such as transportation, childcare, housing, and	
food access.	
Form 990, Part III, Line 4b, Program Service Accomplishments:	
program that best fits their needs, interests, and goals. Both the	
Specialized Skills Training and Technical Skills Training measure	
program completion rates, employment attainment, and employment	
retention for participants.	
MCRC's Coaching offers one-on-one career support throughout the job	
search and employment process. Our bilingual Career Coach offers	
individual appointments to provide technical skills training on job	
search tools, digital literacy, and communication. These individual	
appointments are supplemented with group job search supports managed by	
the Career Coach and MCRC Trainers.	
In partnership with the Community College of Aurora (CCA), Metropolitan	
State University of Denver (MSU Denver), and local banks and credit	
unions, MCRC built a first-of-its-kind stackable credential pathway for	

Name of the organization  Mi Casa Resource Center	Employer identification number 84-0867773
	01 000///0
the financial services industry to on-ramp learners to meaningful	
employment and postsecondary credentials simultaneously. Both adult	
learners and high school students can earn postsecondary credentials	
through Prior Learning Assessments and jumpstart their path to higher	
education, while also receiving personalized coaching from a Student	
Services Coordinator who supports them along their path.	
In partnership with area high schools, MCRC provides Career Skills and	
Financial Services Training through a contextualized digital literacy	
learning environment for high school seniors. PWR is rooted in the	
Positive Youth Development (PYD) framework to support young people in	
ways that are developmentally appropriate and meaningfully address	_
their needs.	
Form 990, Part VI, Section B, line 11b:	
Among the responsibilities the board has delegated to the Finance/Audit	
Committee (Committee) are review and approval of IRS form 990. The	_
Committee reviews a draft of the form, questions, asks for revisions if	
necessary and approves the filing of the form. All board members receive a	
copy of the form in either paper or PDF.	
Form 990, Part VI, Section B, Line 12c:	
Among the responsibilities the board has delegated to the finance/audit	
committee (Committee) is the monitoring of conflict of interest. The	
Committee annually asks members to disclose any potential conflict of	
interest issues. The Committee will monitor and review situations at other	
times as needed.	