

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Department of the Treasury

Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

	_		endar year, or tax		9			<u>and e</u>	nding				
_		applicable	C Name of organizat	00110	Por La Justi	cia				D Employ	yer idei	ntification r	ıumber
$\sqsubseteq'$	Address	change	Doing Business As	s						74-27207	'10		
<u></u> □	Name ch	ange	Number and street	(or PO box if m	ail is not delivere	d to street addres	s) Room/s	suite		E Teleph	one nun	nber	
	nitial reti	nw	1416 E Comme	ce Street						(210) 222	2-1704	<u>1</u>	
	reminat r	ed	City or town, state	or country, and Z	IP + 4								
	Amended	d return	San Antonio			TX	78.	205		G Gross	eceipts	\$	609,253
	Application	on pending	F Name and ad	idress of principal	officer				H(a) is	this a group i	return fo	or affiliates?	Yes X No
			Ruben Solis 141	6 E Commerc	ce Street, Sa	n Antonio, TX	78205		H(b) Are	e all affiliates	ınclude	ed?	Yes No
ΙT	ax-exem	pt status	X 501(c)(3)	501(c) (	) ◀ (insert n	io) 4947(a)	(1) or	527	lf'	'No," attach	alıst (s	ee instructio	ons)
	Vebsite					<u> </u>	`		H(c) Gr	oup exempti	an numi	har 🕨	
		rganization	X Corporation	Trust		Other ▶		l va			T.		
		<u> </u>		riust	Association			Litea	ar of form	ation 199	4   "	vi State of le	egal domicile TX
	art I		mmary					D					
	1		escribe the organ			_				lucational	and c	ulturai	
ø			to the community vareness of issues							neib	<b></b>		
Jan C		I alse av	areness or issue:	s will cit li li pac	r rije ecolion	iic de veiobii ie	ii oi iile	COIIIII	indinity_				
Activities & Governance	١,	Chook t	no boy N		logoatini od ita							• • • • • • • • • • • • • • • • • • • •	
ဖွ	2 3		his box ►if the of voting membe	-		•		ore in	an 25% (	or its net ass	1 .	1	2
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vitie	5		mber of individua	•	_		•	,	,		5		2
Acti	6		mber of volunteer			2010 (1 alt	V, III C 20	a)			6		25
•	7a		related business			umn (C), line 1	12				7a		0
	b		elated business ta				-				7E		0
	<u> </u>					<u></u>				Prior Year			Current Year
•	8	8 Contributions and grants (Part VIII, line 1h)								4	18,07	_	596,353
Revenue	9	9 Program service revenue (Part VIII, line 2g)									3,00	_	0
ě,	10								120			0	
	11	Other re	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  14  15  16  17  18  19  19  19  19  19  10  10  10  10  11  10  11  11									0	12,900
	12						line 12)			4	35,89	0	609,253
	13		and similar amour			• • • • • • • • • • • • • • • • • • • •							0
	14		paid to or for me										0
S	15		other compensatio				ies 5–10)				46,75	9	52,927
Expenses	16a		onal fundraising f										0
χ̈	_b	Total fur	ndraising expense	s (Part IX, co	lumn (D), line	-25) <b>▶</b>		00				_	
_	17	Other ex	openses (Part IX,	column (A), li	nes 11/a-11d	JUGE IV	En.	•			44,39	_	664,059
	18		penses Add lines				4ine:25)		<u> </u>		91,15		716,986
- ×	19	Revenu	e less expenses	Subtract line	7 7 7		012		Boguns	ning of Curre	44,73		-107,733 End of Year
ets o	20	Total as	sets (Part X, line	16)		MAI WO Z	012		Dağıııı		04,75		429,178
Ass 1 Bal	21	<b>T</b>		001		005	ف	έl			46,04		277,282
F Set	20 21 22	Net asse	ets or fund balanc	es Subtract I	ine 21=from±	ne ze EN		į			58,70		151,896
	rt II	Sig	nature Block			- 01	7 7	<u> j</u>	•	<del></del>		<u> </u>	101,000
			y, I declare that I have	examined this ref	turn, including ac	companying sche	dules and s	tateme	nts, and	to the best of	my kno	owledge	
and I	oelief, it i	s true, com	ect, and complete Dec	laration of prepare	er (other than off	icer) is based on a	ll informatio	on of w	hich prep	arer has any	knowle	edge	
Sig	n		Olnace	Jope	7/-		·					4/16/2	:012
Hei			Signature of officer	• •				_		Date	•		
			Genaro Lopez	4.44.	<del>-</del>			Exec	cutive D	rector			
		Pro	Type or print name and Type preparer's name	_	Prenarer	's signature			Date			<del></del>	PTIN
Pai	d	1	rype preparer s name	•	1 _	•	0.		Dai		Check		FUN
	parer	's Mar	ıa S Ayala		0,	100 g.	· Jac		4/	15/2012	self-er	mployed	1545433
	e Only		's name <b>&gt;</b>							Fırm's EIN	<u> </u>		
		Firm	's address ► 378 C	ounty Road 5	d 574, Castroville, TX 78009					Phone no (210) 373-7668			
May	the IF		s this return with				tions)						X Yes No
			iction Act Notice,				,						Form <b>990</b> (2010)
				<del>-</del>									· Orm OOO (2010)

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Form 9	90 (2010)	Centro Por La Justicia	74-27 <u>2071</u> 0	Page 2
Pai	rt III	Statement of Program Service Accomplishments		
	•	Check if Schedule O contains a response to any question in this Part III		
1	Briefly o	describe the organization's mission		
		as a fiscal agent to provide educational and cultural services to the community to		
		vareness of issues which impact economic development		
	14100 41			
2	Did the	organization undertake any significant program services during the year which were not listed on		
-		r Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O		
•				
3	service:	organization cease conducting, or make significant changes in how it conducts, any program	□ v	[V]
			∐ Yes	X No
		describe these changes on Schedule O		
4		e the exempt purpose achievements for each of the organization's three largest program services		
		501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amo	unt of grants and	i
	allocation	ons to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code	) (Expenses \$ 595,572 including grants of \$ 592,901 ) (Revenue	<b>\$</b>	0)
		s fiscal sponsorship to provide educational and cultural services to raise awareness of		
	issues v	vhich impact the economic development in the community		
4b	(Code	) (Expenses \$ 8,814 including grants of \$ 10,652 ) (Revenue	\$	0)
	Social f	0.4100		
		c and international community based organizations. The focus of the forum is to form		
	alliance	s that work together on environmental, youth, workers rights and immigration issues		
		•••••••••••••••••••••••••••••••••••••••		
4c	(Code	) (Expenses \$ 0 including grants of \$ 0 ) (Revenue		0)
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		•••••••••••••••••••••••••••••••••••••••		
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				•••••
			·	
4d		rogram services (Describe in Schedule O )		
	(Expens		0)	
40		rogram conside expenses b EOA 206		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
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		×
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	Ť		
	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, 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 term, permanent, or 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  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11a		
а	Schedule D, Part VI	- I I a		
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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	446		V
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b	$\vdash$	Х
	organization or entity located outside the United States? 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 assistance to individuals located outside the United States? 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 (see instructions)	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		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	"	$\vdash$	<u> </u>
.,	If "Yes," complete Schedule G, Part III	19		X
20a	and the second s	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form **990** (2010)

74-2720710

u	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	i		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States 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			v
04-	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 25	240		х
<b>.</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	Ì		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	l		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	İ	İ	
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200	$\dashv$	
_	Schedule L, Part IV	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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		X
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	32		
<b></b>	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, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Χ
а	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	ا مم ا		V
27	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 11 and			
-	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	$\mid \mathbf{x} \mid$	

	990 (2010) Centro Por La Justicia 74-272  rt V Statements Regarding Other IRS Filings and Tax Compliance	207 10		age :
	Check if Schedule O contains a response to any question in this Part V			$\Box$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>
0	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a		X
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
b	If "Yes," enter the name of the foreign country			Ĥ
-	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		Х
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<b>—</b>		
<b>b</b>	and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		X
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10	_	
·	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	<u> </u>		Ĥ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		<u> </u>	
_	organization, have excess business holdings at any time during the year?	8	ļ	X
9	Sponsoring organizations maintaining donor advised funds.		<del> </del>	
a b	Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		_
10	Section 501(c)(7) organizations. Enter	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	7		
11	Section 501(c)(12) organizations. Enter	7		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
	against amounts due or received from them )	<u> </u>		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	L_
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> -</u>		<b>├</b>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	₩-
<b>L</b>	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			
	ind organization to hoofied to local quantity fluits		1	1

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Enter the amount of reserves on hand

14a

13c

Form 99		720710		age 6
Par				
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan	ges in		
	Schedule O. See instructions			<del></del> -
	Check if Schedule O contains a response to any question in this Part VI			
<u>Secti</u>	on A. Governing Body and Management			
			Yes	No
	Enter the number of voting members of the governing body at the end of the tax year  1a	3		
	Enter the number of voting members included in line 1a, above, who are independent	<u> </u>		
	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?  Did the organization delegate control over management duties customarily performed by or under the direct	2	_	X
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		_X_
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	8b	Х	
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
	on B. Policies (This Section B requests information about policies not required by the Internal Revenue			_^_
	the months of th	<u>5000.7</u>	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990  Does the organization have a written conflict of interest policy? If "No," go to line 13	425	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12a		
	rise to conflicts?	12b	Х	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."	·		
	describe in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13		X
	Does the organization have a written document retention and destruction policy?	14	Χ	
	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?			
	The organization's CEO, Executive Director, or top management official	15a	Х	<del></del>
	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b		X
	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		X
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed   UT  Section 6104 continued to produce the mobile of Forms 1000 (continued to be filed)			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or available for public inspection. Indicate how you make these available. Check all that apply	אוץ)		
ſ	Own website Another's website X Upon request			
ւ 19	Open request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of intere	st		
	policy, and financial statements available to the public	Ji		
	State the name, physical address, and telephone number of the person who possesses the books and records of th	е		
	organization ► Marco Valdez (210) 222-			
	1416 E Commerce Street, San Antonio, TX 78205			

Form 990 (2010)	Centro Por La Justicia									74-27207	10 Page <b>7</b>
Part VII	Compensation of Officers, Dire		es, K	ey	En	nple	oyee	s, i	lighest Comp	ensated	
-	Employees, and Independent C										
	Check if Schedule O contains a re									<u> </u>	
Section A.	Officers, Directors, Trustees, Key I									<u>-</u>	
1a Complete organization's	this table for all persons required to be tax year	listed Report of	omp	ens	atıo	n fo	r the	cal	endar year endır	ng with or within	the
	of the organization's <b>current</b> officers, (							ıls c	or organizations)	, regardless of a	mount
	ion Enter -0- in columns (D), (E), and of the organization's <b>current</b> key empl					•		fini	han of "kay amn	lovoo "	
	organization's five <b>current</b> highest co										nplovee)
	reportable compensation (Box 5 of Fo										
-	and any related organizations										
	of the organization's <b>former</b> officers, k eportable compensation from the orga			-			•		d employees wh	no received more	e than
	of the organization's former directors										of the
-	more than \$10,000 of reportable comp			-				-	_		
	n the following order individual trustee employees, and former such persons		ารนน	tion	ai tr	ันรถ	ees, o	οπιο	ers, key employ	ees, nignest	
	s box if neither the organization nor ar		ızatıc	n c	oma	nen:	sated	an	v current officer	director or trust	tee
Oneok an	(A)	(B)				C)	-	un	(D)	(E)	(F)
	Name and Title	Average	Posit	ion (			that ap	ply)	Reportable	Reportable	Estimated
		hours per week	o la	Ins	Ī.,	ξ <sub>e</sub> y	e H	71	compensation from	compensation from related	amount of other
		(describe	Individual trustee or director	Institutional trustee	Office	em /	hest	Former	the	organizations	compensation
		related	ector	onal	-	employee	yee con	"	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		organizations in Schedule	stee	trust	Į	8	pen	l			and related organizations
		O)		6			Highest compensated employee				
(1) Ruben	Solis					-					
Executive Dire	ector	40	Х	L		X	X		32,000	0	5,808
(2) Nick Ch	narles	_			l.,						
President (3) Raul Vi	Harrool	2		-	X	├		-	0	0	0
Vice Presiden		2			x		1		0	o	0
(4) Robert					Ť	Г					
Secretary		2			X	L			0	0	0
<u>(5)</u>											
<u>(6)</u>									`		
(7)											
(8)		·							,		-
<u>(9)</u>										<del></del> _	
(10)						T		$\vdash$			
(11)						H		-			
(12)		_				-					
(13)						-		_			<del></del>
(14)						$\vdash$		$\vdash$			
(15)						$\vdash$		_			
		1	1	l .	1	ı	i	ı	I		I

(16)

Р	Section A. Officers, Directors, Tr	ustees, Key Er	mplo	yee:	s, a	nd	High	<u>est</u>	Compensated	Employee	s (co	ntınu	ed)	
	(A)	(B)	Posit	ion (d		C) k all	that ap	, nolv)	(D)	(E)		_	(F)	
	Name and title	Average hours per week (describe hours for related organizations in Schedule O)		Institutional trustee	Officer				Reportable compensation from the organization (W-2/1099-MISC)	Reportal compensa from rela organizati (W-2/1099-I	ation ted ions	con f org ar	stimate mount of other apensa rom the ganization d relate anization	of tion e on ed
(17)														
(18)														
<u>(19)</u>														
(20)														
(21)														
(22)														
(23)														
(24)	•••••	. ,						-						-
(25)														
(26)														
(27)									-					
(28)											-			
1b	Sub-total							•	32,000		0		5	,808
С	Total from continuation sheets to Part VII, \$	Section A						•	0		0			0
d	Total (add lines 1b and 1c)							<b>•</b>	32,000		0		5	,808
2	Total number of individuals (including but not li reportable compensation from the organization		isted			wh	o rec	eiv	ed more than \$1	00,000 in				
	reportable compensation from the organization	· · · · · · · · · · · · · · · · · · ·			0								Yes	Nο
3	Did the organization list any former officer, dir	ector or trustee	, key	emp	oloy	ee,	or hi	ghe	est compensated	]	ſ			
	employee on line 1a? If "Yes," complete Schee							•	·			3		X
4	For any individual listed on line 1a, is the sum								•					
	the organization and related organizations gre-	ater than \$150,0	0003	If "	Yes	, " c	omple	ete	Schedule J for s	uch				
_	Individual										}	4		<u> </u>
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "Y									aiviauai				X
Sec	tion B. Independent Contractors	,					<u> -</u>		····					
1	Complete this table for your five highest composition from the organization	ensated indeper	ndent	cor	ntra	ctor	s tha	t re	ceived more tha	n \$100,00	0 of			
	(A) Name and business add	ress							(B) Description of ser	vices	С	(C comper		
	NONE													0
	<del> </del>													0
														0
	<del>-</del>						-			+				0
2	Total number of independent contractors (inclumore than \$100,000 in compensation from the		inted t	o th	ose	list	ted al	bov	e) who received					

609,253

0

Total revenue. See instructions

#### 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	) but are not require	ea to complete coll	imns (B), (C), and (i	D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in				-
	the U.S. See Part IV, line 22	0	·		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	41,600		41,600	
8	Pension plan contributions (include section 401(k)				<u> </u>
	and section 403(b) employer contributions)	. 0			
9	Other employee benefits	8,145		8,145	
10	Payroll taxes	3,182		3,182	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
C	Accounting .	0			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	14,300		14,300	
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	.0			
16	Occupancy	35,510		35,510	
17	Travel	1,555		1,555	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	526		526	<u> </u>
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,833	0	1,000	0
23	Insurance	351		351	<del></del>
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f If				
	line 24f amount exceeds 10% of line 25, column			1	
	(A) amount, list line 24f expenses on Schedule O)				
а	Program service fees	604,386	604,386		
b	Miscellaneous	2,598		2,598	
C		0			
d		0			
e	All 11	0			
_ f	All other expenses	0	<u> </u>		
25	Total functional expenses. Add lines 1 through 24f	716,986	604,386	112,600	0
26	Joint costs. Check here ▶ ☐ if following				
	SOP 98-2 (ASC 958-720) Complete this line				
	only if the organization reported in column				
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation				

#### Net Assets or Fund Balances 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances

Total liabilities and net assets/fund balances

Form 990 (2010)

151,896

429,178

30

31

32

33

34

258,703

504,750

Form	990 (2010) Centro Por La Justicia	7	4-2720710	Paç	ge <b>12</b>
Par	t XI. Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>		Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		609	.253
2	Total expenses (must equal Part IX, column (A), line 25)	2			5,986
3	Revenue less expenses Subtract line 2 from line 1	3	_		7,733
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			3,703
5	Other changes in net assets or fund balances (explain in Schedule O)	5			926
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		151	,896
Pari	XII Financial Statements and Reporting				,000
	Check if Schedule O contains a response to any question in this Part XII			. [	
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in  Schedule O		100 miles		### ###:
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant?	of	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	l	**************************************		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both		47十年3年		
	X Separate basis		7年 15年 15年		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990/	(2010)

#### SCHEDULE A (Form 990 or 990-EZ)

## **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.

►See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Centro Por La Justicia

Employer identification number

74-2720710

Pa				<b>arity Status</b> (All org						Struction	15		
	o <u>rga</u> r		•	ation because it is (Fo		_		•	•				
1	Щ			ches, or association of			ed in <b>sec</b>	tion 170(	(b)(1)(A)(i	).			
2	$\square$	A school des	scribed in <b>sectio</b>	on 170(b)(1)(A)(ii). (At	tach Sch	edule E)							
3	Ш	A hospital or	a cooperative h	ospital service organiz	zation des	scribed in	section	170(b)(1)	(A)(iii).				
4		A medical re	search organiza	ition operated in conju	nction wit	h a hospi	tal descrit	oed in <b>se</b>	ction 170	(b)(1)(A)	(iii). En	ter the	
	_		me, city, and sta										
5	Ш			the benefit of a colleg (Complete Part II)	je or univ	ersity own	ed or ope	erated by	a governr	nental un	ıt descr	ibed	
6		A federal, st	ate, or local gove	ernment or governmer	ntal unit d	escribed i	n <b>sectio</b> i	n 170(b)(	1)(A)(v).				
7	X			y receives a substantia (1)(A)(vi). (Complete I		ts suppor	t from a g	overnmei	ntal unit o	r from the	genera	al publi	ıc
8	$\Box$			ın section 170(b)(1)(	•	omplete i	Part II)						
9	Ħ			y receives (1) more th			•	m contrib	utions. m	embershi	n fees	and or	oss
_	ш	_		d to its exempt function							•	_	
			_	nt income and unrelat				•		ax) from b	usines	ses	
10	$\Box$	-	~	after June 30, 1975		•		•	•	4			
10	H	-	-	nd operated exclusive	•	•	•			•			
11	Ш	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 that describes the type of supporting organization and complete lines 11e through 11h											
		a Type	_	Type II c	_	III–Func		=			ype III	_Other	
е	П			that the organization	_ ·		•	•	ov one or				
	_			n managers and other									on
			section 509(a)(2	<del>-</del>			. ,		J				
f		If the organiz	zation received a	written determination	from the	IRS that	ıt ıs a Typ	e I, Type	II, or Type	e III suppe	orting		
		•	, check this box										
g		_		the organization accer	oted any g	gift or conf	tribution fi	rom any c	of the				
		following per (i) A pers		or indirectly controls, e	outhor alor	o or togo	thorwath		laaambad	· · · · · · ·		V 7	NI-
			_	erning body of the su		_		persons c	iescribed	III (II)	11g(ı)	Yes	No
		-		person described in (i)	•	gamzano	•••				11g(ii)		
				y of a person describe		(II) above	?				11g(iii)		
h		Provide the t	following informa	tion about the suppor	ted organ	ization(s)							
(i)		of supported	(ii) EIN	(iii) Type of organization		organization	, , ,	ou notify		s the	(vii)	Amoun	t of
	orga	anızatıon		(described on lines 1–9 above or IRC section		sted in your document?	_	nization in of your	organızar (i) organı	zed in the		support	
		(see instructions)) support? US?											
<i>,</i> ,,,				(see instructions))					<del></del>	S ?	Į		
ιΔι		<del></del>		(see instructions))	Yes	No	Yes	No No	Yes	No			
(A)				(see instructions))	Yes	No			<del></del>				
(A) (B)				(see instructions))	Yes	No			<del></del>			_	0
(B)				(see instructions))	Yes	No			<del></del>				0
				(see instructions))	Yes	No			<del></del>				0
(B)				(see instructions))	Yes	No			<del></del>				
(B) (C) (D)				(see instructions))	Yes	No			<del></del>				0
(B)				(see instructions))	Yes	No			<del></del>				0

18

instructions

Sched	ule A (Form 990 or 990-EZ) 2010 Centro Por La	Justicia				74-2720710	0Page <b>2</b>
Par							
	(Complete only if you checked the	box on line 5	, 7, or 8 of Pa	art I or if the o	rganization fa	uled to qualify	under
	Part III If the organization fails to	qualify under	the tests liste	d below, plea	se complete l	Part III)	
	ion A. Public Support	,					
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants")	430,244	246,100	294,230	418,070	596,353	1,984,997
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on	!					
	ıts behalf					3,120	3,120
3	The value of services or facilities						
	furnished by a governmental unit to the						_
	organization without charge	420.244	246 400	204 220	440.070	500 470	0
4	Total. Add lines 1 through 3	430,244	246,100	294,230	418,070	599,473	1,988,117
5	The portion of total contributions by each						
	person (other than a governmental unit or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						1,988,117
Sect	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	430,244	246,100	294,230	418,070	599,473	1,988,117
8	Gross income from interest, dividends,		,	,	,		<u> </u>
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	18,345	19,304	27,849	14,700	12,900	93,098
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income Do not include gain or						
	loss from the sale of capital assets						•
4.4	(Explain in Part IV) <b>Total support.</b> Add lines 7 through 10			T. MINISTER	排制	Prin prints	0 004 045
11 12	Gross receipts from related activities, etc. (s			THE PERSON NAMED IN	和的中国第一次 5. 17年:	12	2,081,215 3,120
13	First five years. If the Form 990 is for the o			rd fourth or fift	h tay vear as a		
	organization, check this box and <b>stop here</b>		ot, occorra, triii	u, 10u1ti1, 01 mit	ii tux yeur ue u		▶□
Sect	ion C. Computation of Public Support						
14	Public support percentage for 2010 (line 6,		ed by line 11 o	column (f))		14	95 53%
15	Public support percentage from 2009 Sched	` '		ocidiiii (i))		15	0 00%
16a	33 1/3% support test-2010. If the organiza			line 13, and line	e 14 is 33 1/3%		
	and stop here. The organization qualifies a					•	▶X
b	33 1/3% support test-2009. If the organiza	ition did not che	ck a box on lin	ne 13 or 16a, ar	nd line 15 is 33	1/3% or more,	check this
	box and stop here. The organization qualifi	es as a publicly	supported org	anization			▶ □
17a	10%-facts-and-circumstances test-2010.	If the organization	tion did not che	eck a box on lin	e 13, 16a, or 1	6b, and line 14	
	is 10% or more, and if the organization mee	ts the "facts-an	d-circumstance	es" test, check	this box and s	top here. Expla	ain in
	Part IV how the organization meets the "fac						
	organization						▶□
b	10%-facts-and-circumstances test-2009.						
	15 is 10% or more, and if the organization n						xplain in
	Part IV how the organization meets the "fac	ts-and-circumst	ances" test Th	ne organization	qualifies as a	publicly	
	supported organization						▶[]

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization falls to quality ut	naer the tests	listed below,	please comp	iete Part II )	<del></del>	
	tion A. Public Support	(-) 0000	41.0007	( ) 0000	4.0.000	(-) 2040	
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge		·				0
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)						0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			0			0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
с 11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether	0	0	0	0	0	0
12	or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the organization, check this box and stop here	ition's first, secor	nd, third, fourth, o	or fifth tax year a	s a section 501(	c)(3)	▶□
	tion C. Computation of Public Support						
15	Public support percentage for 2010 (line 8, column		e 13, column (f))			15	0 00%
16	Public support percentage from 2009 Schedule A,					16	0 00%
	tion D. Computation of Investment Inco				<del></del>	· · · · · · · · · · · · · · · · · · ·	
17 18 19a	Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2009 Schedule A, Part III, line 17 33 1/3% support tests-2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%					17 18	0 00%
b	not more than 33 1/3%, check this box and <b>stop</b> he 33 1/3% support tests-2009. If the organization d	e <b>re.</b> The organization of the contract of the	ation qualifies as ox on line 14 or li	a publicly suppo ne 19a, and line	orted organizatio 16 is more than	n 33 1/3% and	<b>▶</b> □
	line 18 is not more than 33 1/3%, check this box an		=				▶∐
20	Private foundation. If the organization did not che	ck a box on line	14, 19a, or 19b,	check this box a	nd see instructio	ns	▶L

Schedule A (Form.	990 or 990-EZ) 2010	Centro Por La Justicia	74-2720710	Page 4
Part IV	Supplemental	Information. Complete this part to provide the explanations required	by Part II, line	∋ 10,
•	Part II line 17a	or 17b, and Part III, line 12 Also complete this part for any additional	information	(See
	instructions)	or the and the me the rate of the part for any additional		(555
<del></del>	instructions)			
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#### **SCHEDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

**Employer identification number** 

Centro Por La Justicia	<u> 74-2720710                                 </u>
Form 990 Part Part IV Section B Line 11b Draft of 990 is e-mailed or delivered to board	
members before it is submitted	
Form 990 Part Part IV Section B Line 12b Board members and staff are required to sign a	
conflict of interest form in January every year	
Form 990 Part Part IV Section B Line 15a For salary compensation, board uses comparative	
salary schedule from the local nonprofit sector	
Form 990 Part Part XI Line 5 Adjusting entry	
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Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization	Employer identification number
Centro Por La Justicia	74-2720710
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