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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 Code (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 2012

Open to Public Inspection

For the 2012 calendar year, or tax year beginning January 1 2012, and ending December 31 20 12 D Employer identification number C Name of organization Centro Por La Justicia Check if applicable Doing Business As Address change 74-2720710 Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite Name change Initial return 1416 E. Commerce 210-222-1704 City, town or post office, state, and ZIP code Terminated Amended return San Antonio, Texas, 78205 G Gross receipts \$ F Name and address of principal officer H(a) Is this a group return for affiliates? Yes No Application pending Genaro Lopez 506 Vanderbilt San Antonio, TX 78210 H(b) Are all affiliates included? Yes No 501(c)(3) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list (see instructions) Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation M State of legal domicile ΤX Part I Briefly describe the organization's mission or most significant activities: Provides educational and cultural struces to the community through community forums, newsletters, and symposiums to help raise awareness of issues which impact the Activities & Governance economic development of the community. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 3 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 13 Total number of volunteers (estimate if necessary) 6 6 25 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) . 463082 637052 9 Program service revenue (Part VIII, line 2g) 21645 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 10 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 4600 13225 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 489327 650277 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 13 142129 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 48772 143445 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 359798 343810 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 408570 629384 Revenue less expenses. Subtract line 18 from line 12 80757 20892 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 510523 533559 21 Total liabilities (Part X, line 26) . . 277871 279248 22 Net assets or fund balances. Subtract line 21 from line 20. 232652 254311 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all unformation of which preparer has any knowledge တွ် Sign Date OGDEN. Here Oenaro Type or print name and title Date Print/Type preparer's name Preparer's signature Check | if Paid self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) ີ Yes ⊡ No

Form 990 (2012)

Form 99	90 (2012)	Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	<u> </u>
	Serve as a fiscal agent to provide educational and cultural services to the community to raise awareness of issues which impact	
	economic development.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?] No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?] No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of the total expenses, and revenue, if any, for each program service reported.	ed by thers
4a	(Code:) (Expenses \$ 300,061 including grants of \$ 307615) (Revenue \$)	
	Healthy Communities - Mobilize low income and people of color communities toward the realization of clean environments, health	
	communities, and revitalized neighborhoods in San Antonio, TX and South Texas. With over 600 families as members the program addresses issues such as hazardous waste sites, climate change and healthy family environments.	m
4b	(Code:) (Expenses \$131,014 including grants of \$130,000) (Revenue \$)	
	Civic Engagement - Works towards educating low income communities to increase participation in the political process. The focuto bring community members into the electoral process by increasing involvement in non-partisan voter education and turn out	ıs is
	voters to the poles.	
4c	(Code:) (Expenses \$ 78,152 including grants of \$ 100,000) (Revenue \$)	
70	Alliance Program - Build sustainable bridge between the Latino and African-American communities by establishing alliances	
	with other non-profits in New Mexico, Texas and Mississippi that work with the same economic issues in the communities.	
4d	Other program services (Describe in Schedule O.)	·
40	(Expenses \$ 42720 including grants of \$ 40375) (Revenue \$) Total program service expenses \$ 551047	

Part	V Checklist of Required Schedules		_	
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Γ		_
	complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		<u> </u>	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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		✓
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	l	1
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		✓
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	_8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Market Print alle	✓
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			
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a	✓	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	TID		٧
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ĺ	✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	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		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			√
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		· ·
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	ا ا		√
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		_
. •	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	⊢"⊢		-
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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?			
	If "Yes," complete Schedule G, Part III	19		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		\
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 99	0 (2012)		ı	Page 4
Part	Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
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		/
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		√
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	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		, ,
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		√
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		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		i

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

19? Note. All Form 990 filers are required to complete Schedule O .

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

37

38

Part				
•	' Check if Schedule O contains a response to any question in this Part V	<u> </u>		
10	Setable and because and also Bank of Second 2000 Setable 2017 and 18 and		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 13 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	{		
Ŭ	reportable gaming (gambling) winnings to prize winners?	1c	-	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u> </u>	V	├—
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		_	<u> </u>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		7
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	-		
	See instructions for filing requirements for 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_		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
	gifts were not tax deductible?	6ь		1
7	Organizations that may receive deductible contributions under section 170(c).	00		<u> </u>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-	. '-	٠.
	and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Ť
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		;	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		\
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		\
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			✓
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		7
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		-	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	l I		
100	against amounts due or received from them.)	40-		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	7	√
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.		۱ -	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
a	Note. See the instructions for additional information the organization must report on Schedule O.	ısa		V
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14h	\neg	

Form	aan	(2012)	

Part	, o i , and a control of the control	and	for a	"No"
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response to any question in this Part VI	See in	struct	ions. . [7]
Secti	ion A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a		Yes	No
Id	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 in Schedule O.			
b 2	Enter the number of voting members included in line 1a, above, who are independent. 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?			
3	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	2		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	1
6	Did the organization have members or stockholders?	6		1
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		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		, .,	,
a	The governing body?	8a	/	
9	Each committee with authority to act on behalf of the governing body?	8b	-	├—
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	, -	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	 ,
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	√	_
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13		-
14 15	Did the organization have a written document retention and destruction policy? 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?	14	✓	,
а	The organization's CEO, Executive Director, or top management official	15a	<u>√</u>	
b	Other officers or key employees of the organization	15b		1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			,
	with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed UT Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f intei	est p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	Organization: Marco Voldor 1416 F. Commoros Son Antonio, TV 70205 210 222 1704			

Form	990	(2012)	

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employe	es, and
•	Independent Contractors	·

Check if Schedule O contains a response to any question 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

Check this box if neither the organization no	r any relate	d org	anız	atıc	on c	ompe	nsa	ited any curren	it officer, director	r, or trustee.	
					C)						
(A)	(B)	(B)			ition			(D)	(E)	(F)	
Name and Title	Average hours per week (list any	box, office	unles er an	s pe d a d	ck more than one person is both an a director/trustee)			Reportable compensation from	Reportable compensation from related	Estimated	
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Genaro Lopez	40										
Executive Director		✓			✓			11161	0	4549	
(2) Nick Charles	2		ł								
President				✓							
(3) Raul Villareal	2										
Vice President				✓							
(4) Robert Alvarado	2										
Secretary				✓	L						
(5)											
(6)						-					
(7)											
(8)								,			
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											

Par	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees	s, a	nd F	lighe	st C	ompensated E	mployees	(continue	ed)	<u>_</u>	ugo C
•	(A) Name and title	(B) Average	(do n	ot ch	Pos neck	C) ition more	e than o	one	(D) Reportable	(E) Reportal			(F)	
		hours per week (list any hours for related organizations below dotted line)	office or directo				Highest compensated or true employee		compensation from the organization (W-2/1099-MISC)	compensation related organization (W-2/1099-1	n from I ons	amo comp fro orga and	ount of ther ensation m the nization related nizations	
(15)							<u> </u>	-						
(16)								-						
(17)														
(18)														
(19)								_						
(20)												-		_
(21)														
(22)														
(23)													-	
(24)												<u> </u>		
(25)												_		
1b c	Sub-total	-			•		•	▶ `	11161			·		4549
d 2	Total (add lines 1b and 1c)	not limited				ed a	above	e) w	ho received mo	ore than \$1	00,000 d	of		4549
3	Did the organization list any former of employee on line 1a? <i>If</i> "Yes," complete 3	ficer, direct										3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater tha	an \$1	50,0	000	? 11	"Yes	s, "	complete Sch			4	,	· ·
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co	mper	ısat	ion	fror	n any	un	related organiz	ation or inc	dividual	5		<u> </u>
Section	on B. Independent Contractors		' -						<u> </u>			1. 5		<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear.													×
	(A) Name and business add	ress							(B) Description of se	ervices	C	(C) ompens	ation	
														<u> </u>
	Total number of independent contracto	rs (includin	a bu	t no	ot li	mit	ed to	th	ose listed abo	we) who				
_	received more than \$100,000 of compens							, ,,11	use nsieu aut	WE) WITH				

Par	t VIII	Statement of Revenue				_
	`	Check if Schedule O contains a response to any qui	estion in this Part V (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax
<u>ω</u> ω	1a	Federated campaigns 1a		revenue	 	512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 .		의			
ဖွဲ့ ရှိ	b	· · · · · · · · · · · · · · · · · · ·	0			
fts,	C	Fundraising events 1c	0			
يَّةِ يَق	d	Related organizations 1d	0			
Sir	e f	Government grants (contributions) 1e All other contributions, gifts, grants,	의			
ig je	'	and aimiler amounts not included about				
윤충	_	and similar amounts not included above 11f 63705 Noncash contributions included in lines 1a-1f \$	52		į	
o D	9					
<u>a</u>	h	Total. Add lines 1a-1f	001002			
ā	2a	Dusiness odde	·			
ě	b					
9			-			
ž	d					
Š	e					
Jrar	f	All other program service revenue .				
Program Service Revenue	g	Total. Add lines 2a–2f	637052	 	<u> </u>	
	3	Investment income (including dividends, interest			<u> </u>	<u> </u>
		and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents				
	ь	Less rental expenses	┥.			
	c		0			
	d	Net rental income or (loss)	13225			
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 0	o			
	b	Less: cost or other basis	*			
			<u>o</u>			
	С	Gain or (loss) 0	0			
	d	Net gain or (loss)	0			
enne	8a	Gross income from fundraising events (not including \$				
Other Reve		of contributions reported on line 1c).	0			
#	b	Less: direct expenses b				
	С	Net income or (loss) from fundraising events . ▶	0			
	9a	Gross income from gaming activities. See Part IV, line 19	0			
	b	Less: direct expenses b				
	С	Net income or (loss) from gaming activities	0		,	
	10a	Gross sales of inventory, less				
		returns and allowances a	0			
	b	Less: cost of goods sold b		- · · · · · · · · · · · · · · · · · · ·		
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code	_			
	11a					
	b					
	С					<u> </u>
	d	All other revenue	+ +			<u> </u>
	e e	Total. Add lines 11a–11d	0			
	12	Total revenue See instructions	1 00000		1	ı

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete co	lumn (A).
•	Check if Schedule O contains a respon	se to any question	in this Part IX		🗆
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	141529	141529		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	600	600		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	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	0	26116	0
7 8	Other salaries and wages	107498	76200	0	5182
9	Other employee benefits	1708	1708	0	0
10	Payroll taxes	24442 9797	13486 6942	8933 2381	2023
11	Fees for services (non-employees).	3/3/	0942	2301	474
а	Management	71941	71941	o	0
b	Legal [2500	0	2500	0
С	Accounting	2500	0	2500	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0	. * . * . / * / * * * *	el	0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	400	0	400	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	11623	11623	0	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16 17	Occupancy	32689	13287	19402	0
18	Travel	21797	19867	0	1930
19	Conferences, conventions, and meetings	6544	6544	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	5596	0	5596	0
23	Insurance	0	0	0	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If	1	, Hez.	, ,	4
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				'
a	Program Fees	177000	177000	0	0
b	Program Expenses	11220	11220	0	0
c d					
u e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	629384	551947	67828	9609
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)	023384	55 1847	0/828	9609

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part >	(🗆
•			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	98534	1	127254
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4736	4	2896
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
S	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
šet	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	·	8	
`	9	Prepaid expenses and deferred charges	-·· <u>-</u>	9	
	10a	Land, buildings, and equipment: cost or		-	-
		other basis. Complete Part VI of Schedule D 10a 447895			
	b	Less: accumulated depreciation 10b 44486	407253	10c	403409
	11	Investments—publicly traded securities	40/233	11	403403
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	510523	16	533559
_	17	Accounts payable and accrued expenses	6159		7536
	18	Grants payable	0100	18	7,000
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	-
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ß	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties	271712	23	271712
	24	Unsecured notes and loans payable to unrelated third parties	27.77.2	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	277871	26	279248
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	232653	27	254311
3al	28	Temporarily restricted net assets		28	
μ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ne.	33	Total net assets or fund balances	232653	33	254311
_	34	Total liabilities and net assets/fund balances	510524	34	533559
					Form 990 (2012)

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 in

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

the Single Audit Act and OMB Circular A-133?...........

Schedule O.

2c

3a

Form **990** (2012)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Centro Por La Justicia 74-2720710 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 11, 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.) 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. **b** Type II **c** Type III–Functionally integrated **d** ☐ Type III–Non-functionally integrated e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting . . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the a (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? 11g(iı) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ni) Provide the following information about the supported organization(s). (i) Name of supported (II) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vir) Amount of monetary (described on lines 1-9 in col (i) listed in your the organization in col (i) of your organization in col organization support governing document? above or IRC section (i) organized in the support? (see instructions)) Yes No Yes Yes (A) (B) (C) (D)

(E)

Total

Part							
	 (Complete only if you checked the Part III. If the organization fails to 						ality under
Secti	on A. Public Support	g quality unde	i the tests ha	ited below, pi	lease comple	te Fait III.)	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	(4) 2000	_ (3) 2000	(0) 2010	(4) 2011	(0) 2012	(i) Total
•	membership fees received. (Do not						
	ınclude any "unusual grants.")	294,230	418,070	596,353	463,082	637,052	2,408,787
2	Tax revenues levied for the		110,010	200,000	,00,002	507,002	2,100,101
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the	ļ					
	organization without charge						
4	Total. Add lines 1 through 3	294,230	418,070	596,353	463,082	637,052	2,408,787
5	The portion of total contributions by	ś					
	each person (other than a		,				
	governmental unit or publicly					Ì	
	supported organization) included on	8 5 14	, .				
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						
6 Socti	Public support. Subtract line 5 from line 4. on B. Total Support	·			*	<u> </u>	2,407,787
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	294,230	418,070	596,353	463,082	637,052	2,408,787
8	Gross income from interest, dividends,	294,230	410,070	390,333	403,002	037,032	2,408,787
0	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	27,649	14,700	12,900	4,800	13,225	73,274
9	Net income from unrelated business			,000	.,000	10/220	70,271
	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 IV.)						2,482,061
11	Total support. Add lines 7 through 10	•			-'		
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	-		d, third, fourth,	, or fifth tax ye	ear as a sectioi	1 501(c)(3)
	organization, check this box and stop he					· · · · ·	<u>···▶</u> ∐
	on C. Computation of Public Suppor			4 (0)			
14	Public support percentage for 2012 (line 6	• •	· ·			14	97 %
15 160	Public support percentage from 2011 Sch 331/3% support test—2012. If the organization			 on line 13 and		15 not more of	96 %
16a	box and stop here. The organization qua					376 OF HIOTE, CI	. > 7
b	331/3% support test—2011. If the organ			_		15 is 33½% (
-	check this box and stop here. The organi						. > 🗆
17a	10%-facts-and-circumstances test — 20						
	10% or more, and if the organization me						
	Part IV how the organization meets the "f			t. The organiza	ation qualifies a	as a publicly su	
	organization						. • 📗
b	10%-facts-and-circumstances test – 20						
	15 is 10% or more, and if the organization m						
	Explain in Part IV how the organization m supported organization		-and-circumst 		=	ıı qualilles as a	` -
18	Private foundation. If the organization di					k this hoveand o	. - []
	ata isantaanon n ano organizadon di	oon a i			, , 011001	box and i	

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.)

Socti	on A. Public Support	under the te	sis listed beit	ow, please co	ompiete Part	11.)	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Calen	Gifts, grants, contributions, and membership fees	(4) 2000	(6) 2009	(6) 2010	(4) 2011	(6) 2012	(f) Total
•	received. (Do not include any "unusual grants.")			•		ł	
2	Gross receipts from admissions, merchandise				 		
	sold or services performed, or facilities				1		
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513		ľ		1		}
4	Tax revenues levied for the						
	organization's benefit and either paid					İ	
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the		İ		1	1	
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .				ļ		
b	Amounts included on lines 2 and 3						
	received from other than disqualified				1		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year				<u> </u>		
_	Add lines 7a and 7b	, T., p	2		<u> </u>		
8	line 6.)	اسم د -			ļ	ļ	
Socti	on B. Total Support				<u> </u>		
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(2) 2000	(b) 2009	(6) 2010	(u) 2011	(6) 2012	(i) Total
10a	Gross income from interest, dividends,						
100	payments received on securities loans, rents,						
	royalties and income from similar sources .					İ	
b	Unrelated business taxable income (less		,				
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether					 	
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)				ļ	ļ	<u> </u>
13	Total support. (Add lines 9, 10c, 11, and 12)						
4.4	and 12)		'a first sees	d Alband Country	au fifth tox ii		= F01(a)(0)
14	First five years. If the Form 990 is for the organization, check this box and stop he						
Socti	on C. Computation of Public Suppor				<u> </u>		· · · L
15	Public support percentage for 2012 (line 8			3 column (fl)		15	%
16	Public support percentage from 2011 Sch		-			16	/8
	on D. Computation of Investment In			<u>·- · · · · · · · · · · · · · · · · · · </u>	<u> </u>		
17	Investment income percentage for 2012 (y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2011					18	%
19a	331/3% support tests-2012. If the organ					nore than 331/30	%, and line
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as	a publicly supp	orted organizat	ion . 🕨 📋
b	331/3% support tests—2011. If the organiz						
	line 18 is not more than 331/3%, check this		_				_
20	Private foundation. If the organization di	d not check a	hoy on line 14	19a or 19h /	check this how	and see instru	ctions 🕨 🗀

	Form 990 or 990-EZ) 2012	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).	
		_
<u> </u>		
		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) . . Aggregate grants from (during year) . . . 3 Aggregate value at end of year . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 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 ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 • If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X . . .

Schedule D	/F	000	2012
Scriedule D	LEGITII	9901	2012

Par								
. 3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, chec	k any of th	ne follo	wing that are a s	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchan	ge proc	rams	
b	Scholarly research		е	Othe		J , .J	-	
C	Preservation for future generations		•					
4	Provide a description of the organizat		and avail	ain how t	hov further	the or	anuzation'a avar	nnt nurnasa in Davi
~	XIII.	ion a conections	and expi	alli llow i	ney luitilei	me or	gariization 5 exer	npi purpose in Part
_		. 1 .						
5	During the year, did the organization						•	
	assets to be sold to raise funds rather			-				
Par	line 9, or reported an amoun	t on Form 990,	Part X, I	ine 21.				,
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or ot	her interr	nediary fo	or contribu	tions o	other assets n	ot Yes No
b	If "Yes," explain the arrangement in Pa	art XIII and comp	lete the fo	ollowing to	able:	_	<u> </u>	mount
	Paginging balance					-		
C	Beginning balance					10		
d	Additions during the year					10		
е	Distributions during the year					16		
f	Ending balance					11	<u> </u>	
2a	Did the organization include an amour							🗌 Yes 🔲 No
<u>b</u>	If "Yes," explain the arrangement in Pa							
Par	Endowment Funds. Comple	ete if the organi	zation a	nswered	"Yes" to I	Form 9	90, Part IV, line	10.
		(a) Current year	(b) Pr	or year	(c) Two yea	rs back	(d) Three years bac	(e) Four years back
1a	Beginning of year balance							
b	Contributions		1					
c	Net investment earnings, gains, and		-					
ŭ	losses							
			-					
d	Grants or scholarships							<u> </u>
е	Other expenditures for facilities and							
	programs		<u> </u>					
f	Administrative expenses [
g	End of year balance							-
2	Provide the estimated percentage of the	he current year e	nd baland	e (line 1g	, column (a	i)) held	as:	
а	Board designated or quasi-endowmer	-	%	` •	,	,,		
b	Permanent endowment ▶	%						
c	Temporarily restricted endowment ▶	^~						
·	The percentages in lines 2a, 2b, and 2		0004					
20	Are there endowment funds not in the			zation the	at are held	and ad	ministered for th	_
Sa		possession or t	ne organi	zalion in	at are rielu	anu au	ministered for th	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(II), are the related organi						<i></i>	3b
4	Describe in Part XIII the intended uses							
Part	VI Land, Buildings, and Equip	ment. See Forr	n 990, P	art X, line	e 10.		_	
	Description of property	(a) Cost or o		1 ' '	r other basis ther)		Accumulated epreciation	(d) Book value
1a	Land				237,370			237,370
b	Buildings			†	209,198	***************************************	44,508	164,690
c	Leasehold improvements	· -		 	203, 130		44,300	104,090
-	_	' 		 	4 700		4 700	
d	a.i. '	· -			1,730	-	1,730	
<u>e</u>	_ · · ·		200 0 1	<u> </u>	(0) / 11	27-11		
ı otal.	Add lines 1a through 1e. (Column (d) m	iust equal ⊢orm 9	990, Part	x, column	(<i>B), line 10</i>	J(C).)	<u> </u>	402,060

Part VII	Investments - Other Securities	. See Form 990, Part X,	line 12.	
, (2	Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year n	
(1) Financia				
(2) Closely-I	neld equity interests			
(3) Other		<u></u> -		
(A)				·
(B)				
(C)				
(D)				
(E)	· · · · · · · · · · · · · · · · · · ·			
(F) (G)	····			
(H)				
<u>(I)</u>				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related	See Form 990 Part X	line 13	
	(a) Description of investment type	(b) Book value	(c) Method of val	luation
	ta) becomplied of investment type	(b) Book value	Cost or end-of-year m	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				 - ·
(9)			-	
(10)	b) must equal Form 990, Part X, col. (B) line 13.)		-	
Part IX	Other Assets. See Form 990, Pa	rt X. line 15.		<u>. </u>
) Description		(b) Book value
(1)				
(2)				· · · · · · · · · · · · · · · · · · ·
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	(1) 100 De 17	(D) to - 45 \		
	mn (b) must equal Form 990, Part X, co		<u>. , , , , , , , ▶</u>	
Part X	Other Liabilities. See Form 990, (a) Description of liability	(b) Book value	Ţ".	
	Income taxes	(b) Book value	-	
(2)	income taxes		1	
(3)			1	
(4)			1	
(5)		<u> </u>	1	
(6)			1	
(7)			1	
(8)			1	
(9)			1	
(10)			1	
(11)			1	
	b) must equal Form 990, Part X, col. (B) line 25)		1	
2. FIN 48 (AS	C 740) Footnote. In Part XIII, provide the t			
	ncertain tax positions under FIN 48 (ASC 7			

	Reconciliation of Revenue per Audited Financial Statements With Revenue per Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	 '	
ì	Net unrealized gains on investments		
)	Donated services and use of facilities	┨	
	Recoveries of prior year grants	1	
	Other (Describe in Part XIII.)	1	
	Add lines 2a through 2d	2e	-
	Subtract line 2e from line 1	3	
	Amounts included on Form 990. Part VIII. line 12, but not on line 1:	<u> </u>	
	, , , , , , , , , , , , , , , , , , , ,	ĺ	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1	
		 _	_
	Add lines 4a and 4b	4c	
		5	
L	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		1
	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
	Donated services and use of facilities	1	
	Prior year adjustments	-	
	Other losses	-	
	Other (Describe in Part XIII.)	 	- '
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	Ι.	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1 :	
	Other (Describe in Part XIII.)	ļ	_
	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	<u> </u>
	XIII Supplemental Information		
	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P		
	line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to	pro	vide any additio
n	ation.		
-			

Schedule D (Fo	Supplemental Information (continued)	Page 5
Part XIII	Supplemental Information (continued)	
•		
·		
_		
	•	
 		
<u> </u>		
-		
		
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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2	Public
20	Dpen to

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, **%** □ (h) Purpose of grant or assistance **Employer identification number** Charitable Work **Charitable Work** ✓ Yes 74-2720710 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (e) Amount of non- (f) Method of valuation (book, FMV, appraisal, cash assistance other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant 70,000 70,000 Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 85-0368743 64-0819311 (p) EIN (2) Southern Echo 1350 Livingston 1 (a) Name and address of organization or government (1) SWOP 21110th St SW Lane, Jackson MS. 39213 Albuquerque, NM 87102 Centro Por La Justicia Part Part II 3 (4) 9 10 12 (6) ଉ 2 <u>®</u>

Schedule I (Form 990) (2012)

Cat No 50055P

Schedule I (Fo	Schedule I (Form 990) (2012)
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

ssistance								lal
(f) Description of non-cash assistance								Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
(f) Description								nd any oth
								ımı (b), ar
(e) Method of valuation (book, FMV, appraisal, other)								art III, colu
(e) Method FMV,								, line 2, P
(d) Amount of non-cash assistance								d in Part I
(d) An non-cash								on require
(c) Amount of cash grant								informatio
(c) Am								ovide the
(b) Number of recipients			:					oart to pro
(a)								lete this p
								л. Сотр
assistance								nformatic
(a) Type of grant or assistance								mental Ir tion.
(a) Typ.								Supplement Information.
	-	8	ဗ	4	2	9	7	Part IV

The Grants are monitored by reports made by the grantee. They are done for the period of one year, which is the time frame used for the grant. The period of the grant is from May 1st

2012 thru April 30 2013. They will then be reviewed by the Director and Board for approval.

Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Employer identification number

OMB No 1545-0047

Open to Public Inspection

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.

Centro Por La Justicia	74-2720710
Form 990 Part IV Section B Line 11b	
Draft of 990 is e-mailed or delivered to Board Members before it is submitted.	
Form 990 Part IV Section B Line 12b	
Board Members and staff required to sign a conflict of interest form in January every year.	
Form 990 Part IV Section B Line 15a	
For salary compensation board uses comparitive salary schedule from the local non-profit sector.	
Form 990 Part III Line 4d	
Workers' Rights - Build sustainable communities by addressing issues on employee benefits living way	ges.
Work Closely with organizations involved in workers rights. Provide guidance and support for members	S
when involved in labor grievences, disputes, and hearings.	

Schedule O (Form 990 or 990-EZ) (2012)	
Name of the organization	Employer identification number
•	
•	
	
	
	
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