

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

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury

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

▶ Do not enter Social Security numbers on this form as it may be made public.

Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning 2013, and ending 20 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) Room/suite E Telephone number Name change Initial return 210-222-1704 1416 E. Commerce City or town, state or province, country, and ZIP or foreign postal code Terminated G Gross receipts \$ San Antonio, Texas, USA, 78205 Amended return 835,802 F Name and address of principal officer H(a) Is this a group return for subordinates? Yes Application pending H(b) Are all subordinates included? Yes No. 9443 Somerset Road, San Antonio, TX 78211 If "No," attach a list (see instructions)) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status 501(c)(3) 501(c) (Website: ▶ H(c) Group exemption number ▶ Form of organization Corporation Trust Association ☐ Other ► L Year of formation 1994 M State of legal domicile TX Summary Part I Briefly describe the organization's mission or most significant activities: Provides educational and cultural srvices 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. 2 Number of voting members of the governing body (Part VI, line 1a). 3 Number of independent voting members of the governing body (Part VI, line 1b) 3 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 11 6 Total number of volunteers (estimate if necessary) 6 25 Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) . 637,052 825,932 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 0 SCANNED SEP 0 9 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 13225 9,870 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 650,277 835,802 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 13 142,129 150,305 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) 143,445 310,456 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 343,810 389,778 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 629,384 850,539 Revenue less expenses. Subtract line 18 from line 12 20.892 (14,737) End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 533,559 522,600 21 Total liabilities (Part X, line 26) . . . 279.248 11,655 22 Net assets or fund balances. Subtract line 21 from line 20 510,945 Signature Block accompanying schedules ıncludina Under penalties of perjury, I declare that I have examined this retiging and statements, and to the best of my knowledge and belief, it is Ch preparer has any knowledge true, correct, and complete Declaration of preparer (other than officer) is based on all information of Sign ire of officer Here Diana Type or print name and title Print/Type preparer's name Date Preparer's signature Check I 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

For Paperwork Reduction Act Notice, see the separate instructions.

617

Form **990** (2013)

Gi

Form 95	90 (2013) Pag	је 2
Part		
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	Serve as a fiscal agent to provide educational and cultural services to the community to raise awareness of issues which impact	
	economic development.	
	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	ın
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	lo
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	∍rs,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$258,896 including grants of \$258,903) (Revenue \$7)	
	Healthy Communities - Mobilize low income and people of color communities toward the realization of clean environments, healthy	
	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.	
		
4b	(Code:) (Expenses \$83,471 including grants of \$82,143) (Revenue \$(1,328))	
	Civic Engagement - Works towards educating low income communities to increase participation in the political process. The focus	is
	to bring community members into the electoral process by increasing involvement in non-partisan voter education and turn out	
	voters to the poles.	
4c	(Code:) (Expenses \$216,109 including grants of \$211,000) (Revenue \$ (5,109))	
	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.	
	Other program services (Describe in Schedule O.)	
7U	(Expenses \$ 178,354 including grants of \$ 175,882) (Revenue \$ (2,472))	
4e	Total program service expenses ► 742,292	—
	Form 990 (2)	013)

Form 99	0 (2013)		F	Page 3
Part I	V Checklist of Required Schedules			
4	In the organization decombed in packer E01/a/(2) or 4047/a/(4) (ather than a private foundation) of the size		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	√	
	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	•	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		<u>√</u>
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 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		✓
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 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		/
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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 Schedule D, Part VI	11a		activity.
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	_	√
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		√
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		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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		✓
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
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		√
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		1
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		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
h	If "Ves" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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		1
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		√
b c	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		√
d 25a	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? <i>If</i> "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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		√
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? <i>If "Yes," complete Schedule L, Part III </i>	27		√
28	Was the organization a party to a business transaction with one of the following parties (see 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 A family member of 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? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		√
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b 36	✓	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		✓
				(0040

Part Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 17			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		i	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for 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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u></u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
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	i	i	
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		1
ď	If "Yes," indicate the number of Forms 8282 filed during the year	,,,		<u> </u>
e	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?	7 6		_
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	-		<u> </u>
g h	·	7g		_
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		
U				
	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?			
0	organization, have excess business holdings at any time during the year?	8		✓
9				
a	Did the organization make any taxable distributions under section 4966?	9a		<u>√</u>
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u>✓</u>
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a		. 1		
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: Gross income from members or shareholders			
a b	Gross income from members or shareholders	. 1		
	and the second s			
10-	,			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	 		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		✓_
	Note. See the instructions for additional information the organization must report on Schedule O.	.		
b	Enter the amount of reserves the organization is required to maintain by the states in which	.		
	the organization is licensed to issue qualified health plans	.		
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	14b		

Form 99	90 (2013)			ı	Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s ın Schedule O. S	See ins	tructi	ons.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u> </u>		<u> </u>
Secti	on A. Governing Body and Management			¥	-
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	1a 3	The state of the s	Yes	No
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 any other officer, director, trustee, or key employee?	1b 3 relationship with	2		
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 90 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	on's assets? elect or appoint	4 5 6		✓ ✓ ✓
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b		✓
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken during	1,1	,	
a b 9	The governing body?	ot be reached at	8a 8b 9	√ √	-
Secti	on B. Policies (This Section B requests information about policies not required by th	e Internal Reven	ue Co	de.)	
		-		Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?		10a		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?	11a	1	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12a 12b	√ √	
С	Did the organization regularly and consistently monitor and enforce compliance with the indescribe in Schedule O how this was done		12c	✓	
13 14 15	Did the organization have a written whistleblower policy?	and approval by	13	✓ ·	✓
a b 16a	The organization's CEO, Executive Director, or top management official	lar arrangement	15a 15b	√	✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	to evaluate its so safeguard the	16a	, -	✓
Section	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, a available for public inspection. Indicate how you made these available. Check all that apply.	nd 990-T (Section	501(0	c)(3)s	only)
19 20	Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Sci. Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the beorganization: ► Marco Valdez 1416 E. Commerce San Antonio, TX 78205 210-222-1704	nts, conflict of into	•	oolicy	, and

~~~	$\alpha \alpha \alpha$	(2013)	

Form 990 (2013)

		- 3
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See 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 nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per week (list any	(do n	ot ch	Pos neck ss pe d a d	c) ition more rson	e than o is both or/trust	one n an tee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of
	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)	other compensation from the organization and related organizations
(1) Genaro Lopez	40									
Executive Director		_ ✓			l	L		56,383	l o	o
(2) Nick Charles	2									
Board President				1						
(3) Raul Villareal	2									
Vice President		L		1	l	١.				
(4) Robert Alvarado	2									
Secretary				✓						
(5)										
(6)										
(7)										
(8)										
(9)			_							
(10)			_	-	_		_			
		<u> </u>								
(11)	<del> </del>									
(12)							-			
(13)		_								
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per	box, ι	unles	Pos eck s pe	rson	than o	an	(D) Reportable compensation	(E) Reportab compensation	portable		<b>(F)</b> Estimated amount of other	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		compo from organ and	mer ensation in the nization related izations	
(15)														
(16)														
(17)				_							-			
(18)								-					_	
(19)														
(20)					-					<del> </del>				
(21)													·	
(22)														
(23)						<u> </u>								
(24)														
(25)														
1b	Sub-total			<u> </u>	_	<u> </u>		<u> </u>	56,383					
с d	Total (add lines 1b and 1c)			·	· 	· ·	•	<u> </u>	56,383					
2	Total number of individuals (including bur reportable compensation from the organ		d to th	ose	e list	ted :	above	e) w	ho received m	ore than \$1	00,00	0 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete											d	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,	,000	)? /	f "Ye	s, "	complete Sch			e h	, , , , , , , , , , , , , , , , , , ,	
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsa	tion	fro	m any	un un	related organiz			al 4	1* \	<b>✓</b>
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Rej year.													ıx
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compens	ation	
						···								
		<u>.</u>						_						
	Table number of independent products	aro (moleculi		,4		luna ra	od t		ann linted et	عادد (مربد				
2	Total number of independent contractor received more than \$100,000 of compen							) Tr	iose listed abi	ove) wno	· ,	1		;

Part	VIII	Statement of Revenue				
		Check if Schedule O contains a response or note to				<u></u> 🗆
		;	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a 0			1	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b 285				
	С	Fundraising events 1c 269				
	d	Related organizations 1d 0				
	е	Government grants (contributions) 1e 5,000				
	f	All other contributions, gifts, grants,				
		and similar amounts not included above 1f 820,378	· ·			
<u>E</u> <u>E</u>	g	Noncash contributions included in lines 1a-1f \$	:			
a So	l ñ	<b>Total.</b> Add lines 1a–1f ▶	825,932			
	-	Business Code	929/002	·	· · · · · · · · · · · · · · · · · · ·	<del>† </del>
Ē	2a					
æ	b					<del>                                     </del>
8	c					<del> </del> -
ē	ď		-			† · · · · · · · · · · · · · · · · · · ·
E	e					<u> </u>
gra	f	All other program service revenue.				<u> </u>
Program Service Revenue	g	<b>Total.</b> Add lines 2a–2f ▶				
	3	Investment income (including dividends, interest,				
		and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds ▶		-		<u> </u>
	5	Royalties	-		<b>†</b>	
		(i) Real (ii) Personal				<del> </del>
	6a	Gross rents				
	Ь	Less: rental expenses	:		}	
	c	Rental income or (loss) 9,870	-			
	d	Net rental income or (loss) ▶	9,870			·   · · · · · · · · · · · · · · · · ·
	7a	Gross amount from sales of (i) Secunties (ii) Other	0,0,0			<del> </del>
	l	assets other than inventory				
	ь	Less: cost or other basis				
		and sales expenses .	i			
	С	Gain or (loss)				
	d	Net gain or (loss) ▶	0			
nue	8a	Gross income from fundraising				
		events (not including \$				
Æ		of contributions reported on line 1c).				
<u> </u>		See Part IV, line 18 a				
Other Reve	Ь	Less: direct expenses b				
O		Net income or (loss) from fundraising events . ▶	0			<u> </u>
		Gross income from gaming activities.		·		
		See Part IV, line 19 a	· į		<b>]</b>	
	Ь	Less: direct expenses b			}	
		Net income or (loss) from gaming activities ▶	0		· · · · · · · · · · · · · · · · · · ·	
	1	Gross sales of inventory, less				
		returns and allowances a				
	ь	Less: cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶	0		<del></del>	
	<b>├</b> ~	Miscellaneous Revenue Business Code	<del>                                     </del>		<u> </u>	
	11a				<del> </del>	
	b	<del></del>	-		-	<del> </del>
	C	<del></del>	<del></del>			<del> </del>
	d	All other revenue	<del>                                     </del>		<u> </u>	<del>                                     </del>
	-	Total. Add lines 11a–11d	0		<del></del>	<del> </del>
	12	Total revenue See instructions	225 222		<del>                                     </del>	<del> </del>

Part IX	Statement of Functi	onal Expenses	

	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				<u>.</u>
	t include amounts reported on lines 6b, 7b, o, 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	150,305	150,305		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments,	0	0		·
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0	0	i.	
4 5	Benefits paid to or for members	45,000	0	45,000	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)	45,555	0	43,000	0
7	Other salaries and wages	193,796	157,337	33,771	2,688
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,130	2,737	393	0
10	Payroll taxes	47,958 20,572	28,171 17,129	16,036 3,443	3,751
11	Fees for services (non-employees):	20,372	17,129	3,443	0
а	Management	69,918	69,918	o	0
b	Legal	506	506	0	0
С	Accounting	6.120	6,120	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			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.)	5,360	5,360	0	
12	Advertising and promotion	1,490	1,490	0	0
13	Office expenses	26,195	24,300	1,895	0
14	Information technology	1,149	1,149		0
15	Royalties	0	0	0	0
16	Occupancy	30,529	30,383	0	146
17	Travel	17,595	16,472	0	1,123
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	o	o	0
19	Conferences, conventions, and meetings .	22,070	22,070	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	. 0
22	Depreciation, depletion, and amortization .	5,019	5,019	0	0
23	Insurance	2,441	2,441	0	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If	٠.			
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	•			
а	Program Fees	189,000	189,000	0	0
b				0	0
C					
d					· · · · · ·
е	All other expenses	12,386			
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	850,539	742,292	100,539	7,708
26	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)				

LP	art X					
		Check if Schedule O contains a response or	note to any line in this Pa	<u>rt X </u>	<u> </u>	<u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		127,254	1	121,656
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,896	4	2,896
	5	Loans and other receivables from current and t	ormer officers, directors,	·		
		trustees, key employees, and highest co		·	_	
		Complete Part II of Schedule L	[		5	
	6	Loans and other receivables from other disqualified pers				
		4958(f)(1)), persons described in section 4958(c)(3)(B), an	d contributing employers and		1	
		sponsoring organizations of section 501(c)(9) volun				
ş		organizations (see instructions). Complete Part II of Sche			6	
Assets	7	Notes and loans receivable, net		7		
Ä	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	[		9	
	10a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D	10a 448,472	,		
	b	•	10b 50,424	403,409	10c	398,048
	11	· •			11	
	12	Investments—other securities. See Part IV, line 1	<b>_</b>		12	
	13	Investments-program-related. See Part IV, line		13	<del></del>	
	14	Intangible assets		·-····································	14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		533,559	16	522,600
	17	Accounts payable and accrued expenses		7,536	17	11,655
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities	<del> </del>	20		
	21	Escrow or custodial account liability. Complete I	<del></del>	21		
ies	22	Loans and other payables to current and for				
鬟		trustees, key employees, highest compen disqualified persons. Complete Part II of Schedu			-	
Liabilities					22	
_	23	Secured mortgages and notes payable to unrela	· •	271,712		
	24	Unsecured notes and loans payable to unrelated	· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines				
		of Schedule D			0.5	
	26	Total liabilities. Add lines 17 through 25		270 040	25 26	44.0==
_	20	Organizations that follow SFAS 117 (ASC 958)	, check here ▶ ☐ and	279,248	20	11,655
es		complete lines 27 through 29, and lines 33 and				
Š	27	Unrestricted net assets		254,311	27	£10.045
8	28	Temporarily restricted net assets		254,511	28	510,945
8	29	Permanently restricted net assets			29	<del>",</del> ",
Š		Organizations that do not follow SFAS 117 (ASC 95			-5	
Ä		complete lines 30 through 34.	,,			
Š	30	Capital stock or trust principal, or current funds			30	
set	31	Paid-in or capital surplus, or land, building, or ed			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	· ·		32	
<u>let</u>	33	Total net assets or fund balances		254,311	<del> +</del>	510,945
~	34	Total liabilities and net assets/fund balances .	<u></u>	533,559		522,600

Form 9	90 (2013)			Pa	age 12
Par	t XI Reconciliation of Net Assets				- <del></del>
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8:	35,802
2	Total expenses (must equal Part IX, column (A), line 25)	2			50,539
3	Revenue less expenses. Subtract line 2 from line 1	3			4,737
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			54,311
5	Net unrealized gains (losses) on investments	5			,, <u>,,,,</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		27	71,371
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		5	10,945
Pari	XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other				, ,
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	-	-	,
	Schedule O.		<u> </u>	-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or			
	reviewed on a separate basis, consolidated basis, or both:		1	ļ	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:		'	-	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				
	of the audit, review, or compilation of its financial statements and selection of an independent account	untant?	2c	1	l

If the organization changed either its oversight process or selection process during the tax year, explain in

3a 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.

Form **990** (2013)

Schedule O.

### 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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization						1	Employer i	dentificatio	n number		
_	o Por La Justicia	to Doct II of	****						74-27	720710		
Pai			rity Status (All orga						nstruction	ons.		_
1 2 3 4	☐ A church, con☐ A school desc☐ A hospital or a☐ A medical res	vention of churc cribed in section a cooperative ho earch organization	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc	churches ch Schede ation desc	s describe ule E.) cribed in s	ed in sec section	tion 170 170(b)(1)(	(b)(1)(A)(i (A)(iii).		)(iii). Ente	er the	
5	An organization	ne, city, and state on operated for	the benefit of a colle	ge or uni	versity ov	wned or	operated	by a go	vernmen	tal unit c	lescribed i	n
6 7	=											
8	☐ A community	trust described i	n <b>section 170(b)(1)(A</b>	<b>)(vi).</b> (Cor	nplete Pa	ırt II.)						
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unrel fter June 30, 1975. Se	ions—sul lated bus	bject to d siness ta	certain e: xable ind	ceptions	s, and (2) ss sectio	no mor	e than 3	31/3% of it	ts
10 11	An organization	on organized ar one or more pub	operated exclusively nd operated exclusive plicly supported organ describes the type of	ely for th	e benefit described	t of, to p	perform to	the funct a)(1) or se	tions of, ection 50	9(a)(2). S	irry out th See <b>sectio</b>	e n
e f g	other than for or section 509 If the organiz organization, of Since August	indation manage 9(a)(2). ation received a check this box 17, 2006, has t	that the organization ers and other than one written determination the organization accept	is not co e or more on from t	ntrolled depublicly	lirectly or support	r indirecti ed organ a Type	I, Type	or more described II, or Typ	disqualif d in secti	ied person on 509(a)( ⁻	
	following pers		ndirectly controls, eitl	her alone	or toget	her with	nerenne	describa	din (u) a	nd	Yes No	_
h	(III) below, (ii) A famıly m (iii) A 35% co	the governing be sember of a persentrolled entity of	ody of the supported on described in (i) about a person described in on about the support	organızat ove? ı (ı) or (ıı) a	ion?  above? .					11g(i 11g(ii 11g(ii	)	_ _ _
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the c	organization sted in your document?	(v) Did y the orgai col (i)	rou notify nization in of your port?	organizat (i) organi	Is the tion in col ized in the S?		nt of monetar upport	— У
			(see instructions))	Yes	No	Yes	No	Yes	No	1		
(A)												_
(B)	· · · · · · · · · · · · · · · · · · ·											_
(C)												_
(D)							_					_
(E)												-
												_

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

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

Sect	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	418,070	596,353	463,082	637,052	825,932	2,940,489
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	418,070	596,353	463,082	637,052	825,932	2,940,489
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.						2,940,489
Secti	on B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	418,070	596,353	463,082	637,052	825,932	2,940,489
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,700	12,900	4,800	13,225	9,870	55,495
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1					
11	<b>Total support.</b> Add lines 7 through 10						2,995,984
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	_			•		
	organization, check this box and stop her			<u> </u>	· · · · ·	<u></u>	<u>· · ▶ □</u>
	on C. Computation of Public Suppor						
14	Public support percentage for 2013 (line 6		-		,	14	98 %
15 16a	Public support percentage from 2012 Sch					15	97 %
IVA	331/3% support test—2013. If the organization qual						
h	33 ¹ / ₃ % support test—2012. If the organ	•		-			لــــــا
_	check this box and <b>stop here.</b> The organi						· ► □
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization mee Part IV how the organization meets the "fa	113. If the organists the "facts-a	nization did no and-circumstar	ot check a box nces" test, che	on line 13, 16a ck this box an	d <b>stop here.</b> E	ine 14 ıs Explaın ın
b	organization					 a, 16b, or 17a,	. ► □
	15 is 10% or more, and if the organizate Explain in Part IV how the organization me supported organization	on meets the eets the	"facts-and-cir -and-circumst	rcumstances" ances" test. Th	test, check th	is box and ston qualifies as a	publicly
18	Private foundation. If the organization did						. • 📗
.5	instructions						

### 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 qualify	under the tes	sts listed belo	ow, please co	mplete Part	<u>II.)                                   </u>	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		•				
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid			1			
	to or expended on its behalf			1			
_	The value of services or facilities					<del> </del>	
5				1			
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5				<u> </u>		<del> </del>
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified			İ			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	a standard		10-12			
	line 6.)	11 , "	, -		ı	<b>l</b>	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						· · · · · · · · · · · · · · · · · · ·
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b					-	
11	Net income from unrelated business						
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on			ļ ļ			
10	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
13	and 12.)						
14	First five years. If the Form 990 is for the	L	'a firat accor	d third fourth	or fifth toy u	l	n F01(a)(2)
14	organization, check this box and <b>stop he</b> i						
C4:	·			<u> </u>	• • • • •	· · · · ·	<u> </u>
	on C. Computation of Public Suppor Public support percentage for 2013 (line 8			12 column (f)		15	
15 16						16	<u>%</u>
16 Secti	Public support percentage from 2012 Schon D. Computation of Investment Inc			· · · · ·	··	10	<u> </u>
17	Investment income percentage for 2013 (			v line 13 colur	mn (fl)	17	%
	Investment income percentage for 2013 (investment income percentage from 2012		• •	•		18	<del></del>
18	331/3% support tests—2013. If the organi						
19a	17 is not more than 331/3%, check this box						
_			=			-	_
b	331/3% support tests—2012. If the organiz						
	line 18 is not more than 33½%, check this t		_				
20	Private foundation. If the organization di	u not check a	DUX ON LINE 14	. 19a. or 19b. C	HECK MIS DOX	and see instru	cuons 🟲 I I

Schedule A (F	orm 990 or 990-EZ) 20	013					Page 4
Part IV	Supplemental	I Information. Prov . Also complete this	ide the explanat	ions required b	y Part II, line 1	0; Part II, line 1	7a or 17b; and
	Part III, line 12	. Also complete this	s part for any add	ditional informa	ation. (See instr	uctions).	
							-
<del> </del>							
							<del> </del>
					<del>-</del>		
		<del></del>			<del></del>	<del></del>	<del></del>
			_				
				-		-	
							<del>.</del>
_							<del></del>
		<del> </del>					
		·				·	
				<del></del>		<del></del>	
		·-·-					
				· · · · · · · · · · · · · · · · · · ·			
		<del></del>	<del></del>				
						· · · · · · · · · · · · · · · · · · ·	
		·					<del></del>
					•		
							· · · · · · · · · · · · · · · · · · ·
<u>-</u>					·		

### **SCHEDULE D** (Fòrm 990)

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Name	of the organization	_	Employer identification number
Centro	Por La Justicia		74-2720710
Pa		or Advised Funds or Other Similar Furered "Yes" to Form 990, Part IV, line 6	unds or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and funds are the organization's property, subject		
6	Did the organization inform all grantees, dor only for charitable purposes and not for the conferring impermissible private benefit? .		r for any other purpose
Par		rered "Yes" to Form 990, Part IV, line 7	7.
1	Purpose(s) of conservation easements held to		
	Preservation of land for public use (e.g., r	recreation or education)   Preservation	of an historically important land area
	☐ Protection of natural habitat	☐ Preservation	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ition held a qualified conservation contribu	· · · · · · · · · · · · · · · · · · ·
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			·
b	Total acreage restricted by conservation eas		
C	Number of conservation easements on a cer		
d	Number of conservation easements include historic structure listed in the National Register	· · · · · · · · · · · · · · · · · · ·	
3	Number of conservation easements modified tax year ▶		
4	Number of states where property subject to	conservation easement is located ▶	
5	Does the organization have a written poliviolations, and enforcement of the conservat	icy regarding the periodic monitoring, in	
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, ▶\$	inspecting, and enforcing conservation ea	sements during the year
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirement	s of section 170(h)(4)(B)
9	In Part XIII, describe how the organization re balance sheet, and include, if applicable, the organization's accounting for conservation e	e text of the footnote to the organization's easements.	financial statements that describes the
Par		ections of Art, Historical Treasures, overed "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted und works of art, historical treasures, or other s public service, provide, in Part XIII, the text of	der SFAS 116 (ASC 958), not to report in similar assets held for public exhibition,	its revenue statement and balance sheet education, or research in furtherance of
b	If the organization elected, as permitted unworks of art, historical treasures, or other public service, provide the following amounts	similar assets held for public exhibition,	
	(i) Revenues included in Form 990, Part VIII,		
2	(ii) Assets included in Form 990, Part X If the organization received or held works following amounts required to be reported up	of art, historical treasures, or other simi	lar assets for financial gain, provide the
a	Revenues included in Form 990, Part VIII, lin		

	_	/ <b>-</b> -		
Schedule	יט	(⊁orm	990)	2013

٠	_	2
'ac	e	~

Part	III Organizations Maintaining									
3	Using the organization's acquisition, collection items (check all that apply):		her reco	rds, chec	k any of th	e follov	ving that are a	signif	cant us	e of its
а	☐ Public exhibition		d	☐ Loan	or exchang	je prog	rams			
b	☐ Scholarly research		е	Othe	r					
С	☐ Preservation for future generation:									
4	Provide a description of the organiza XIII.	tion's collections a	and expla	ain how t	hey further	the org	janızation's exe	mpt p	ourpose	ın Part
5	During the year, did the organization	solicit or receive	donation	s of art,	historical tr	easure	s, or other simil	ar		
	assets to be sold to raise funds rather	r than to be mainta	ained as p	part of the	e organızatı	on's co	illection?		Yes	☐ No
Part	IV Escrow and Custodial Arra	angements.					.,			
	Complete if the organization 990, Part X, line 21.	answered "Yes	" to Forr	n 990, F	Part IV, line	9, or 1	reported an an	noun	t on Fo	rm
1a		. custodian or oth	er intern	nediary fo	or contribut	ions or	other assets n	ot		
	included on Form 990, Part X?							Г	] Yes	□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing to	able:					
	, ,	•		J			Α	lmou	nt	
С	Beginning balance					10	;			
d	Additions during the year					10	ı	_		
е	Distributions during the year					1e	,			
f	Ending balance					1f				
2a	Did the organization include an amou	nt on Form 990, P	art X, line	21? .					Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII. Check her	e if the ex	kplanatio	n has been	provide	ed in Part XIII .		<u> </u>	
Par	t V Endowment Funds.									
	Complete if the organization		" to Forr	n 990, F						
		(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years bac	k (e	) Four yea	rs back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships						-			
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of	the current year er	nd balanc	e (line 1g	, column (a	)) held	as:			
а	Board designated or quasi-endowme	nt ▶	_%							
b	Permanent endowment ▶	%								
С	Temporarily restricted endowment ▶									
	The percentages in lines 2a, 2b, and 2									
3a	Are there endowment funds not in th	e possession of the	ne organi	zation th	at are held	and ad	ministered for the	he	_	<del></del>
	organization by:							Г.	Ye	s No
	(i) unrelated organizations							_	Ba(i)	+-
	(ii) related organizations			• •			· · · · · ·		a(ii)	<del></del>
b	If "Yes" to 3a(II), are the related organ					•			3b	
4	Describe in Part XIII the intended use		on's enac	wment i	unas.					
Pari			" to Fam	m 000 F	Oort IV Ivo-	. 11~ 4	200 Earm 000	David	V 1,	10
	Complete if the organization  Description of property	(a) Cost or of		T	or other basis		Accumulated			
	Description of property	(investm		, ,	other)		epreciation	(u	) Book va	iue
1a	Land				237,370					237,370
b	Buildings				209,372		48,694			160,678
С	Leasehold improvements									
d	Equipment				1,730		1,730			
е	Other									
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part 2	X, columi	n (B), line 10	)(c).)	▶			398,048

Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" to Fo	rm 000	Dort IV line	11b Soc Form	000 Port V line 10
	(a) Description of security or category (including name of security)		) Book value	(c) Met	thod of valuation
(1) Financial					
	neld equity interests				
(3) Other					
``(A) —					
(B)					
(C)		İ			· · · · · · · · · · · · · · · · · · ·
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments—Program Related.  Complete if the organization answered "Yes" to Fo	rm 990	). Part IV. line	e 11c. See Form	990 Part X line 13
	(a) Description of investment		Book value	(c) Me	thod of valuation
(1)					
(2)					
(3)					
(4)					
(5)		<u>.</u>			
(6)		ļ		<u>.</u>	
_(7)					
(8)		_			
(9)	h) must sound form 000 Post V and /D) has 10 \ h	+			
	b) must equal Form 990, Part X, col. (B) line 13.) ►  Other Assets.				
Part IX	Complete if the organization answered "Yes" to Fo	rm 000	Port IV line	11d Soc Form	000 Port V line 15
	(a) Description	JIII 990	, Fail IV, IIII	riu. See Fonni	(b) Book value
(1)	(a) Docomption			<del> </del>	(b) Book value
(2)					<del></del>
(3)			***		
(4)		-			
(5)					<u> </u>
(6)			•		
(7)					
(8)				<del></del> -	
(9)			•		
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 15.)		<del></del>	<u></u> ▶	
Part X	Other Liabilities.  Complete if the organization answered "Yes" to Foline 25.	orm 990	), Part IV, line	e 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability (b) Book value				
(1) Federal ır	ncome taxes				
(2)					
(3)				•	
(4)					
(5)					
(6)				•	
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 25.) ▶				
	r uncertain tax positions. In Part XIII, provide the text of the foo				
organization'	s liability for uncertain tax positions under FIN 48 (ASC 740). Cl	ieck ner	e ii the text of t	ne toothote has bee	en provided in Part XIII

Part			r Return.
	Complete if the organization answered "Yes" to Form 990,		<del></del>
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	1 1
а	Net unrealized gains on investments	2a	_
b	Donated services and use of facilities		_
С	Recoveries of prior year grants		-∤ ∤
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	; · ; · · · · · ·	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		<b>}</b>
a	Investment expenses not included on Form 990, Part VIII, line 7b	, ,	
b	Other (Describe in Part XIII.)		
C	Add lines <b>4a</b> and <b>4b</b>		4c
5			5
Part	Complete if the organization answered "Yes" to Form 990,		ber neturn.
<del></del>	Total expenses and losses per audited financial statements		11
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		<del></del>
a	Donated services and use of facilities	2a	<b>\</b>
b	Prior year adjustments	_ <del></del>	-
C	Other losses	2c	<del>-</del>
d	Other (Describe in Part XIII.)	<del></del>	-
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<b>1</b> 1
b	Other (Describe in Part XIII.)		7
С	Add lines 4a and 4b	<del></del>	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne 18.)	5
Part			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar		
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	t to provide any additional i	information.
			<del></del>
			· · · · · · · · · · · · · · · · · · ·
	<del></del>	<del></del>	
	<del></del>	<del></del>	<del></del>
	<del></del>		<del></del>
		<del></del>	
		<del></del>	<del></del>
			<del></del>

Schedule D (Fo	rm 990) 2013	Page \$
Part XIII	Supplemental Information (continued)	
	·	<del></del>
		<del></del>
	· · · · · · · · · · · · · · · · · · ·	
<del></del>		· ·

# **SCHEDULE 1** (Form 990)

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

OMB No 1545-0047

(Form 990)		<b>0</b> 8	Government	s, and Individ	<b>luals in the T</b> "Yes" to Form 990	Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.		2013
Denartment of the Treasury				► Attach to	► Attach to Form 990.			Open to Public
Internal Revenue Service		▶ Infor	mation about Sche	edule I (Form 990) a	nd its instructions i	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.		Inspection
Name of the organization							Emp	Employer identification number
or L	1							74-2720710
Parci General	General Information on Grants and Assistance	rants and	Assistance					
<ol> <li>Does the organ the selection cr</li> </ol>	Does the organization maintain records to substantiate the an the selection criteria used to award the grants or assistance?	cords to subs d the grants o	stantiate the amor	unt of the grants or	r assistance, the g	rantees' eligibility fo	nount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	nce, and · · · · <b>IYes INo</b>
2 Describe in Par	Describe in Part IV the organization's procedures for monitorii	n's procedur	es for monitoring	ng the use of grant funds in the United States.	inds in the United	States.		
Part II Grants a Part IV, III	<b>nd Other Assist</b> ane 21, for any rec	ance to Go	vernments and eceived more t	I Organizations han \$5,000. Part	in the United Solution II can be duplic	<b>Grants and Other Assistance to Governments and Organizations in the United States.</b> Complete if the organizatior Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	the organization ans space is needed.	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	of organization nt	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SWOP 21110th St SW	NS.							
Albuquerque, NM 87102		85-0368743		70,000				Charitable Work
(2) Southern Echo 1350 Livingston	0 Livingston							
Lane, Jackson MS. 39213		64-0819311		70,000				Charitable Work
(3)								
	+							
(1)								
(5)								
(9)								
(2)		_						
(8)								
(6)								
(10)								
(11)								
(12)			j					
1	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(s)(and gov	ernment organiza	ations listed in the	line 1 table			
3 Enter total num	Enter total number of other organizations listed in the line 1 table	zations listed	in the line 1 table					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	on Act Notice, see th	e Instruction	s for Form 990.		0	Cat No 50055P		Schedule I (Form 990) (2013)

Schedule I (Fc	Schedule I (Form 990) (2013)					Page 2
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.	viduals in the Ur space is needed.	nited States. Com	plete if the organiz	ation answered "Yes" to	Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
2						
က						
4						
ည						
9						
7						
Part IV	Supplemental Information. Provide the inform	he information re	quired in Part I, lin	ie 2, Part III, columi	nation required in Part I, line 2, Part III, column (b), and any other additional information.	onal information.
2012 thru A	2012 thru April 30 2013. They will then be reviewed by the Director and Board for approval.	Director and Board	for approval.	y wilch is the time ha	וופ חספת וסו ווופ חסווי. ווופ אפ	יסט טי נוד קומוג ויט ויטון אימץ ואנ
						Schedule I (Form 990) (2013)

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

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 20**13** 

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
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.	
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
Form 990 Part IV Section B Line 12b	
Board Members and staff required to sign a conflict of interest form in January every ye	ar.
Form 990 Part IV Section B Line 15a	
For salary compensation board uses comparitive salary schedule from the local non-pro	ofit sector.
Form 990 Part III Line 4d	
Workers' Rights - Build sustainable communities by addressing issues on employee be	nefits living wages.
Work Closely with organizations involved in workers rights. Provide guidance and supp	ort for members
when involved in labor grievences, disputes, and hearings.	
Form 990 Part XI Line 9	
Using Generally Accepted Accounting Principles Centro Por La Justicia engaged, with a	approval of the Board, in a
Equity Transfer with Southwest Workers Union, to accept transfered Buildings and Land	d both
organizations use to conduct business.	
	·····
	<del></del>

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number