

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

2016

Open to Public

Firm's address ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

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. Department of the Treasury Internal Revenue Service Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2016 calendar year, or tax year beginning . 20 , 2016, and ending D Employer identification number C Name of organization Centro Por La Justicia Check if applicable: Address change Doing business as 74-2720710 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 210-222-1704 Initial return 1416 E Commerce St. City or town, state or province, country, and ZIP or foreign postal code Final return/terminated ☐ Amended return San Antonio, TX, USA, 78205 G Gross receipts \$ H(a) is this a group return for subordinates? Yes No Application pending F Name and address of principal officer H(b) Are all subordinates included? Tes No If "No," attach a list. (see instructions) 501(c)(3) 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or Tax-exempt status: Website: ▶ H(c) Group exemption number Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 1994 M State of legal domicile Summary Part I Briefly describe the organization's mission or most significant activities: PROVIDE EDUCATIONAL AND CULTURAL Activities & Governance SERVICES TO THE COMMUNITY THROUGH COMMUNITY FORUMS, NEWSLETTERS, AND SYMPOSIUMS TO HELP RAISE AWARENESS OF ISSUES WHICH IMPACT THE ECONOMIC DEVELOPMENT OF THE COMMUNITY Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. 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) 0 5 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 14 Total number of volunteers (estimate if necessary) 6 30 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 Contributions and grants (Part VIII, line 1h). 8 1,121,415 130,032 9 Program service revenue (Part VIII, line 2g) 0 O 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . n 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 5,664 1,184 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,127,079 131,216 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 100 59 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 O 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 121,055 178,685 16a Professional fundraising fees (Part IX, column (A), Time 11e) Total fundraising expenses (Part IX, column (D), line 25) b Other expenses (Part IX, column (A), lines 11a-11do11f-24e) 17 287,414 264,859 Total expenses. Add lines 13-17 (must equal Part & column (A), Jine 25) 18 408,569 443,603 19 Revenue less expenses. Subtract line 18 from line 12 718,510 -312,387 End of Year Beginning of Current Year OGDEN, UT 20 Total assets (Part X, line 16) 1,400,478 1,029,013 21 Total liabilities (Part X, line 26) . 75,189 16,111 22 Net assets or fund balances. Subtract line 21 from line 20 1.325.289 1,012,902 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 information of which preparer has any knowledge Signature of officer Sign Executive Director Here Type or print name and title Print/Type preparer's name Preparer's signature Paid Check nf self-employed Preparer Firm's EIN ▶ Firm's name **Use Only**



Yes No Form **990** (2016)

Cat. No. 11282Y

Form 99	
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Bnefly describe the organization's mission:
•	SERVE AS A FISCAL AGENT, TO PROVIDE EDUCATIONAL AND CULTURAL SERVICES TO THE COMMUNITY TO RAISE AWARENE
	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?
	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?
	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
	the total expenses, and revenue, if any, for each program service reported.
	(Code: \(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\
4a	(Code:) (Expenses \$ 258,166 including grants of \$) (Revenue \$ 114,776) HEALTHY COMMUNITIES- MOBILIZE LOW INCOME AND PEOPLE OF COLOR COMMUNITIES TOWARD THE REALIZATION OF CLE.
	ENVIRONMENTS, HEALTHY COMMUNITIES, AND REVITALIZED NEIGHBORHOODS IN SAN ANTONIO, TX AND SOUTH TEXAS, WIT
	OVER 600 FAMILIES AS MEMBERS, THE PROGRAM ADDRESSES ISSUES SUCH AS HAZARDOUS WASTE SITES, CLIMATE CHANGE
	AND HEALTHY FAMILY ENVIRONMENTS BUILD SUSTAINABLE BRIDGES BETWEEN THE LATINO AND AFRICAN-AMERICAN
	COMMUNITIES BY ESTABLISHING ALLIANCES WITH OTHER NON-PROFITS IN NEW MEXICO, TEXAS, AND MISSISSIPPI THAT WO
	WWITH THE SAME ECONOMIC ISSUES IN THE COMMUNITIES
	•••••••••••••••••••••••••••••••••••••••
4b	(Code:) (Expenses \$ 94,666 including grants of \$) (Revenue \$ 0)
40	(Code:) (Expenses \$ 94,666 including grants of \$) (Revenue \$ 0) WORKER'S RIGHTS- BUILD SUSTAINABLE COMMUNITIES BY ADDRESSING ISSUES ON EMLPLOYEE BENEFITS AND LIVING
	WAGES WORK CLOSELY WITH ORGANIZATIONS INVOLVES IN WORKERS' RIGHTS PROVIDE GUIDANCE AND SUPPORT FOR
	MEMBERS WHEN INVOLVED IN LABOR GREIVENCES, DISPUTES, AND HEARINGS.
4c	(Code:) (Expenses \$ 11,350 including grants of \$) (Revenue \$ 4,900)
	ALLIANCE BUILDING-BUILDING SUSTAINABLE BRIDGES BETWEEN THE LATINO AND AFRICAN-AMERICAN COMMNITIES BY
	ESTABLISHING ALLIANCES WITH OTHER NON-PROFITS IN NEW MEXICO, TEXAS, AND MISSISSIPPI THAT WORK WITH THE SAM
	ECONOMIC ISSUES IN THE COMMUNITIES

) (Revenue \$

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$
 4e Total program service expenses ▶

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," complete Schedule A	1	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		√
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		4
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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		1
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		1
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		1
	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		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	V
Ь	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		1
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		1
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	-	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	-	1
			000	10040

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		\
	domestic 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 or for domestic individuals 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.			y
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	_	Ť
2.10	\$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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		√
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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	or.		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b	_	<u> </u>
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," 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? 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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	✓
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
C	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	<u> </u>	V
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	29		✓
00	conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
32	Part I	31	_	1
JZ	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	T		
~ 4	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		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			T
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	-	+
	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
	 			

Part	V Statements Regarding Other IRS Filings and Tax Compliance		•	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	•	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	.	,	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	✓	
Za	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2.0	•	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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: ▶			\vdash
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			<u> </u>
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	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		<u> </u>
р	If "Yes," did the organization include with every solicitation an express statement that such contributions or]		
-	gifts were not tax deductible?	6b		├—
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
4	and services provided to the payor?	7a		1
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
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		1
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. Did a donor advised fund maintained by the			١.
_	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.	00		,
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	_	1
10	Section 501(c)(7) organizations. Enter:	35		
a	Initiation fees and capital contributions included on Part VIII, line 12	1	[1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders	1		1
b	Gross income from other sources (Do not net amounts due or paid to other sources			Ì
	against amounts due or received from them.)	4		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	+
b	Enter the amount of reserves the organization is required to maintain by the states in which	}	1	
~	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
		For	m 99 ((2016)

Form 99	00 (2016)		F	age 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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?	2		v _
3	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?	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a 7b		√
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓_	<u></u>
b	Each committee with authority to act on behalf of the governing body?	8b	1	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	L	1
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	✓	
Ь	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		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13		1
14 15	Did the organization have a written document retention and destruction policy?	14	1	
а	The organization's CEO, Executive Director, or top management official	15a	1	
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		1
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?			
Sacti	on C. Disclosure			—–
17 18	List the states with which a copy of this Form 990 is required to be filed ► TX Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	on 501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of ir financial statements available to the public during the tax year.			y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and r JENNY SANCHEZ 1416 E COMMERCE ST SAN ANTONIO, TX 78205 210-222-0031	ecords	s: >	

	-
Page	. /

Form	000	/204	0

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.

				(0	;)					
(A)	(B)			Posi				(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	(r) Estimated
Name and Title	hours per				erson is both an director/trustee)				compensation from	amount of
	week (list any hours for related organizations below dotted line)	Indivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DIANA LOPEZ										
XECUTIVR DIRECTOR		1						24,000		
(2) SANDRA GARCIA										
DIRECTOR		✓						24,107		
(3) VIKTORIA VALENZUELA										
PRESIDENT				✓:				}		
(4) ARI CHAGOYA										
/ICE PRESIDENT			l	1				į		
(5) MARY LOU MENDOZA		i								
SECRETARY		L		✓						
(6)										
(7)										
(8)										
(9)										
10)									-	
11)										
12)										
13)										
14)	ļ									

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	yees			lighes	st C	ompensated E	mployees (co	ntinueo)		
	(A) Name and title	(B) Average hours per week (list any	box, i	unles	Pos eck s pe d a d	more rson	than o is both or/trust	an lee)	(D) Reportable compensation from	(E) Reportable compensation from related	rom	Estra	(F) mated unt of ther	
		hours for related organizations below dotted (ine)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		composition from corgan	ensation the nization related izations	1
(15)							_							
(16)						-								
(17)					-	-	-				_			
(18)				-							+			
					-						+			
				-		-		-			+-	.		
						_					+	 -		
					-				1		-			
(23)					-	-	_	-						
(24)											\top			
(25)						-		-						
1b c	Sub-total			L	 :		<u> </u>	▶	48,107		+			
d 2	Total (add lines 1b and 1c)	not limited	<u> </u>					e) w	48,107 tho received m	ore than \$10	0,000 o	f		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc Schedule J	tor, o	or tr	ust ind	ee, ividi	key e	emp	oloyee, or high	est compen	sated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	porta	ble (con	npe	nsatio					4		,
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or indi		5		1
Section	on B. Independent Contractors							_						<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	Iress							(B) Description of s	ervices	Co	(C) empens		
	Total number of independent contractor							o th	nose listed ab	ove) who		;		
	received more than \$100,000 of compens	ation from	the o	rgan	izat	ion	<u> </u>					Eo-		2016

	90 (2010 VIII	Statement of Reven						Page 9
T GIT		Check if Schedule O c		nonse or note to	any line in this	Part VIII		
			<u> </u>	portion of motor to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a	Federated campaigns .	1a					
ion.	ь	•	1b	63				
Giffts, ilar Ar	C	Fundraising events		802)	
	d	Related organizations .					l	
	0	Government grants (contril					İ	
Contributions, and Other Sim	f	All other contributions, grfts and similar amounts not include		129,167				
d of	g	Noncash contributions included					ļ	
	h	Total. Add lines 1a-1f .	<u></u>		130,032		!	
Program Service Revenue	_			Business Code				
946	2a			ļ				
e B	b							<u> </u>
Ž	C							
ı,	d e			ļi				
grar	f	All other program service		<u> </u>			 	
Pro	g	Total. Add lines 2a-2f					L	
	3	Investment income (in					1	T
		and other similar amour	nts)	🕨				
	4	Income from investment o	f tax-exempt be	ond proceeds ▶				
	5	Royalties	<u> </u>	▶				
			(i) Real	(ii) Personal				
	6a	Gross rents	1,184					
	b	Less: rental expenses						
	С	Rental income or (loss)	1,184					
	d	Net rental income or (los	′ <u></u>		1,184		<u> </u>	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	<u>'</u>			
	ь	Less: cost or other basis		_			1	
		and sales expenses						
	С	Gain or (loss)						
	ď	Net gain or (loss)					1	
enu	8a	Gross income from fund	draising					
leven		events (not including \$ of contributions reported	_	}			}	
Other Reve		See Part IV, line 18	a					
ర	ŀ	Less: direct expenses		L	1			
i		Net income or (loss) from Gross income from gam See Part IV, line 19	ing activities.				 	
	ь	Less: direct expenses						1
	•	Net income or (loss) from		<u> </u>			}	
		Gross sales of inverteums and allowances	entory, less	1	,			
	ь	Less: cost of goods sole	_	<u> </u>				
		Net income or (loss) from				1	_	-
		Miscellaneous Rev		Business Code				
	11a							
	C					 	 	
	d	All other revenue .				 	 	
	e	Total. Add lines 11a-11		· · · · •			† <u>-</u>	
	12	Total revenue. See inst			131,216		 	
				·	.51,210			Form 990 (2016)

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

8b, 9b, 1 (3 2 (i	Check if Schedule O contains a responsinclude amounts reported on lines 6b, 7b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	se or note to any lin (A) Total expenses	(B) Program service	(C) Management and	(D) Fundrausing
8b, 9b, 1 (3 2 (i	and 10b of Part VIII. Grants and other assistance to domestic organizations	(A) Total expenses	Program service	(C) Management and	(D)
` a 2 (expenses	general expenses	expenses
i		1,017	1,017		
2 (Grants and other assistance to domestic individuals. See Part IV, line 22	0	, ,,,,,,		
(Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
5 (Benefits paid to or for members	48,107	0 24,053	24,053	0
Į	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	0	0
•	Other salaries and wages	99,264	0	41,632	
8 1	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	99,204	0	0	0
9 (Other employee benefits	21,535	0	21,535	0
	Payroll taxes	9,781	8,741	1,040	0
11 I	Fees for services (non-employees): Management	80,487	80,487	0	0
	Legal	0,487		0	
			0	7,000	
	,	7,000	0		0
	Lobbying	0	0	0	0
	Professional fundraising services. See Part IV, line 17	- 0			0
g (Investment management fees	0	0	0	0
	Advertising and promotion	0	0	0	0
	Office expenses				
	•	12,614	12,614	0	0
	Information technology	2,466	2,466	0	0
	Royalties	0	0	0	0
	Occupancy	31,862	31,862	0	0
	Travel	13,287	13,287	0	0
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	o	0
19	Conferences, conventions, and meetings .	12,350	12,350	0	0
	Interest	0	0	0	0
	Payments to affiliates	o	0	0	0
	Depreciation, depletion, and amortization .	0	0	0	0
	Insurance	3,229	0	3,229	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	0,220	i	G,EEG	<u>_</u>
a j b	PROGRAM FEES	91,640	91,640	0	0
c ·					
ď					
	All other expenses	8,964	0.004	0	0
	Total functional expenses. Add lines 1 through 24e	443,603	8,964		0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	443,003			Form 990 (2016)

_	n 990 (2				Page 11
L	art X				
		Check if Schedule O contains a response or note to any line in this Par		· · · ·	<u> []</u>
			(A) Beginning of year		(B) End of year
ts	1	Cash—non-interest-bearing	170,003	1	182,188
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	773,639	4	389,539
	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	
	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	
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 521,503			
	b	Less: accumulated depreciation 10b 64,667	456,836	10c	456,836
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	450
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,400,478		1,029,01
	17	Accounts payable and accrued expenses	75,189		16,11
	18	Grants payable		18	
	19	Deferred revenue	··	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	 	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and discussified payables for the Post II of Colonials II.			
<u>i</u>		disqualified persons. Complete Part II of Schedule L	<u> </u>	22	,
-	23	Secured mortgages and notes payable to unrelated third parties		23	
		Unsecured notes and loans payable to unrelated third parties		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	75,189		16,11
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	7 3, 109		10,11
		complete lines 27 through 29, and lines 33 and 34.		}	
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets	····	28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds .	443,524	32	1,162,03
	33	Total net assets or fund balances	1,325,289	33	1,012,90

1,162,034

1,012,902

1,029,013 Form **990** (2016)

1,400,478 34

Total liabilities and net assets/fund balances .

Form 99	0 (2016)			Pa	ge 12
Part					90
	Check if Schedule O contains a response or note to any line in this Part XI				П
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2	Total expenses (must equal Part IX, column (A), line 25)	2		443,603	
3	Revenue less expenses. Subtract line 2 from line 1	3		-312,387	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		1,325,289	
5	Net unrealized gains (losses) on investments	5		0	
6	Donated services and use of facilities	6		0	
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1,01	2,902
Part	XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII					
		· · ·		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	1		
	Schedule O.		l		
2a	The same of the sa				✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were com	pìled or			
	reviewed on a separate basis, consolidated basis, or both:			ļ	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		-	i	
b	Were the organization's financial statements audited by an independent accountant?		2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	[
	separate basis, consolidated basis, or both:		j	•	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1	l	
C	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	ıntant?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, ex	ıplaın ın			
	Schedule O.		- 1	1	1

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.

3a

3b

Form **990** (2016)