

**Return of Organization Exempt From Income Tax**

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

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2006 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization  
**COMUNIDADES LATINAS UNIDAS EN SERVICIO, INC.**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**797 EAST 7TH STREET**  
 City or town, state or country, and ZIP + 4  
**ST. PAUL, MN 55106**

**D** Employer identification number  
**41-1386986**

**E** Telephone number  
**651-379-4200**

**F** Accounting method  Cash  Accrual  
 Other (specify) ▶

**G** Website: **WWW.CLUES.ORG**

**J** Organization type (check only one)  501(c)(3) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

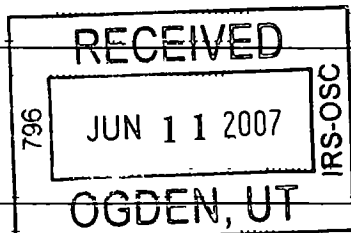
**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **5,136,549.**

**H** and **I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ▶ **N/A**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances			
Revenue	1 Contributions, gifts, grants, and similar amounts received:		
	a Contributions to donor advised funds	1a	
	b Direct public support (not included on line 1a)	1b	1,916,291.
	c Indirect public support (not included on line 1a)	1c	384,745.
	d Government contributions (grants) (not included on line 1a)	1d	2,164,900.
	e Total (add lines 1a through 1d) (cash \$ 4,465,936. noncash \$ )	1e	4,465,936.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	389,952.
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments	4	7,073.
	5 Dividends and interest from securities	5	
	6 a Gross rents SEE STATEMENT 2	6a	170,410.
	b Less: rental expenses	6b	
c Net rental income or (loss). Subtract line 6b from line 6a	6c	170,410.	
7 Other investment income (describe )	7		
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	7,807.
	(B) Other	8b	
		8c	7,807.
	d Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 3	8d	7,807.
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ of contributions reported on line 1b)	9a	
	b Less: direct expenses other than fundraising expenses	9b	
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	
10 a Gross sales of inventory, less returns and allowances		10a	
	b Less: cost of goods sold	10b	
	c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c	
11 Other revenue (from Part VII, line 103)	11	95,371.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	5,136,549.	
Expenses	13 Program services (from line 44, column (B))	13	3,633,952.
	14 Management and general (from line 44, column (C))	14	963,071.
	15 Fundraising (from line 44, column (D))	15	253,117.
	16 Payments to affiliates (attach schedule)	16	
	17 Total expenses Add lines 16 and 44, column (A)	17	4,850,140.
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	286,409.	
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,812,176.
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	12,795.
	21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	4,111,380.



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COMUNIDADES LATINAS UNIDAS EN SERVICIO,  
INC.

Form 990 (2006)

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>STMT 5</b>	205,838.	205,838.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	1,991,914.	1,497,154.	343,750.	151,010.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	290,026.	218,524.	56,416.	15,086.
29 Payroll taxes	161,555.	124,343.	29,361.	7,851.
30 Professional fundraising fees	28,913.			28,913.
31 Accounting fees	45,545.	41,336.	4,024.	185.
32 Legal fees				
33 Supplies	102,082.	75,110.	23,110.	3,862.
34 Telephone	45,788.	36,885.	6,835.	2,068.
35 Postage and shipping	18,287.	11,040.	5,166.	2,081.
36 Occupancy	593,566.	527,992.	44,035.	21,539.
37 Equipment rental and maintenance	11,376.	9,630.	1,746.	
38 Printing and publications	23,528.	14,204.	6,647.	2,677.
39 Travel	59,208.	54,159.	5,049.	
40 Conferences, conventions, and meetings	77,794.	26,990.	49,055.	1,749.
41 Interest <b>STMT 1</b>	155,963.		155,963.	
42 Depreciation, depletion, etc. (attach schedule)	268,056.	122,213.	135,082.	10,761.
43 Other expenses not covered above (itemize):				
a <b>INSURANCE</b>	38,183.	13,198.	24,310.	675.
b <b>FINANCIAL ASSISTANCE</b>	25,969.	25,969.	0.	0.
c <b>SUBSCRIPTIONS AND DUES</b>	8,187.	2,365.	5,822.	0.
d <b>MISCELLANEOUS</b>	16,761.	8,399.	6,477.	1,885.
e <b>CONSULTANT FEES</b>	681,601.	618,603.	60,223.	2,775.
f				
g				
44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	4,850,140.	3,633,952.	963,071.	253,117.

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;  
 (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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Form 990 (2006)

COMUNIDADES LATINAS UNIDAS EN SERVICIO,  
INC.

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**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 9</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> <b>SEE STATEMENT 6</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,244,036.
<b>b</b> <b>SEE STATEMENT 7</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	651,895.
<b>c</b> <b>SEE STATEMENT 8</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	367,493.
<b>d</b> <b>EMPLOYMENT SERVICES - THE STATE'S LARGEST SPANISH SPEAKING EMPLOYMENT DEPARTMENT SERVING THE TWIN CITIES LATINO COMMUNITY. THE DEPARTMENT HELPS JOB SEEKERS TO ATTAIN EMPLOYMENT, PROGRESS IN THEIR JOBS, AND ULTIMATELY ATTAIN ECONOMIC SUCCESS.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	556,430.
<b>e</b> Other program services (attach schedule) <b>SEE STATEMENT 10</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	814,098.
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>3,633,952.</b>

Form 990 (2006)

COMUNIDADES LATINAS UNIDAS EN SERVICIO,  
INC.

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**Part IV Balance Sheets** (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	81,699.	45	84,456.
	46 Savings and temporary cash investments	376,757.	46	113,399.
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48 a Pledges receivable	521,303.		
	b Less: allowance for doubtful accounts	50,785.	48c	470,518.
	49 Grants receivable	579,198.	49	626,133.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	41,216.	53	16,130.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis				
b Less: accumulated depreciation		55c		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	5,976,366.			
b Less: accumulated depreciation <b>STMT 11</b>	1,023,355.	57c	4,953,011.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> )		58		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	6,712,348.	59	6,263,647.	
Liabilities	60 Accounts payable and accrued expenses	233,524.	60	310,233.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable <b>SEE STMT</b>	2,666,648.	64b	1,792,034.
	65 Other liabilities (describe <input type="checkbox"/> <b>LINE OF CREDIT SEE STMT</b> )		65	50,000.
66 <b>Total liabilities.</b> Add lines 60 through 65	2,900,172.	66	2,152,267.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	2,333,493.	67	2,875,575.
	68 Temporarily restricted	1,465,183.	68	1,222,305.
	69 Permanently restricted	13,500.	69	13,500.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	3,812,176.	73	4,111,380.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	6,712,348.	74	6,263,647.	

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COMUNIDADES LATINAS UNIDAS EN SERVICIO,  
INC.

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Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		
	82b 212,588.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		
	N/A		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations		
a	Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
	N/A		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed		
	MN		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	67
91 a	The books are in care of		
	CLUES - ACCOUNTING DEPT		
	Located at		
	797 EAST 7TH STREET, ST. PAUL, MN	Telephone no.	(651) 379-4200
		ZIP + 4	55106
b	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)? If "Yes," enter the name of the foreign country		
	N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
91b		Yes	No
			X

Form 990 (2006)

**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?  91c  Yes  No  
 If "Yes," enter the name of the foreign country  N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year  92  N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a CLASS FEES					389,952.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	7,073.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt financed property					
b not debt financed property	532000	13,892.			156,518.
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	7,807.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS			01	95,371.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		13,892.		110,251.	546,470.
105 Total (add line 104, columns (B), (D), and (E))					670,613.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93 A	FEES RECEIVED FOR CHEMICAL DEPENDENCY CLASSES.
97B	RENTAL INCOME RECEIVED FOR PROVIDING SPACE TO OTHER NONPROFIT ORGANIZATIONS SERVING THE LATINO COMMUNITY.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
<b>Totals</b>					

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
<b>Totals</b>					

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here: *[Signature]* Date: 6/4/07  
 Signature of officer: *ROBERT A. CERA*  
 Type or print name and title: *VP FINANCE*

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: 5/25/2007 Check if self-employed:   
 Firm's name (or yours if self-employed): *LARSON ALLEN LLP* Preparer's SSN or PTIN (See Gen Inst X):  
 address, and ZIP + 4: *220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402* EIN:   
 Phone no.: *612-376-4500*

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2006**

Name of the organization **COMUNIDADES LATINAS UNIDAS EN SERVICIO, INC.** Employer identification number **41 1386986**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOSE CASELLANOS 797 EAST 7TH STREET, ST. PAUL, MN 551	MANAGER 40.00	57,290.	9,870.	0.
KERSTIN CARDINAS 797 EAST 7TH STREET, ST. PAUL, MN 551	VP - HR 40.00	57,631.	12,000.	0.
JAMES CARLSON 797 EAST 7TH STREET, ST. PAUL, MN 551	VP-FINANCE 40.00	62,003.	8,900.	0.
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

<b>Part III</b> Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
d	Enter the total number of donor advised funds owned at the end of the tax year ▶		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶		0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

COMUNIDADES LATINAS UNIDAS EN SERVICIO,

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5,396,018.	3,871,967.	4,126,137.	4,983,642.	18,377,764.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	354,890.	149,901.	22,035.	11,023.	537,849.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	108,472.	15,050.	2,696.	421.	126,639.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	462.	6,362.	SEE STATEMENT 13 19,875.	5,630.	32,329.
23 Total of lines 15 through 22	5,859,842.	4,043,280.	4,170,743.	5,000,716.	19,074,581.
24 Line 23 minus line 17	5,504,952.	3,893,379.	4,148,708.	4,989,693.	18,536,732.
25 Enter 1% of line 23	58,598.	40,433.	41,707.	50,007.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	370,735.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	460,128.
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	18,536,732.
d Add: Amounts from column (e) for lines: 18 126,639. 19 22 32,329. 26b 460,128.	26d	619,096.
e Public support (line 26c minus line 26d total)	26e	17,917,636.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	96.6602%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A

(2005)	(2004)	(2003)	(2002)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2005)	(2004)	(2003)	(2002)
c Add: Amounts from column (e) for lines: 15 17 20 21	27c	N/A		
d Add: Line 27a total and line 27b total	27d	N/A		
e Public support (line 27c total minus line 27d total)	27e	N/A		
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	N/A %		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	N/A %		

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.) N/A  
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check  a  if the organization belongs to an affiliated group. Check  b  if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is -                      The lobbying nontaxable amount is - Not over \$500,000                                      20% of the amount on line 40 Over \$500,000 but not over \$1,000,000                      \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000                      \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000                      \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000                                      \$1,000,000	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



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FOOTNOTES

STATEMENT 1

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FORM 990, PART II, LINE 42,  
DEPRECIATION OF LAND, BUILDINGS AND EQUIPMENT IS COMPUTED ON  
A STRAIGHT-LINE BASIS OVER THE ESTIMATED SERVICE LIVES OF  
THE ASSET.

268,056.

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FORM 990

RENTAL INCOME

STATEMENT 2

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
PARKING LOT RENTAL	1	13,892.
CLINICA RENTAL	2	100,441.
CONSULATE RENTAL	3	43,239.
MN INTERSHIP CTR RENTAL	4	9,293.
LINEA LEGAL LATINAL RENTAL	5	3,500.
MISC RENTAL	6	45.
TOTAL TO FORM 990, PART I, LINE 6A		170,410.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	7,807.	0.	0.	0.	7,807.
TO FM 990, PART I, LN 8	7,807.	0.	0.	0.	7,807.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
DIFFERENCE IN IN-KIND CONTRIBUTIONS	12,795.
TOTAL TO FORM 990, PART I, LINE 20	12,795.

FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25A

STATEMENT 5

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JESSE BETHKE	100,656.	9,800.	2,100.	112,556.
A. PROGRAM SERVICES	100,656.	9,800.	2,100.	112,556.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ROBERT CERA	84,782.	8,500.		93,282.
A. PROGRAM SERVICES	84,782.	8,500.		93,282.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				205,838.
TOTAL MANAGEMENT AND GENERAL				
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				<u>205,838.</u>

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE ONE

CHEMICAL HEALTH SERVICES- PROVIDES CHEMICAL HEALTH ASSESSMENTS, TREATMENT FOR ADOLESCENTS AND ADULTS, AND A CONTINUUM OF RELATED EDUCATIONAL, FAMILY, AND CARE SERVICES THAT ARE LINGUISTICALLY AND CULTURALLY APPROPRIATE. STARTING IN JANUARY 2007 CLUES WAS LICENSED TO PROVIDE THE FIRST SPANISH SPEAKING, COMPREHENSIVE CONTINUUM OF CARE IN MINNESOTA, INTEGRATING BOTH CHEMICAL DEPENDENCY AND MENTAL HEALTH TREATMENT IN A HOLISTIC APPROACH. THIS SERVICE PROVIDES A COMPREHENSIVE SUPPORT SERVICE DELIVERED IN A SUPPORTIVE ENVIRONMENT AND INCLUDES COMMUNITY AND HOME-BASED CASE MANAGEMENT ANED COUNSELING SERVICES IN A LINGUISTICALLY PROFICIENT AND CULTURALLY RELEVANT MANNER.

TO FORM 990, PART III, LINE A

GRANTS

EXPENSES

1,244,036.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE TWO

MENTAL HEALTH SERVICES- THE ONLY DUAL DIAGNOSTIC PROVIDER FOR SPANISH SPEAKERS IN MINNESOTA. THE AGENCY'S HIGH QUALITY LINGUISTICALLY AND CULTURALLY PROFICIENT CARE HELPS BUILD COMMUNITY BY PROVIDING CRITICAL EDUCATIONAL AND EMPLOYMENT OPPORTUNITIES FOR THOSE SEEKING TO REBUILD THEIR LIVES WHEN CHALLENGED BY DEPRESSION, SUBSTANCE ABUSE, AND/OR THE DEMANDS OF ACCULTURATION.

TO FORM 990, PART III, LINE B

GRANTS

EXPENSES

651,895.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE THREE

EDUCATION/LEARNING INSTITUTE - DEDICATED TO IMPROVING THE EDUCATIONAL LEVEL OF ADULT LATINOS BY IMPROVING THEIR ENGLISH PROFICIENCY, HELPING THEM LEARN BASIC COMPUTER SKILLS AND IMPROVE THEIR LITERACY IN THEIR NATIVE LANGUAGE. CLASSES ARE OFFERED YEAR ROUND DURING THE DAY AND IN THE EVENING IN BOTH THE ST. PAUL AND MINNEAPOLIS OFFICES AND LOCAL CHURCHES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		367,493.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 9  
PART III

EXPLANATION

TO RESPOND TO THE NEEDS OF THE RAPIDLY EXPANDING LATINO POPULATION.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 10

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
SENIOR/ELDER WELLNESS SERVICES - TERCER AMANACER, OPENED IN 2003 AS THE FIRST ADULT DAY CARE CENTER SERVING SPANISH-SPEAKING ELDERS AND THEIR FAMILIES. THE CENTER OFFERS ADVOCACY AND ACCESS SERVICES TO ELDERS AND CAREGIVERS; ADULT DAY SERVICES, SOCIAL ACTIVITIES AND TRANSPORTATION; EDUCATION AND OUTREACH. ITS OVERALL MISSION IS TO RECREATE AND ENHANCE THE TRADITIONAL ROLE OF ELDERS AS THE KEEPERS OF CULTURAL WISDOM AND EXPERIENCE WITHIN THE LATINO COMMUNITY AS WELL AS TO SUPPORT THEIR FAMILY CAREGIVERS.	0.	316,030.

FAMILY SERVICES - IN 2006, CLUES SEGREGATED FAMILY SERVICES FROM THE MENTAL HEALTH SERVICES AS A SEPARATE SERVICE. FAMILY SERVICES CONSIST OF A NUMBER OF DISPARATE SERVICES MEANT TO EDUCATE AND ENHANCE FAMILY LIFE. MANY OF THE SERVICES HELP FIRST GENERATION FAMILIES BETTER INTEGRATE INTO A NEW CULTURE. IT ALSO HELPS THEM NAVIGATE LEGAL, CULTURAL AND SOCIAL CHANGES. THESE SERVICES INCLUDE IMPROVING PARENTING SKILLS, TEEN MOTHERHOOD AND HELPING CHILDREN THAT HAVE BEEN PLACED IN FOSTER CARE TO REINTEGRATE BACK INTO THEIR NATURAL FAMILIES AND SOCIETY.

0. 498,068.

TOTAL TO FORM 990, PART III, LINE E

814,098.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	866,882.	0.	866,882.
BUILDING	3,586,352.	0.	3,586,352.
VEHICLES	58,695.	0.	58,695.
FURNITURE/EQUIPMENT	1,312,421.	0.	1,312,421.
SOFTWARE	152,016.	0.	152,016.
ACCUMULATED DEPRECIATION	0.	1,023,355.	-1,023,355.
TOTAL TO FORM 990, PART IV, LN 57	5,976,366.	1,023,355.	4,953,011.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JESSE BETHKE 797 EAST 7TH STREET ST. PAUL, MN 55106	PRESIDENT 40.00	100,656.	9,800.	2,100.
ROBERT CERA 797 EAST 7TH STREET ST. PAUL, MN 55106	VICE PRESIDENT, FINANCE 40.00	84,782.	8,500.	0.
TONY RODRIGUEZ 797 EAST 7TH STREET ST. PAUL, MN 55106	VICE CHAIRPERSON 1.00	0.	0.	0.
DIANE WATSON 797 EAST 7TH STREET ST. PAUL, MN 55106	CHAIRPERSON 1.00	0.	0.	0.
STEVE BRADY 797 EAST 7TH STREET ST. PAUL, MN 55106	TREASURER 1.00	0.	0.	0.
ELENA IZAKSONAS 797 EAST 7TH STREET ST. PAUL, MN 55106	SECRETARY 1.00	0.	0.	0.
ROMA CALATAYUD STOCKS 797 EAST 7TH STREET ST. PAUL, MN 55106	BOARD MEMBER 1.00	0.	0.	0.
ESPERANZA GUERRERO ANDERSON 797 EAST 7TH STREET ST. PAUL, MN 55106	BOARD MEMBER 1.00	0.	0.	0.
JOHN HERRON 797 EAST 7TH STREET ST. PAUL, MN 55106	BOARD MEMBER 1.00	0.	0.	0.
PATRICK J. KELLY 797 EAST 7TH STREET ST. PAUL, MN 55106	BOARD MEMBER 1.00	0.	0.	0.
DIEGO OSUNA 797 EAST 7TH STREET ST. PAUL, MN 55106	BOARD MEMBER 1.00	0.	0.	0.

MICHAEL RODRIGUEZ GOODSON 797 EAST 7TH STREET ST. PAUL, MN 55106	BOARD MEMBER 1.00	0.	0.	0.
LUZ MARIA SERRANO 797 EAST 7TH STREET ST. PAUL, MN 55106	BOARD MEMBER 1.00	0.	0.	0.
MARIA GOMEZ 797 EAST 7TH STREET ST. PAUL, MN 55106	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		185,438.	18,300.	2,100.

SCHEDULE A	OTHER INCOME			STATEMENT 13
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
MISCELLANEOUS INCOME	462.	6,362.	19,875.	5,630.
TOTAL TO SCHEDULE A, LINE 22	462.	6,362.	19,875.	5,630.

**COMUNIDADES LATINAS UNIDAS EN SERVICIO, INC.**

**DECEMBER 31, 2006**

**LONG-TERM DEBT**

Long-term debt consists of the following at December 31:

<u>Description</u>	<u>2006</u>	<u>2005</u>
The Organization received a loan from the Housing and Redevelopment Authority of the City of St. Paul, Minnesota on June 14, 2005 in the amount of \$417,000. Principal payments are deferred for a period of 20 years, and no interest accrues during the deferral period. Repayment in the amount of \$2,495 per month including interest at 1% will begin in 2025 and continue through 2040. However, the loan is immediately due and payable if the Organization relocates to any other location outside of the City of St. Paul. This loan is unsecured	\$ 417,000	\$ 417,000
Unamortized discount on the above loan at imputed interest rate of 6.06%	(320,289)	(327,263)
The Organization received a loan from the Housing and Redevelopment Authority of the City of St. Paul, Minnesota on June 14, 2005 in the amount of \$261,000. This loan bears interest at 0% and is forgivable at 10% per year commencing in 2006 and continuing through 2015. However, the loan is immediately due and payable if the Organization relocates to any other location outside of the City of St. Paul. This loan is unsecured.	234,900	261,000
Unamortized discount on the above loan at imputed interest rate of 6.06%	(53,287)	(115,497)

**COMUNIDADES LATINAS UNIDAS EN SERVICIO, INC.**

**DECEMBER 31, 2006**

**LONG-TERM DEBT (CONTINUED)**

<u>Description</u>	<u>2006</u>	<u>2005</u>
The Organization received a loan from the Housing and Redevelopment Authority of the City of St. Paul, Minnesota on June 14, 2005 in the amount of \$170,000. Principal payments are deferred for a period of 10 years, and no interest accrues during the deferral period. Repayment in the amount of \$1,174 per month including interest at 3% will begin in 2015 and continue through 2030. However, the loan is immediately due and payable if the Organization relocates to any other location outside of the City of St. Paul. This loan is unsecured.	170,000	170,000
Unamortized discount on the above loan at imputed interest rate of 6.06%	(91,350)	(93,899)
The Organization received a loan from the Otto Bremer Foundation dated July 30, 2001 in the amount of \$150,000. Repayment is in the amount of \$50,000 each year for three years with 5% interest on the unpaid balance. In 2003, the Organization received an additional loan from the Otto Bremer Foundation dated April 2003 in the amount of \$850,000. Payments were made in 2006 in the amount of \$170,000 and in 2005 in the amount of \$380,000. The loans are unsecured.	-	170,000
Construction Loan, maximum \$2,240,000 - On April 12, 2004 the organization entered into a Construction Loan with Bremer Bank, interest is fixed at 6.06%, monthly interest payments are required through the completion date, January 12, 2005. Construction was completed in 2005, and the loan commenced monthly principal and interest payments amortized over 240 months for a period of 5 years with all remaining interest and principal being due and payable on January 12, 2010. Loan is secured by Mortgage, Security Agreement and Fixture Financing Statement on constructed building.	1,435,060	2,185,307
<b>Total</b>	<b>1,792,034</b>	<b>2,666,648</b>
Less. Current Maturities	135,174	62,283
<b>Long-Term Debt</b>	<b>\$ 1,656,860</b>	<b>\$ 2,604,365</b>

**COMUNIDADES LATINAS UNIDAS EN SERVICIO, INC.**

**DECEMBER 31, 2006**

**LONG-TERM DEBT (CONTINUED)**

The security interests of the Housing and Redevelopment Authority of the City of St. Paul are subordinate to the security interest of the lender of the Construction Loan.

The maturity requirements on long-term debt are as follows:

<u>Year Ending December 31,</u>	<u>Amount</u>
2007	\$ 135,174
2008	142,503
2009	150,091
2010	1,111,692
2011	26,100
Thereafter	<u>691,400</u>
Total Long-Term Debt	2,256,960
Less: Current Portion	135,174
Less: Unamortized Discounts	<u>464,926</u>
Long-Term Portion	<u>\$ 1,656,860</u>

The Organization recorded interest expense in the amount of \$155,963 and \$164,501 for the years ended December 31, 2006 and 2005, respectively. There was also \$-0- and \$38,332 in interest paid which was capitalized as part of land, buildings, and equipment in the years ended December 31, 2006 and 2005, respectively.

**LINE AND LETTER OF CREDIT**

On September 8, 2006, the Organization renewed a \$260,000 revolving line of credit with Bremer Bank. The line of credit has an advance rate of prime plus 1% (8.25% at December 31, 2006). Borrowings are secured by the Organization's inventory, equipment, accounts receivable, and general intangibles. Advances under the line of credit were \$50,000 and \$-0- as of December 31, 2006 and 2005, respectively

On July 26, 2006, the Organization entered into an irrevocable standby letter of credit for an amount not to exceed \$60,000, and bearing interest at 10%. The letter renews automatically for one year increments each July 26 but can not be extended beyond the third anniversary date. On the first anniversary date of the letter, the amount available will be reduced to \$40,000 and upon the second anniversary date will be reduced to \$20,000. Advances on the letter of credit were \$-0- at December 31, 2006.

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

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization <b>COMUNIDADES LATINAS UNIDAS EN SERVICIO, INC.</b>	Employer identification number <b>41-1386986</b>
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O. box, see instructions. <b>797 EAST 7TH STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ST. PAUL, MN 55106</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ **CLUES - ACCOUNTING DEPT**  
Telephone No ▶ **(651) 379-4200** FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2006** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$	N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

Form 8868 (Rev. 12-2006)

AY 5/13/07