

**Return of Organization Exempt From Income Tax**

**2008**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A For the 2008 calendar year, or tax year beginning** and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. <b>C Name of organization</b> COMUNIDADES LATINAS UNIDAS EN SERVICIO, INC. Doing Business As	<b>D Employer identification number</b> 41-1386986
	See Specific Instructions. 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	<b>E Telephone number</b> 651-379-4200
<b>F Name and address of principal officer:</b> JESSE BETHKE GOMEZ SAME AS C ABOVE		<b>G Gross receipts \$</b> 4,634,829. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.CLUES.ORG		
<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1981 <b>M State of legal domicile:</b> MN

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>TO RESPOND TO THE NEEDS OF THE RAPIDLY EXPANDING LATINO POPULATION.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of employees (Part V, line 2a)	5	82
	6 Total number of volunteers (estimate if necessary)	6	197
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	12,858.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-35,922.	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,763,798.	3,918,065.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	378,507.	468,767.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,301.	-9,193.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	253,983.	246,690.
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,402,589.	4,624,329.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,556,368.	2,927,168.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	17,482.	17,557.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 260,993.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,236,667.	1,620,478.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,810,517.	4,565,203.
19 Revenue less expenses. Subtract line 18 from line 12	592,072.	59,126.	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	6,235,627.	6,034,370.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,527,389.	1,267,007.
		4,708,238.	4,767,363.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date
	ROBERT CERA, V.P. FINANCE Type or print name and title	
<b>Paid Preparer's Use Only</b>	Preparer's signature: <i>[Signature]</i> Firm's name (or yours if self-employed), address, and ZIP + 4: LARSON ALLEN LLP, 220 SOUTH SIXTH STREET, SUITE 300, MINNEAPOLIS, MN 55402	Date: 4/13/2009 Check if self-employed: <input type="checkbox"/>
	Preparer's identifying number (see instructions): EIN ▶ Phone no. ▶ 612-376-4500	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
CLUES' MISSION IS TO ENHANCE THE QUALITY OF LIFE FOR LATINOS IN MINNESOTA

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 842,340. Including grants of \$ ) (Revenue \$ 93,786.)
CHEMICAL HEALTH SERVICES - CLUES' CHEMICAL HEALTH SERVICES PROVIDE CHEMICAL HEALTH ASSESSMENTS, CULTURALLY SPECIFIC OUT-PATIENT TREATMENT FOR ADULTS, AND CHEMICAL HEALTH PREVENTION EDUCATION. THIS DEPARTMENT LAUNCHED THE FIRST MICD (MENTAL ILLNESS CHEMICAL DEPENDENCY) CULTURALLY COMPETENT AND LINGUISTICALLY APPROPRIATE PROGRAM IN MINNESOTA. THE CHEMICAL HEALTH SERVICES PROVIDED SERVICE FOR MORE THAN 16,000 CLIENT VISITS. OF THE CLIENTS SURVEYED, MORE THAN 90% REPORTED SATISFACTION WITH THE SERVICES.

4b (Code: ) (Expenses \$ 670,411. Including grants of \$ ) (Revenue \$ )
EMPLOYMENT - CLUES' EMPLOYMENT PROGRAM GOAL IS TO PROVIDE LATINO ADULTS WITH SECURE EMPLOYMENT, PREFERABLY WITH BENEFITS.

4c (Code: ) (Expenses \$ 613,884. Including grants of \$ ) (Revenue \$ 48,527.)
MENTAL HEALTH SERVICES - CLUES' MENTAL HEALTH SERVICES IS THE ONLY DUAL DIAGNOSTIC, CO-THERAPEUTIC PROVIDER FRO SPANISH SPEAKERS IN MINNESOTA. CLUES' HIGH QUALITY, LINGUISTICALLY APPROPRIATE AND CULTURALLY COMPETENT CARE, ASSISTS INDIVIDUALS AND FAMILIES TO REBUILD THEIR LIVES WHEN CHALLENGED BY DEPRESSION AND OTHER MENTAL ILLNESSES. WE PROVIDE PSYCHOTHERAPY, HOME-BASED MANAGEMENT SERVICES, PARENTING SKILLS EDUCATION, EMOTIONAL MANAGEMENT THERAPY, SEXUAL ASSAULT PREVENTION AND FAMILY THERAPY. IN 2008, THE CLUES MENTAL HEALTH DEPARTMENT SERVED MORE THAN 3900 CLIENT VISITS. OF THE CLIENTS PARTICIPATING IN ANY GIVEN PROGRAM, 90% SELF-REPORTED BEING SATISFIED WITH THE OVERALL SERVICES PROVIDED TO THEM. THE OVERALL OBJECTIVE OF THE MENTAL HEALTH SERVICES IS TO STABILIZE CLIENTS EMOTIONALLY SO THAT THEY CAN RETURN TO THEIR

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 1,527,795. Including grants of \$ ) (Revenue \$ 327,299.)

4e Total program service expenses ► \$ 3,654,430. (Must equal Part IX, Line 25, column (B).)

**Part IV 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)? <i>If "Yes," complete Schedule A</i> .....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> ...		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .....		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .....		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> .....		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV .....	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV .....	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV .....	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .....	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I .....	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 .....	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .....	35	X
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	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI .....	37	X

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	38		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	82		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		X
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4a			
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
4b			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
7h			
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	X	
8			
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	<b>Section 501(c)(7) organizations.</b> Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	<b>Section 501(c)(12) organizations.</b> Enter: N/A		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
12b			

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	13	
b	Enter the number of voting members that are independent	13	
2	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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or 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		X

**Section B. Policies**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed <b>MN</b>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: <b>▶</b> <b>ROBERT CERA - 651-379-4200</b> <b>797 EAST 7TH STREET, ST. PAUL, MN 55106</b>

**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. Use Schedule J-2 if additional space is needed.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICK KELLY CHAIRPERSON	1.00	X		X				0.	0.	0.
TONY RODRIGUEZ VICE - CHAIRPERSON	1.00	X		X				0.	0.	0.
STEVE BRADY TREASURER	1.00	X		X				0.	0.	0.
ELENA IZAKSONAS SECRETARY	1.00	X		X				0.	0.	0.
CARMEN CABALLES-VEGA BOARD DIRECTOR	1.00	X						0.	0.	0.
RAFAEL MARQUEZ BOARD DIRECTOR	1.00	X						0.	0.	0.
MICHAEL R. GOODSON BOARD DIRECTOR	1.00	X						0.	0.	0.
DAVE SPADING BOARD DIRECTOR	1.00	X						0.	0.	0.
JOHN HERRON BOARD DIRECTOR	1.00	X						0.	0.	0.
DIEGO OSUNA BOARD DIRECTOR	1.00	X						0.	0.	0.
LUZ MARIA SERRRANO BOARD DIRECTOR	1.00	X						0.	0.	0.
SANDRA BALAGUERA BOARD DIRECTOR	1.00	X						0.	0.	0.
NANCY BARCELO BOARD DIRECTOR	1.00	X						0.	0.	0.
JESSE BETHKE GOMEZ PRESIDENT	40.00			X				111,213.	0.	5,990.
ROBERT CERA V.P. OF FINANCE	40.00			X				100,693.	0.	6,237.



COMUNIDADES LATINAS UNIDAS EN SERVICIO,  
INC.

Form 990 (2008)

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Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,075,489.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,842,576.			
	g Noncash contributions included in lines 1a-1f: \$		9,235.			
	h Total. Add lines 1a-1f		3918065.			
	Program Service Revenue	2 a CLIENT PAID INSURANCE	Business Code 624100	468,767.	468,767.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			468,767.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,307.		1,307.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	192059.			
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)	192059.			
	d Net rental income or (loss)		192,059.		12,858.	179,201.
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses		10,500.		
		c Gain or (loss)		-10500.		
	d Net gain or (loss)		-10,500.			-10,500.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS	900099	54,631.	845.		53,786.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		54,631.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		4624329.	469,612.	12,858.	223,794.	

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02-02-09

Form 990 (2008)

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	224,134.	111,040.	61,380.	51,714.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	2,153,051.	1,968,534.	43,307.	141,210.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	370,328.	295,596.	63,040.	11,692.
10 Payroll taxes .....	179,655.	133,488.	37,421.	8,746.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	39,079.	28,000.	11,079.	
c Accounting .....	53,952.	38,302.	15,650.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17	17,557.			17,557.
f Investment management fees .....				
g Other .....	290,095.	202,729.	87,366.	
12 Advertising and promotion .....				
13 Office expenses .....	257,548.	203,897.	50,247.	3,404.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	463,435.	433,274.	9,861.	20,300.
17 Travel .....	53,641.	46,926.	6,338.	377.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	49,886.	34,920.	14,586.	380.
20 Interest .....	66,629.		66,629.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	233,152.	97,179.	131,233.	4,740.
23 Insurance .....	43,270.	18,637.	23,760.	873.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>FINANCIAL ASSISTANCE</b> .....	28,003.	28,003.		
b <b>MISCELLANEOUS</b> .....	27,045.	6,381.	20,664.	
c <b>SUBSCRIPTIONS AND DUES</b> .....	14,743.	7,524.	7,219.	
d .....				
e .....				
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	4,565,203.	3,654,430.	649,780.	260,993.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing .....	105,551.	1	-10,809.
	2 Savings and temporary cash investments .....	84,678.	2	107,080.
	3 Pledges and grants receivable, net .....	1,240,944.	3	553,780.
	4 Accounts receivable, net .....		4	374,238.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	16,069.	9	24,274.
	10a Land, buildings, and equipment: cost basis ...	10a 6,455,306.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D .....	10b 1,469,499.	4,788,385.	10c 4,985,807.
	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	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		6,235,627.	16	6,034,370.
Liabilities	17 Accounts payable and accrued expenses .....	348,185.	17	189,760.
	18 Grants payable .....		18	
	19 Deferred revenue .....	7,638.	19	60,000.
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	1,171,566.	23	1,017,247.
	24 Unsecured notes and loans payable .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....		1,527,389.	26
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets .....	3,188,530.	27	3,424,363.
	28 Temporarily restricted net assets .....	1,506,208.	28	1,329,500.
	29 Permanently restricted net assets .....	13,500.	29	13,500.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 .....		32	
33 <b>Total net assets or fund balances</b> .....		4,708,238.	33	4,767,363.
34 <b>Total liabilities and net assets/fund balances</b> .....		6,235,627.	34	6,034,370.

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X
b Were the organization's financial statements audited by an independent accountant? .....	2b	X
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	3a	X
b If "Yes," did the organization undergo the required audit or audits? .....	3b	X



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,039,657.	5,530,062.	4,465,936.	4,763,798.	3,918,065.	22,717,518.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	4,039,657.	5,530,062.	4,465,936.	4,763,798.	3,918,065.	22,717,518.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						908,629.
6 Public Support. Subtract line 5 from line 4.						21,808,889.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	4,039,657.	5,530,062.	4,465,936.	4,763,798.	3,918,065.	22,717,518.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,050.	108,472.	177,483.	187,950.	193,366.	682,321.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	6,362.	462.	95,371.	72,514.	54,631.	229,340.
11 Total support. Add lines 7 through 10						23,629,179.
12 Gross receipts from related activities, etc. (see instructions)					12	1,742,017.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	92.30 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	96.04 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 - 5 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
c Add lines 7a and 7b .....						
8 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

Name of the organization

COMUNIDADES LATINAS UNIDAS EN SERVICIO,  
INC.

Employer identification number

41-1386986

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization <b>COMUNIDADES LATINAS UNIDAS EN SERVICIO, INC.</b>	Employer identification number <b>41-1386986</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ <u>136,682.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ <u>681,139.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ <u>839,655.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ <u>128,888.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ <u>345,275.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ <u>81,933.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>COMUNIDADES LATINAS UNIDAS EN SERVICIO, INC.</b>	Employer identification number <b>41-1386986</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 113,960.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization **COMUNIDADES LATINAS UNIDAS EN SERVICIO, INC.**

Employer identification number  
**41-1386986**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).
 

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

	Held at the End of the Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? .....
- Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 

(i) Revenues included in Form 990, Part VIII, line 1 .....	▶ \$ _____
(ii) Assets included in Form 990, Part X .....	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
 

a Revenues included in Form 990, Part VIII, line 1 .....	▶ \$ _____
b Assets included in Form 990, Part X .....	▶ \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5136527.				
b Contributions	456,798.				
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	281,765.				
f Administrative expenses					
g End of year balance	5311560.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  74.72 %
  - b Permanent endowment  .25 %
  - c Term endowment  25.03 %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   |     | X  |
| (ii) related organizations  |     | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b  |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		866,882.		866,882.
b Buildings		3,574,352.	380,841.	3,193,511.
c Leasehold improvements				
d Equipment		1,594,440.	1,073,986.	520,454.
e Other		419,632.	14,672.	404,960.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				4,985,807.



COMUNIDADES LATINAS UNIDAS EN SERVICIO,  
INC.

Schedule D (Form 990) 2008

41-1386986 Page 4

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,624,329.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,565,203.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	59,126.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	59,126.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	4,929,538.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	294,709.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	294,709.
3	Subtract line 2e from line 1	3	4,634,829.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-10,500.
c	Add lines 4a and 4b	4c	-10,500.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	4,624,329.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	4,870,413.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	294,710.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	10,500.
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	305,210.
3	Subtract line 2e from line 1	3	4,565,203.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	4,565,203.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART V, LINE 4: TO ACCOMPLISH THE ORGANIZATION'S EXEMPT PURPOSE.**

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

**LOSS ON DISPOSAL OF FIXED ASSETS**



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts .....				
	2	Less: Charitable contributions .....				
	3	Gross revenue (line 1 minus line 2) .....				
Direct Expenses	4	Cash prizes .....				
	5	Non-cash prizes .....				
	6	Rent/facility costs .....				
	7	Other direct expenses .....				
	8	Direct expense summary. Add lines 4 through 7 in column (d) .....				( )
	9	Net income summary. Combine lines 3 and 8 in column (d) .....				( )

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1	Gross revenue .....			
	2	Cash prizes .....			
Direct Expenses	3	Non-cash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
8	Net gaming income summary. Combine lines 1 and 7 in column (d) .....				( )

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? .....	9a	X
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....	10a	X
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? .....	11	X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....	12	X

COMUNIDADES LATINAS UNIDAS EN SERVICIO,  
INC.

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in:			
a The organization's facility .....	13a	%	
b An outside facility .....	13b	%	
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶ _____			
Address ▶ _____			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....		15a	X
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.			
c If "Yes," enter name and address:			
Name ▶ _____			
Address ▶ _____			
<b>16</b> Gaming manager information:			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
_____			
_____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....		17a	X
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

COMUNIDADES LATINAS UNIDAS EN SERVICIO, INC.

Employer identification number  
41-1386986

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

CLUES STARTED A NEW PROGRAM CALLED THE LEARNING TOGETHER PROGRAM. IT IS A PROGRAM THAT ADDRESSES ALL LATINO FAMILIES WITHIN THE SAINT PAUL PUBLIC SCHOOL SYSTEM. IT IS WORKING IN TANDEM WITH THE LATINO CONSENT DECREE TO TEACH LATINO PARENTS AND CHILDREN THE VALUE OF EDUCATION.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

EVERYDAY ACTIVITIES. A LONGER TERM GOAL IS TO KEEP THE INDIVIDUAL MENTALLY HEALTHY SO THAT THEY CAN HOLD A JOB LONG-TERM, SUPPORT THEIR FAMILY, AND / OR LIVE A PRODUCTIVE LIFESTYLE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY HEALTH WORKER SERVICES - WE RECRUIT AND PROVIDE TRAINING FOR LATINO YOUTH AND ADULTS TO BECOME BILINGUAL COMMUNITY HEALTH WORKERS TO EDUCATE THEIR PEERS, FAMILIES AND COMMUNITIES ABOUT THE ADVERSE HEALTH EFFECTS OF TOBACCO USE, OVER-EATING, AND NOT EXERCISING. THE PROGRAM ALSO TEACHES THE COMMUNITY ABOUT WAYS TO TREAT AND PREVENT CANCER, DIABETES AND CARDIOVASCULAR DISEASE.

EXPENSES \$ 266827. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FAMILY SERVICES - 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 PROGRAMS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211  
12-18-08

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

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Name of the organization

COMUNIDADES LATINAS UNIDAS EN SERVICIO,  
INC.

Employer identification number

41-1386986

AND HELPING CHILDREN THAT HAVE BEEN PLACED IN FOSTER CARE TO

REINTEGRATE BACK INTO THEIR NATURAL FAMILIES AND SOCIETY.

EXPENSES \$ 548740. INCLUDING GRANTS OF \$ 0. REVENUE \$ 45.

AGING WELL SERVICES - RENAMED FROM ELDER WELLNESS, THE AGING WELL

SERVICES OFFER A FULLY BILINGUAL ENGLISH / SPANISH ADULT DAY CARE

CENTER. ADDITIONALLY, THE PROGRAM IS DEDICATED TO PROVIDING SOCAIL

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. FAMILY CAREGIVERS ARE ALSO SUPPORTED BY THIS PROGRAM.

EXPENSES \$ 438797. INCLUDING GRANTS OF \$ 0. REVENUE \$ 326054.

EDUCATION - CLUES' EDUCATION PROGRAM IS DESIGN TO PROVIDE LATINO

PARENTS AND CHILDREN THE TOOLS NEEDED FOR ACADEMIC AND FINANCIAL

SUCCESS AND FAMILY WELL-BEING.

EXPENSES \$ 273431. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1200.

FORM 990, PART VI, SECTION A, LINE 4: CLUES BOARD OF DIRECTORS WAS

CHANGED TO CONSIST OF 15 MEMBERS INSTEAD OF 13 MEMBERS.

FORM 990, PART VI, SECTION A, LINE 10: THE 990 IS DISTRIBUTED PRIOR TO THE

BOARD MEETING TO ALL BOARD MEMBERS FOR REVIEW. AT THE SUBSEQUENT BOARD

MEETING ANY QUESTIONS ARE DISCUSSED AND RESOLVED AFTER WHICH THE RETURN IS

ACCEPTED BY BOARD MOTION AND FILED WITH THE IRS.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	COMUNIDADES LATINAS UNIDAS EN SERVICIO, INC.	Employer identification number	41-1386986
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FORM 990, PART VI, SECTION B, LINE 12C: CONFLICTS, IF ANY, ARE RESOLVED BY THE BOARD CHAIR AND EXECUTIVE COMMITTEE. TO DATE NO CONFLICTS HAVE BEEN DISCOVERED.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE PAY IS DETERMINED THROUGH AN ANNUAL REVIEW BY THE PRESIDENT AND CONSIDERS THE INDIVIDUAL CONTRIBUTION TO THE ORGANIZATION, PERFORMANCE OVER THE PAST YEAR AND REFERENCES OTHER SIMILAR SIZED NONPROFIT ORGANIZATIONS IN THE MIDWEST FOR SIMILAR POSITIONS. THE REVIEW OF THE PRESIDENT IS PERFORMED, IN A SIMILAR MANNER, BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE REVIEW FOR THE COMPENSATION OF CEO AND VP OF FINANCE WAS DONE IN 2008.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION POSTS ITS ANNUAL AUDITED FINANCIAL REPORTS ON ITS WEBSITE ALONG WITH THE 990 TAX RETURN. THE ORGANIZATION ALSO ADOPTS AND PROVIDES DETAILED OPERATING INFORMATION TO THE CHARITIES REVIEW COUNCIL. THE CHARITIES REVIEW COUNCIL IS AN INDEPENDENT ORGANIZATION WHICH LOOKS AT STANDARDS TO MEASURE PERFORMANCE OF NONPROFITS. IT LOOKS AT PERFORMANCE IN FOUR CRITICAL AREAS, PUBLIC DISCLOSURE, GOVERNANCE, FINANCIAL ACTIVITY AND FUNDRAISING. IN GENERAL, CLUES ALIGNS ITSELF TO THE STANDARDS ESTABLISHED BY THE CHARITIES REVIEW COUNCIL.

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2008**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

For calendar year 2008 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year <b>6,034,370.</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions for Block D on page 9.) <b>41-1386986</b></p> <p><b>E</b> Unrelated business activity codes (See instructions for Block E on page 9.) <b>532000</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>COMUNIDADES LATINAS UNIDAS EN SERVICIO, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. <b>797 EAST 7TH STREET</b></p> <p>City or town, state, and ZIP code <b>ST. PAUL, MN 55106</b></p> <p><b>F</b> Group exemption number (See instructions for Block F.) ▶ _____</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
---	--	--

**H** Describe the organization's primary unrelated business activity. ▶ **PARKING LOT RENTAL**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? .....  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶ \_\_\_\_\_

**J** The books are in care of ▶ **ROBERT CERA** Telephone number ▶ **651-379-4200**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____			
b Less returns and allowances _____ c Balance ▶ _____			
2 Cost of goods sold (Schedule A, line 7) _____			
3 Gross profit. Subtract line 2 from line 1c _____			
4 a Capital gain net income (attach Schedule D) _____			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) _____			
c Capital loss deduction for trusts _____			
5 Income (loss) from partnerships and S corporations (attach statement) _____			
6 Rent income (Schedule C) _____	<b>12,858.</b>		<b>12,858.</b>
7 Unrelated debt-financed income (Schedule E) _____			
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) _____			
10 Exploited exempt activity income (Schedule I) _____			
11 Advertising income (Schedule J) _____			
12 Other income (See instructions; attach schedule.) _____			
13 <b>Total.</b> Combine lines 3 through 12 _____	<b>12,858.</b>		<b>12,858.</b>

**Part II Deductions Not Taken Elsewhere** (see instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K) _____	14	
15 Salaries and wages _____	15	
16 Repairs and maintenance _____	16	<b>3,561.</b>
17 Bad debts _____	17	
18 Interest (attach schedule) _____ <b>SEE STATEMENT 1</b>	18	<b>11,434.</b>
19 Taxes and licenses _____	19	
20 Charitable contributions (See instructions for limitation rules.) _____	20	
21 Depreciation (attach Form 4562) _____	21	<b>11,076.</b>
22 Less depreciation claimed on Schedule A and elsewhere on return _____	22a	
23 Depletion _____	22b	<b>11,076.</b>
24 Contributions to deferred compensation plans _____	23	
25 Employee benefit programs _____	24	
26 Excess exempt expenses (Schedule I) _____	25	
27 Excess readership costs (Schedule J) _____	26	
28 Other deductions (attach schedule) _____ <b>SEE STATEMENT 2</b>	27	
29 <b>Total deductions.</b> Add lines 14 through 28 _____	28	<b>22,709.</b>
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 _____	29	<b>48,780.</b>
31 Net operating loss deduction (limited to the amount on line 30) _____	30	<b>-35,922.</b>
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 _____	31	<b>0.</b>
33 Specific deduction (Generally \$1,000, but see instructions for exceptions) _____	32	<b>-35,922.</b>
34 <b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 _____	33	<b>1,000.</b>
	34	<b>-35,922.</b>

**Part III Tax Computation**

35 Organizations Taxable as Corporations. See instructions for tax computation.  
 Controlled group members (sections 1561 and 1563) check here  See instructions and:  
 a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_  
 b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_  
 c Income tax on the amount on line 34 **35c** 0.  
 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:  
 Tax rate schedule or  Schedule D (Form 1041) **36**  
 37 Proxy tax. See instructions **37**  
 38 Alternative minimum tax **38**  
 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.

**Part IV Tax and Payments**

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**  
 b Other credits (see instructions) **40b**  
 c General business credit. Attach Form 3800 **40c**  
 d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**  
 e Total credits. Add lines 40a through 40d **40e**  
 41 Subtract line 40e from line 39 **41** 0.  
 42 Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) **42**  
 43 Total tax. Add lines 41 and 42 **43** 0.  
 44a Payments: A 2007 overpayment credited to 2008 **44a**  
 b 2008 estimated tax payments **44b**  
 c Tax deposited with Form 8868 **44c**  
 d Foreign organizations: Tax paid or withheld at source (see instructions) **44d**  
 e Backup withholding (see instructions) **44e**  
 f Other credits and payments:  Form 2439  Form 4136  Other \_\_\_\_\_ Total **44f**  
 45 Total payments. Add lines 44a through 44f **45**  
 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached  **46**  
 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 0.  
 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0.  
 49 Enter the amount of line 48 you want: Credited to 2009 estimated tax  Refunded  **49**

**Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 18)

1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here \_\_\_\_\_ **Yes** **No**  
 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. \_\_\_\_\_ **Yes** **No**  
 3 Enter the amount of tax-exempt interest received or accrued during the tax year  \$ \_\_\_\_\_ **Yes** **No**

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation  N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<b>Yes</b> <b>No</b>
4a Additional section 263A costs	4a				<input checked="" type="checkbox"/> <input type="checkbox"/>
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				<input checked="" type="checkbox"/>

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **PRESIDENT**  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer's Use Only**  
 Preparer's signature: \_\_\_\_\_ Date: **4/13/09** Check if self-employed   
 Firm's name (to whom self-employed), address, and ZIP code: **LARSON ALLEN LLP**  
**220 SOUTH SIXTH STREET, SUITE 300**  
**MINNEAPOLIS, MN 55402**  
 Preparer's SSN or PTIN: **P00078514**  
 EIN: **41-0746749**  
 Phone no.: **612-376-4500**

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instr. on pg 19)

1 Description of property

(1) PARKING LOT RENTAL		
(2)		
(3)		
(4)		
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)	12,858.	
(2)		
(3)		
(4)		
Total	0.	Total 12,858.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 8, column (B)
12,858.		0.

**Schedule E - Unrelated Debt-Financed Income** (See instructions on page 19)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (See instructions on page 20)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations				
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
Totals					0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (see instructions on page 21)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	0.	0.				0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

FORM 990-T	INTEREST PAID	STATEMENT	1
DESCRIPTION		AMOUNT	
INTEREST EXPENSE		11,434.	
TOTAL TO FORM 990-T, PAGE 1, LINE 18		11,434.	

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
MANAGEMENT/ADMINISTRATIVE		7,109.	
UTILITIES		1,632.	
MAINTENANCE/SNOW REMOVAL		10,346.	
SECURITY		420.	
INSURANCE		3,202.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		22,709.	