

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

2013Open to Public
InspectionDo not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990**A** For the 2013 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

COMUNIDADES LATINAS UNIDAS EN SERVICIO, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

797 EAST 7TH STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

ST. PAUL, MN 55106

F Name and address of principal officer: ANA RUBI LEE
SAME AS C ABOVE**D** Employer identification number

41-1386986

E Telephone number

651-379-4200

G Gross receipts \$ 5,569,694.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.CLUES.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 1978**M** State of legal domicile: MN**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ADVANCE THE CAPACITY OF LATINO FAMILITES TO BE HEALTHY, PROSPEROUS, AND ENGAGED IN THEIR		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	113
	6 Total number of volunteers (estimate if necessary)	6	398
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,730,691.	Current Year 4,753,094.
	9 Program service revenue (Part VIII, line 2g)	715,223.	678,235.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	309.	38.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	128,412.	138,327.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,574,635.	5,569,694.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	141,068.	104,742.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,275,160.	3,824,070.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,635.	0.
Expenses	b Total fundraising expenses (Part IX, column (D), line 25)	227,700.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,831,700.	1,710,752.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,250,563.	5,639,564.
	19 Revenue less expenses. Subtract line 18 from line 12	-675,928.	-69,870.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,951,393.	End of Year 5,769,333.
	21 Total liabilities (Part X, line 26)	694,120.	581,930.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,257,273.	5,187,403.

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.

Sign Here

Signature of officer

Date

ANA RUBI LEE, PRESIDENT

Type or print name and title

Paid

Print/Type preparer's name
RYAN ROBINSON

Preparer's signature

Date

Check if self-employed

PTIN

P01687944

Preparer Use Only

Firm's name CLIFTONLARSONALLEN LLP

Firm's EIN 41-0746749

Firm's address 220 SOUTH SIXTH STREET, SUITE 300
MINNEAPOLIS, MN 55402

Phone no. 612-376-4500

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

☒ Yes ☐ No

332001 10-29-13

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

COPY

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒

1 Briefly describe the organization's mission:

CLUES' MISSION IS TO ADVANCE THE CAPACITY OF LATINO FAMILIES TO BE HEALTHY, PROSPEROUS, AND ENGAGED IN THEIR COMMUNITIES.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,635,689. Including grants of \$ 84,295.) (Revenue \$ 1,310.)

EDUCATIONAL ACHIEVEMENT AND ECONOMIC VITALITY:

EDUCATIONAL ACHIEVEMENT AND ECONOMIC VITALITY SERVICES INCLUDES A WIDE ARRAY OF SERVICES THAT INCORPORATE EMPLOYMENT SERVICES, EDUCATION SERVICES, THE FINANCIAL EMPOWERMENT PROGRAM, AND THE LEARNING TOGETHER PROGRAM UNDER ONE HOLISTIC SYSTEM OF SERVICE DELIVERY. CLUES HELPS CLIENTS TO BUILD ON THEIR STRENGTHS AND OVERCOME BARRIERS TO EMPLOYMENT, FAMILY STABILITY, AND LONG-TERM SELF-SUFFICIENCY. THE AGENCY'S EDUCATIONAL ACHIEVEMENT AND ECONOMIC VITALITY SERVICES USES A MULTI-LINGUAL, CULTURALLY-PROFICIENT APPROACH TO HELP LOW-INCOME, UNDERSERVED LATINO AND NEW IMMIGRANT COMMUNITIES TO DEVELOP ECONOMIC VITALITY AND CREATE AND SUSTAIN WEALTH. THESE ECONOMIC ADVANCEMENT PROGRAMS SET THE STAGE FOR THE LONG-TERM PROSPERITY OF THE CLIENTS

4b (Code:) (Expenses \$ 989,371. Including grants of \$ 365.) (Revenue \$ 313,420.)

MENTAL HEALTH SERVICES:

MENTAL HEALTH SERVICES HAS BEEN THE ROOTS OF CLUES SINCE IT WAS ESTABLISHED AS A MENTAL HEALTH SERVICES PROVIDER FOR MINNESOTA'S LATINO COMMUNITY IN 1981. THESE HIGH-QUALITY, PERSON-CENTERED SERVICES FOCUS ON MEETING THE MENTAL HEALTH NEEDS OF ALL AGE GROUPS TO ADVANCE THE WELL-BEING OF INDIVIDUALS AND FAMILIES. WE OFFER INDIVIDUAL AND FAMILY COUNSELING IN ORDER TO EASE ACCULTURATION AND TO CREATE HEALTHY FAMILIES WITH STABLE SUPPORT NETWORKS. ADDITIONALLY, WE PROVIDE DIAGNOSTIC ASSESSMENTS, YOUTH CASE MANAGEMENT, A PROGRAM TO HELP CLIENTS WHO HAVE BEEN SEXUALLY-ASSAULTED, AND COMMUNITY OUTREACH AND ADVOCACY. WE RESPECT OUR CLIENTS' RIGHT TO PRIVACY, SAFETY, AND DIGNITY TO ENSURE THAT THEY RECEIVE THE HIGHEST QUALITY OF CARE AS THEY TAKE

4c (Code:) (Expenses \$ 683,065. Including grants of \$ 1,856.) (Revenue \$ 0.)

FAMILY SERVICES:

FAMILY SERVICES ADDRESS LATINO FAMILY NEEDS THROUGH ADVOCACY, PARENTING EDUCATION, COMMUNITY RESOURCES EDUCATION AND ACCESS ASSISTANCE, REFERRALS, AND CASE MANAGEMENT. BY TEACHING POSITIVE PARENTING AND COPING SKILLS, CLUES HELPS TO IMPROVE THE HEALTH AND EMOTIONAL WELL-BEING OF CHILDREN AND FAMILIES. THESE PARENTING SKILLS, ACQUIRED THROUGH PARENT PEER-SUPPORT GROUPS, ADDRESSES SUCH COMPLEX AND INTERRELATED ISSUES AS ISOLATION, LACK OF EXTENDED FAMILY SUPPORT, AND ACCULTURATION.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 1,195,974. Including grants of \$ 18,226.) (Revenue \$ 363,505.)

4e Total program service expenses 4,504,099.

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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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school 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 United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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INC.

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	22	
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	113	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
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
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
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 Section 501(c)(12) organizations. Enter:		
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 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 11		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1b 11		
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? 2		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? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11b		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	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 15a	X	
b Other officers or key employees of the organization 15b		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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? 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **MN**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DALE DUFAULT, VP FINANCE & ADMIN - 651-379-4259**
797 EAST 7TH STREET, SAINT PAUL, MN 55106

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) JOHN PACHECO CHAIR	1.00	X		X				0.	0.	0.
(2) DAVE SPALDING CHAIR - PARTIAL YEAR	1.00	X		X				0.	0.	0.
(3) FRANK FERNANDEZ VICE CHAIR	1.00	X		X				0.	0.	0.
(4) THIERRY IBRI TREASURER	1.00	X		X				0.	0.	0.
(5) INELL ROSARIO SECRETARY	1.00	X		X				0.	0.	0.
(6) SANDRA BALAGUERA SECRETARY - PARTIAL YEAR	1.00	X		X				0.	0.	0.
(7) LENYS ALCOREZA BOARD DIRECTOR	1.00	X						0.	0.	0.
(8) MARY JO AVENDANO BOARD DIRECTOR	1.00	X						0.	0.	0.
(9) MARIO DE LA TORRE BORJA BOARD DIRECTOR	1.00	X						0.	0.	0.
(10) MELISA FRANZEN BOARD DIRECTOR	1.00	X						0.	0.	0.
(11) FATHER KEVIN MCDONOUGH BOARD DIRECTOR	1.00	X						0.	0.	0.
(12) JEFFREY SAVAGE BOARD DIRECTOR	1.00	X						0.	0.	0.
(13) ALAN WILLITS BOARD DIRECTOR	1.00	X						0.	0.	0.
(14) ANA RUBI LEE PRESIDENT	40.00			X				152,619.	0.	13,776.
(15) GABRIELE AROLD ROGNE DIRECTOR OF ACCOUNTING	40.00			X				32,888.	0.	2,957.
(16) DALE DFAULT VP OF FINANCE & ADMINISTRATION	40.00			X				30,270.	0.	1,192.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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COMUNIDADES LATINAS UNIDAS EN SERVICIO,
INC.

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	514,652.			
	b	Membership dues				
	c	Fundraising events	6,725.			
	d	Related organizations				
	e	Government grants (contributions)	2,786,625.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1,445,092.			
	g	Noncash contributions included in lines 1a-1f: \$	2,784.			
	h	Total. Add lines 1a-1f	4,753,094.			
Program Service Revenue	2 a	CLIENT & INSUR. PYMTS.	678,235.	678,235.		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	678,235.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	38.			38.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	138,327.			
	b	Less: rental expenses	0.			
	c	Rental income or (loss)	138,327.			
	d	Net rental income or (loss)	138,327.			138,327.
	7 a	Gross amount from sales of assets other than inventory				
	b	Less: cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)				
	8 a	Gross income from fundraising events (not including \$ 6,725. of contributions reported on line 1c). See Part IV, line 18	0.			
	b	Less: direct expenses	0.			
	c	Net income or (loss) from fundraising events	0.			
	9 a	Gross income from gaming activities. See Part IV, line 19				
b	Less: direct expenses					
c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances					
b	Less: cost of goods sold					
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue						
11 a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d					
12	Total revenue. See instructions.	5,569,694.	678,235.	0.	138,365.	

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COMUNIDADES LATINAS UNIDAS EN SERVICIO,
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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).

Check if Schedule O contains a response or note to any line in this Part IX ☐

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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	104,742.	104,742.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	233,702.	16,639.	139,039.	78,024.
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	2,799,405.	2,488,020.	236,390.	74,995.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	564,076.	508,909.	50,671.	4,496.
10 Payroll taxes	226,887.	190,144.	26,032.	10,711.
11 Fees for services (non-employees):				
a Management				
b Legal	12,837.		12,837.	
c Accounting	121,954.		121,954.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	271,643.	200,201.	53,406.	18,036.
12 Advertising and promotion	227,280.	199,963.	18,542.	8,775.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	478,611.	454,828.	1,571.	22,212.
17 Travel	58,007.	55,161.	2,455.	391.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	61,461.	48,739.	12,311.	411.
20 Interest	19,636.		19,636.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	278,568.	116,239.	156,446.	5,883.
23 Insurance	68,880.	26,763.	40,713.	1,404.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	49,848.	42,934.	5,872.	1,042.
b EQUIP RENTAL & MAINTENA	38,134.	34,599.	2,490.	1,045.
c SUBSCRIPTIONS & DUES	23,893.	16,218.	7,400.	275.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,639,564.	4,504,099.	907,765.	227,700.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

COMUNIDADES LATINAS UNIDAS EN SERVICIO,
INC.

Form 990 (2013)

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	150,896.	1	534,876.
	2 Savings and temporary cash investments	25,567.	2	25,582.
	3 Pledges and grants receivable, net	562,346.	3	208,000.
	4 Accounts receivable, net	699,943.	4	746,130.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	46,015.	9	59,296.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,870,794.		
	b Less: accumulated depreciation	10b 2,675,345.		
		4,466,626.	10c	4,195,449.
	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 Total assets. Add lines 1 through 15 (must equal line 34)	5,951,393.	16	5,769,333.	
Liabilities	17 Accounts payable and accrued expenses	264,307.	17	203,753.
	18 Grants payable		18	
	19 Deferred revenue	60,000.	19	61,250.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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	46,081.	23	
	24 Unsecured notes and loans payable to unrelated third parties	323,732.	24	316,927.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	694,120.	26	581,930.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,991,621.	27	4,153,225.
	28 Temporarily restricted net assets	1,252,152.	28	1,020,678.
	29 Permanently restricted net assets	13,500.	29	13,500.
	Organizations that do not follow SFAS 117 (ASC 958), 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 Total net assets or fund balances	5,257,273.	33	5,187,403.
	34 Total liabilities and net assets/fund balances	5,951,393.	34	5,769,333.

Form 990 (2013)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,569,694.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,639,564.
3	Revenue less expenses. Subtract line 2 from line 1	3	-69,870.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,257,273.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,187,403.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	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?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2013)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

Employer identification number
41-1386986

Part	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
-------------	--

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ 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 exempt 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).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s). _____

[illegible]

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,119,296.	4,931,079.	6,275,538.	4,730,691.	4,753,094.	24,809,698.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,119,296.	4,931,079.	6,275,538.	4,730,691.	4,753,094.	24,809,698.
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)						1,083,195.
6 Public support. Subtract line 5 from line 4.						23,726,503.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	4,119,296.	4,931,079.	6,275,538.	4,730,691.	4,753,094.	24,809,698.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	182,026.	235,270.	132,756.	135,547.	138,365.	823,964.
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.)	26,150.	-2,146.	715.	72.		24,791.
11 Total support. Add lines 7 through 10						25,658,453.
12 Gross receipts from related activities, etc. (see instructions)					12	2,994,865.
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 2013 (line 6, column (f) divided by line 11, column (f))	14	92.47	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	96.21	%
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 - 2012. 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"/>		

Schedule A (Form 990 or 990-EZ) 2013

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid 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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** 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 - 2012.** 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 ☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:****MISCELLANEOUS INCOME**

2009 AMOUNT: \$ 26,150.

2010 AMOUNT: \$ -2,146.

2011 AMOUNT: \$ 715.

2012 AMOUNT: \$ 72.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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

Employer identification number

41-1386986

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 312,538.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 514,652.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 269,887.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 202,399.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 961,187.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,030,432.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number

41-1386986**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>249,999.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>198,891.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>132,085.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>125,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

COMUNIDADES LATINAS UNIDAS EN SERVICIO,
INC.

Employer identification number

41-1386986

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

COMUNIDADES LATINAS UNIDAS EN SERVICIO,
INC.

Employer identification number

41-1386986

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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.

1 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 education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 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)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

3 Using the organization's acquisition, 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 XIII.

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 Escrow and Custodial Arrangements. Complete if the 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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the 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	13,500.	13,500.	13,500.	13,500.	13,500.
b Contributions					
c Net investment earnings, gains, and losses	7.	12.	24.	49.	135.
d Grants or scholarships					
e Other expenditures for facilities and programs	7.	12.	24.	49.	135.
f Administrative expenses					
g End of year balance	13,500.	13,500.	13,500.	13,500.	13,500.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☒ 100.00 %
b Permanent endowment ☐ %
c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		866,882.		866,882.
b Buildings		4,282,954.	1,074,603.	3,208,351.
c Leasehold improvements				
d Equipment		1,720,958.	1,600,742.	120,216.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,195,449.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2013

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	5,882,098.
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	312,404.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	312,404.
3	Subtract line 2e from line 1	3	5,569,694.
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,569,694.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	5,951,968.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	312,404.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	312,404.
3	Subtract line 2e from line 1	3	5,639,564.
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,639,564.

Part XIII Supplemental Information.

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ENDOWMENT FUND IS USED TO SUPPORT THE ORGANIZATION'S
GENERAL OPERATIONS.

PART X, LINE 2:

THE ORGANIZATION HAS A TAX EXEMPT STATUS UNDER SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE AND MINNESOTA STATUTE 209.3. THE
ORGANIZATION IS CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS AN
ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. THEREFORE, CHARITABLE
CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE.

THE ORGANIZATION HAS ADOPTED GUIDANCE IN THE INCOME TAX STANDARD REGARDING

Part XIII Supplemental Information (continued)

THE RECOGNITION OF UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES
RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION
OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE
NOT CERTAIN TO BE REALIZED. THE IMPLEMENTATION OF THIS GUIDANCE HAD NO
IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.

THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY
FEDERAL AUTHORITIES. THE TAX RETURNS FOR THE YEARS 2010 THROUGH 2012 ARE
OPEN TO EXAMINATION BY FEDERAL AUTHORITIES.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

COMUNIDADES LATINAS UNIDAS EN SERVICIO,
INC.

Part I	General Information on Grants and Assistance
--------	--

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2013)

COMUNIDADES LATINAS UNIDAS EN SERVICIO,
INC.

41-1386986

Page 2

Schedule I (Form 990) (2013)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FINANCIAL ASSISTANCE	554	0.	86,494.FMV		GIFT CARDS, VOUCHERS, ETC.
TRANSPORTATION	30	0.	18,248.FMV		TRANSPORTATION

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

MANAGERS, PROGRAM DEVELOPMENT STAFF, AND ACCOUNTING RECONCILE

MONIES SPENT AND OUTCOMES ACHIEVED EVERY MONTH WHEN REPORTS TO THE FUNDERS

ARE DUE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

COMUNIDADES LATINAS UNIDAS EN SERVICIO,
INC.

Employer identification number

41-1386986

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2013

Page 2

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
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For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (j) and from related organizations, described in the instructions, on row (ji). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

COMUNIDADES LATINAS UNIDAS EN SERVICIO,
INC.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Blank lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2013

Open to Public
Inspection

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

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

Employer identification number
41-1386986

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SERVED THROUGH ENGLISH-AS-A-SECOND-LANGUAGE (ESL) COURSES, ADULT BASIC
EDUCATION CLASSES, JOB PLACEMENT ASSISTANCE, FINANCIAL EDUCATION, AND
PARENTAL SUPPORT GROUPS THAT EDUCATE PARENTS ON THE U.S. SCHOOL SYSTEM.
THIS APPROACH PROVIDES THEM WITH THE TOOLS AND RESOURCES TO ACTIVELY
SUPPORT THEMSELVES AND ENCOURAGE THEIR CHILDREN'S LONG-TERM SOCIAL AND
ACADEMIC GROWTH.

IN 2013:

-659 STUDENTS WERE SERVED IN ENGLISH AS A SECOND LANGUAGE (ESL) AND
OTHER ADULT BASIC EDUCATION (ABE) CLASSES WITH A TOTAL OF 29,182

CONTACT HOURS

-113 STUDENTS GRADUATED FROM WORKFORCE DEVELOPMENT TRAINING
-231 CLIENTS SERVED THROUGH EMPLOYMENT SERVICES JOB COUNSELING WERE
PLACED IN SUBSIDIZED/UNSUBSIDIZED EMPLOYMENT, UNPAID WORK AND
INTERNSHIPS WITH AN AVERAGE WAGE OF \$10.36 PER HOUR

-1,353 TAX DECLARATIONS WERE PREPARED, RETURNING \$2.4 MILLION TO THE
COMMUNITY IN TAX REFUNDS

-652 CLIENTS PARTICIPATED IN ONE-ON-ONE COUNSELING FOR A TOTAL OF 1,000
COUNSELING HOURS

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

STRIDES TOWARD IMPROVED MENTAL HEALTH AND WELL-BEING.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
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Schedule O (Form 990 or 990-EZ) (2013)

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IN 2013:

-493 CLIENTS RECEIVED MENTAL HEALTH SERVICES

-2,621 THERAPEUTIC SESSIONS WERE CONDUCTED

-70% OF ADULT CLIENTS RECEIVING THERAPY SERVICES DEMONSTRATED IMPROVED

GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCORES AND REPORTED INCREASED

ABILITY TO DEAL WITH PERSONAL AND EMOTIONAL PROBLEMS

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

IN 2013:

-1,205 INDIVIDUALS WERE SERVED THROUGH THE DIFFERENT PROGRAMS: DOMESTIC

ABUSE, EDUCATIONAL GROUPS FOR PARENTS AND CHILDREN WITH DISABILITIES,

FATHER'S PROJECT, SCHOOLS (RAMSEY COUNTY), IN-HOME PARENTING EDUCATION

AND TARGETED CASE MANAGEMENT FOR CHILDREN WITH MENTAL HEALTH ISSUES

-54 WOMEN PARTICIPATED IN THE DOMESTIC ABUSE SUPPORT GROUP AND IMPROVED

THEIR SELF-ESTEEM, DEVELOPED STRATEGIES TO ENHANCE THEIR SAFETY, AND

GAINED KNOWLEDGE OF COMMUNITY RESOURCES

-500 PARENTS IMPROVED THEIR UNDERSTANDING OF CHILD DEVELOPMENT AND

INCREASED THEIR ABILITY TO PROVIDE A SAFE, NURTURING ENVIRONMENT FOR

THEIR CHILDREN

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

CHEMICAL HEALTH SERVICES:

CLUES' CHEMICAL HEALTH SERVICES IS A RULE 31 CLINIC THAT OFFERS THE

HIGHEST THRESHOLD OF CLINICAL CARE AS AN OUTPATIENT CHEMICAL HEALTH

FACILITY. CLUES PROVIDES LANGUAGE - APPROPRIATE AND CULTURALLY-

PROFICIENT CHEMICAL HEALTH ASSESSMENTS, OUTPATIENT TREATMENT, EDUCATION

AND PREVENTION CLASSES, AFTERCARE, ALCOHOLICS ANONYMOUS (AA) AND

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NARCOTICS ANONYMOUS (NA) MEETINGS, REINTEGRATION SUPPORT FOR FAMILIES, DUI-MANDATED CHEMICAL HEALTH CLASSES, ADVOCACY, AND REFERRALS. ADDITIONALLY, CLIENTS HAVE ACCESS TO A NUTRITIONIST, PSYCHIATRIST, PSYCHOLOGISTS, AND LICENSED ALCOHOL AND DRUG COUNSELORS (LADCS). WE OFFER A SAFE AND POSITIVE ENVIRONMENT WHERE CLIENTS CAN STRIVE TOWARD BREAKING THE CYCLE OF ADDICTION, ESTABLISHING A HEALTHIER, MORE PRODUCTIVE LIFESTYLE.

IN 2013:

-580 CHEMICAL HEALTH ASSESSMENTS WERE COMPLETED
-100% OF CLIENTS WHO RECEIVED TREATMENT HAD A HIGHER LEVEL OF CONFIDENCE TO MOVE TOWARD HEALTHY BEHAVIORS AND EXPERIENCED A BETTER SENSE OF WELL BEING
-97% OF PARTICIPATING FAMILIES IN ONE OR BOTH COMPONENTS OF THE FAMILIAS UNIDAS PROGRAM WILL REPORT INCREASED ENGAGEMENT IN SOBER ACTIVITIES 3 AND 6 MONTHS AFTER BEGINNING PROGRAM PARTICIPATION
EXPENSES \$ 499,125. INCLUDING GRANTS OF \$ 0. REVENUE \$ 125,850.

HEALTH PROMOTION SERVICES:

HEALTH PROMOTION SERVICES OFFERS AN INNOVATIVE APPROACH TO IMPROVING THE LIVES OF THE LATINO COMMUNITY THROUGH HEALTH PROMOTION AND PREVENTION PROGRAMS. CLUES RECRUITS AND TRAINS LATINO YOUTH AND ADULTS TO BECOME COMMUNITY HEALTH WORKERS SO THAT THEY CAN EDUCATE THEIR PEERS, FAMILIES, AND COMMUNITIES ON A VARIETY OF HEALTH-RELATED ISSUES, SUCH AS THE IMPORTANCE OF NUTRITION, PHYSICAL ACTIVITY, CANCER SCREENINGS, AND DIABETES PREVENTION, AS WELL AS THE ADVERSE EFFECTS OF TOBACCO USE AND OBESITY. THE AGENCY ALSO REFERS SMOKERS WHO ARE WILLING TO QUIT TO A FREE TOBACCO-CESSATION PROGRAM, HELPS COMMUNITY MEMBERS

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ENROLL IN AVAILABLE HEALTH INSURANCE PROGRAMS, AND ASSISTS INDIVIDUALS
TO ACCESS MEDICAL CARE WHEN NEEDED. THROUGH HOME VISITS, MEETINGS,
HEALTH FAIRS, SPORTS TOURNAMENTS, AND COMMUNITY EVENTS, HEALTH
PROMOTION SERVICES REACHES OUT TO THE COMMUNITY AND EFFECTS POSITIVE,
LONG-TERM LIFESTYLE CHANGE.

IN 2013:

-407 HOME VISITS WERE CONDUCTED AND THROUGH OUR OUTREACH IN HOME VISITS
AND COMMUNITY EVENTS WE INFORMED AND EDUCATED 3,172 LATINO COMMUNITY
MEMBERS ABOUT HEALTH PROMOTION AND PREVENTION

-23 LATINO SMOKERS WERE REFERRED TO TOBACCO CESSATION PROGRAMS

-30 LATINO STUDENTS WERE TRAINED IN TOBACCO CONTROL, HEALTHY LIVING,
AND HEALTHY BEHAVIORS

-OVER 500 LATINO COMMUNITY MEMBERS WERE EDUCATED ABOUT HEALTH PROMOTION
AND PREVENTION AT CLUES FIRST ANNUAL WELLNESS DAY

EXPENSES \$ 338,163. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

AGING WELL SERVICES:

THE AGING WELL SERVICES (AWS) SEEKS TO RECREATE AND ENHANCE THE
TRADITIONAL ROLE OF ELDERS AS THE KEEPERS OF CULTURAL WISDOM AND
EXPERIENCE WITHIN THE LATINO COMMUNITY. THROUGH ITS WEEKLY ACTIVITIES,
AWS' ADULT DAY CENTER OFFERS ELDER CLIENTS INTEGRAL OPPORTUNITIES FOR
PHYSICAL, MENTAL, SPIRITUAL, AND PSYCHO-SOCIAL FULFILLMENT, IN ADDITION
TO COGNITIVE AND SENSORY STIMULATION TO PROLONG THEIR HEALTH AND
INDEPENDENCE. AGING WELL SERVICES ALSO PROVIDES RESPITE, RELIEF, AND
GUIDANCE TO CAREGIVERS UNDER STRESS AS THEY CARE FOR AN OLDER LOVED
ONE. THROUGH ITS COMPREHENSIVE PROGRAMS, AGING WELL SERVICES ENHANCES

THE QUALITY OF LIFE AND WELL-BEING FOR AT-RISK ELDERS AND CAREGIVERS BY

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EQUIPPING THEM WITH NECESSARY SKILLS AND SUPPORT.

IN 2013:

-OVER 3,000 PARTICIPANTS RECEIVED AGING WELL SERVICES

-REGISTERED PARTICIPATION WENT FROM 12 IN DECEMBER 2012 TO 29 BY
DECEMBER 2013

-100 EDUCATIONAL SESSIONS AND ACTIVITIES WERE CONDUCTED IN 2013 TO
IMPROVE PREVENTION AND MANAGEMENT OF CHRONIC HEALTH ISSUES, INCLUDING
CARDIOVASCULAR DISEASE, DIABETES, STROKE, HIGH BLOOD PRESSURE, AMONG
OTHERS

EXPENSES \$ 358,686. INCLUDING GRANTS OF \$ 18,226. REVENUE \$ 237,655.

FORM 990, PART VI, SECTION A, LINE 1:

THE ORGANIZATION'S EXECUTIVE COMMITTEE IS COMPRISED OF THE
CHAIR, VICE CHAIR, SECRETARY AND TREASURER. NO INDIVIDUAL CONTINUES TO BE A
MEMBER OF THE EXECUTIVE COMMITTEE AFTER HE OR SHE CEASES TO BE A DIRECTOR
OF THE BOARD. THE BOARD HAS THE POWER AT ANY TIME TO CHANGE THE NUMBER OF
MEMBERS OF THE EXECUTIVE COMMITTEE TO FILL VACANCIES THEREON, TO CHANGE ANY
MEMBER THEREOF, TO CHANGE THE FUNCTIONS OF THE COMMITTEE OR TO TERMINATE
THE EXISTENCE OF IT. THE EXECUTIVE COMMITTEE REVIEWS THE PERFORMANCE OF THE
PRESIDENT AT LEAST ANNUALLY. DURING THE INTERVALS BETWEEN MEETINGS OF THE
BOARD, AND SUBJECT TO ANY RESOLUTION OF THE BOARD, THE EXECUTIVE COMMITTEE
HAS AND MAY EXERCISE ALL THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF
THE ORGANIZATION. THE EXECUTIVE COMMITTEE MAKES A FULL REPORT OF ALL
ACTIONS AT THE NEXT MEETING OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11:

THE FINANCE COMMITTEE WILL REVIEW THE FORM 990 IN DETAIL

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DURING ITS QUARTERLY MEETING, AND THEN THE BOARD OF DIRECTORS WILL REVIEW THE FORM 990 AT THE FOLLOWING BOARD MEETING WHERE IT WILL BE APPROVED TO FILE WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS WILL NOT ENTER INTO ANY TRANSACTION INVOLVING A CONFLICT OF INTEREST UNLESS

1. THAT INTEREST IS DISCLOSED TO THE BOARD;
2. THE BOARD APPROVES, AUTHORIZES OR RATIFIES THE ACTION IN GOOD FAITH;
3. THE APPROVAL IS BY A MAJORITY OF DIRECTORS, NOT COUNTING THE INTERESTED DIRECTOR; AND
4. THE ABOVE OCCUR AT A MEETING WHERE A QUORUM IS PRESENT, NOT COUNTING THE INTERESTED DIRECTOR.

THE INTERESTED DIRECTOR MAY BE PRESENT FOR DISCUSSION TO ANSWER QUESTIONS, BUT MAY NOT ADVOCATE FOR THE ACTION TO BE TAKEN AND MUST LEAVE THE ROOM WHILE A VOTE IS TAKEN. THE MINUTES OF ALL ACTIONS TAKEN ON SUCH MATTERS CLEARLY REFLECT THAT THESE REQUIREMENTS HAVE BEEN MET. TO DATE, NO CONFLICTS HAVE BEEN DISCOVERED.

FORM 990, PART VI, SECTION B, LINE 15A:

THE REVIEW OF THE PRESIDENT IS PERFORMED BY THE EXECUTIVE COMMITTEE OF THE BOARD.

THE COMPENSATION OF THE PRESIDENT IS DECIDED UPON THROUGH REVIEW AND APPROVAL BY INDEPENDENT PERSONS AS WELL AS THE REVIEW OF COMPARABLE DATA. THIS PROCESS WAS LAST PERFORMED IN 2012.

EXECUTIVE PAY FOR OTHER OFFICERS IS DETERMINED THROUGH AN ANNUAL REVIEW BY

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THE PRESIDENT AND CONSIDERS THE INDIVIDUAL CONTRIBUTION TO THE ORGANIZATION
AS WELL AS THEIR PERFORMANCE OVER THE PAST YEAR. THEY ALSO REFERENCE OTHER
SIMILARLY SIZED NONPROFIT ORGANIZATIONS IN THE MIDWEST FOR SIMILAR
POSITIONS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION POSTS ITS ANNUAL AUDITED FINANCIAL REPORTS ON
ITS WEBSITE ALONG WITH THE FORM 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 THAT
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.