efile	e GRAPHIC	C print	Submission Da	ate - 2022-0	8-23				C	DLN: 9	3493235015822
Form	990		eturn of O r section 501(c), 52 Do not ente	-	) of the Inte	ernal Revenue	Code (exc	ept priv	ate foundatio	X –	DMB No. 1545-0047
Depai Treas	rtment of the	e	► Go to <u>www.</u>	<u>irs.gov/Form9</u>	90 for instr	ructions and	the lates	t inform	ation.		Open to Public Inspection
	al Revenue	calendar	r year, or tax year	beginning 01-	01-2021 .	and ending	12-31-202	21			
	ck if applicable	. C Name	of organization		,				D Employe	r identif	ication number
_	dress change	NATIO	NAL ASSOCIATION OF LA APPOINTED OFFICIALS IN						52-10762	236	
_	me change	Doing	business as								
	tial return al return/terminat	_									
_	nended return	Numb	er and street (or P.O. bo W WASHINGTON BOULE			E Telephone	number				
Ap Gend	plication ling					(212) 747-7606					
-			r town, state or province NGELES, CA 90015	e, country, and ZIP	or foreign pos	stal code					
									G Gross rec	eipts \$ 6	5,380
			me and address of pr RO VARGAS	rincipal officer:			H(a	a) Is this	a group retu	rn for	
			W WASHINGTON BOU	JLEVARD 3RD					dinates?		🗌 Yes 🗹 No
		FLOOP	RINGELES, CA 90015				H(I	b) Are all includ	l subordinate led?	S	□ Yes □No
Tax	-exempt statu	<u>.                                    </u>			If "No," attach a list. See			instructions.			
<u> </u>				) ┥ (insert no.)	U 4947(a)(	1) or 🗌 527	H(e	<b>c)</b> Group	exemption r	number	►
JW	ebsite: 🕨 V	VWW.NALE	O.ORG								
<b>K</b> Forn	n of organizatio	on: 🗹 Cor	poration 🗌 Trust 🗌	Association	Other 🕨		L Yea	ar of forma	tion: 1976	M State	of legal domicile: DC
Pa	rtl Su	mmary									
			e organization's mis								
ë	NALEO	PROMOTES	5 LEGISLATION TO IM	IPROVE THE HEA	ALTH, SOCIAL	L,AND ECONOI	MIC WELFA	RE OF AN	MERICANS OF		
anc											
E B											
Governance		<ul> <li>2 Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets.</li> <li>3 Number of voting members of the governing body (Part VI, line 1a)</li> </ul>									
3										3	35
se			endent voting memb	5	5 5 .			• •	•	4	33
Activities &			ndividuals employed	-				• •	•	5	0
cth			volunteers (estimate					• •	•	6	0
٩			usiness revenue from				• •			7a	0
	b Net un	related bu	siness taxable incom	ie from Form 99	0-1, Part I, III	nell	· · ·			7b	0
	0 Combril		d averate (Dort) (III die	16)			_	Pri	or Year	0.1	Current Year
91		Contributions and grants (Part VIII, line 1h)							65,30	_	65,275
Revenue	-								525,00		0
В,										8	5
									590,30	0	100 65,380
			dd lines 8 through 11				()		550,50		
			ar amounts paid (Par				_			0	(
		•	or for members (Part				~		47.20	-	43.464
ses			ompensation, employ				.0)		47,20		-, -
8			Iraising fees (Part IX		e 11e) .					0	(
Exp enses			penses (Part IX, column	_	116 24-1		-  -		401 47	11	15.010
_		•	Part IX, column (A),				⊢		491,42		15,613
		•	dd lines 13-17 (mus	•			-		538,63		59,077
_ 00	та келент	le less exp	enses. Subtract line	10 Irom line 12				eginning	51,69 of Current Ye		6,303 End of Year
Net Assets or Fund Balances							B	eginning	or current fe	a1	
ala	20 Total as	ssets (Part	X, line 16)				F		125,34	49	175,818
t A: vd B	21 Total lia	abilities (Pa	art X, line 26)				. F		28,1	76	72,342
Pur			d balances. Subtract		e20		F		97,1	_	103,476
Pa		nature					L			1	
knowl			declare that I have e ue, correct, and com								
	<u></u>										
	Sign	ature of offi	cer					202 Dat	2-08-23 e		
Sign	, .							Dat	-		
Here	ARI	URO VARGA									,
	<b>V</b> Type	•		De	c cignoture		Dat-		1.07		
<b>D</b> - 1	-1	гинд туре	preparer's name	Preparer	's signature		Date		ck 🗌 if 🛛 PC	FIN 01443751	L
Pai		Firm's nam	ne 🕨 THE PUN GROUP	P LLP					-employed n's EIN 🕨 46-40	)16990	
	parer										
USE	e Only	Firm's add	ress 🕨 200 E SANDPOIN	ITE AVENUE SUITE	600			Pho	ne no. (949) 77	7-8800	

May the IRS discuss this return with the preparer shown above? (see instructions)						🗹 Yes 🗌 No
For Paperwork Reduction Act Notice, see the separate instructions.		Cat.	No.	112	82Y	Form <b>990</b> (2021)

SANTA ANA, CA

92707

Form	990 (2021)				Page 2
Pa	rt III Statem	ent of Program Service	e Accomplishments		
	Check if	Schedule O contains a respor	se or note to any line in this I	Part III	🗹
1		the organization's mission:			
DISA	DVANTAGES GROU			NIC WELFARE OF AMERICANS OF HISPANIC NG THOSE GROUPS, AND SUPPORTS PUBL	
2	Did the organiza	ation undertake any significan	t program services during the	e year which were not listed on	_
	the prior Form 9	90 or 990-EZ?			🗌 Yes 🛛 🗹 No
	If "Yes," describe	e these new services on Sche	dule O.		
3	Did the organiza	ation cease conducting, or ma	ke significant changes in how	it conducts, any program	
	services? .				🗌 Yes 🛛 No
	If "Yes," describe	e these changes on Schedule	0.		
4	Section 501(c)		are required to report the an	its three largest program services, as menount of grants and allocations to others,	
4a	(Code:	) (Expenses \$	59,077 including grants	of \$ ) (Revenue \$	)
	MEMBERSHIP SUPP	PORT			
4b	(Code:	) (Expenses \$	including grants	of \$ ) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants	of \$ ) (Revenue \$	)
4d	Other program	services (Describe in Schedul	e O.)		
	(Expenses \$	inclu	ding grants of \$	) (Revenue \$	)
4e	Total program	service expenses 🕨	59,077		
					Form <b>990</b> (2021

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)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		I
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5	Yes	
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</i> ,Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
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</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		No
с	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	L
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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> See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

Page **3** 

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i> .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . $\ .$	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\ldots$ .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		NO
		28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
Pai	t 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	•	· ·	
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   32		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1a321b0			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Yes

1c

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Form 990 (2021)	Form	990	(2021)
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raye <b>J</b>
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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and         Tax Statements, filed for the calendar year ending with or within the year covered by         this return       2a			
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.	2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country:			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\$ .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	_	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_		
		7e 7f		
r q	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of gualified intellectual property, did the organization file Form 8899 as	71		
y	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			
11 a	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
~	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
	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 <b>13b</b>			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

Form	990	(2021)	
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Par	<b>Governance, Management, and Disclosure.</b> For each "Yes" response to lines 2 through 7b below, and for a "N 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	o" respo	onse to	lines
Se	ction A. Governing Body and Management	<u>· ·</u>		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 35			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 33			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$ .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$ .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
.1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
.2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
.5	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
.6a	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		No
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		
Se	ction C. Disclosure	<u> </u>		<u> </u>
.7	List the states with which a copy of this Form 990 is required to be filed			
18	CA Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section			
.0	501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			

**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, address, and telephone number of the person who possesses the organization's books and records: JUAN C VARGAS 1122 W WASHINGTON BOULEVARD 3RD FL LOS ANGELES, CA 90015 (213) 747-7606

#### 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  $% \mathcal{A}$  .

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or 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.

See the instructions for the order in which to list the persons above.

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

	any related of	Janizaci		mpe	1130	ateu a	iiy c	unen oncer, une	tor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for		ne bo	ox, u n off	che nles	ss pers and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	organization and related organizations
	1.00					<u>.</u>				
(1) RUBEN ARCHULETA BOARD MEMBER								0	0	0
(2) GUSTAVO V CAMACHO	1.00									
BOARD MEMBER		Х						0	0	0
(3) JOAQUIN CASTRO BOARD MEMBER	1.00	х						0	0	0
(4) SERGIO DE LEON BOARD MEMBER	1.00	х						0	0	0
(5) CRISANTA DURAN BOARD MEMBER	1.00	х						0	0	0
(6) SARAH ELENA BENATAR BOARD MEMBER	1.00	х						0	0	0
(7) LILLEANA CAVANAUGH BOARD MEMBER	1.00	х						0	0	0
(8) MARIO DIAZ-BALART BOARD MEMBER	1.00	х						0	0	0
(9) ANITERE FLORES BOARD MEMBER	1.00	х						0	0	0
(10) ERIC GARCETTI BOARD MEMBER	1.00	х						0	0	0
(11) LEROY GARCIA BOARD MEMBER	1.00	х						0	0	0
(12) ED GONZALEZ BOARD MEMBER	1.00	х						0	0	0
(13) ARMANDO 'MANDO' MARTINEZ BOARD MEMBER	1.00	х						0	0	0
(14) EUGENE MONTANEZ BOARD MEMBER	1.00	х						0	0	0
(15) ROGER GARCIA BOARD MEMBER	1.00	х						0	0	0
(16) NELLIE M GORBEA BOARD MEMBER	1.00	х						0	0	0
(17) DAVID LUNA	1.00	х		l	İ			0	0	0
BOARD MEMBER		^						0	0	
										Form <b>990</b> (2021)

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Form 990 (2021)
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for	Average ours per eek (list r hours for related						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
(18) PAULINE MEDRANO	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	organizations
BOARD MEMBER	1.00	×						0	0	0
(19) PEGGY MULLER-ARAGON	1.00	х						0	0	0
BOARD MEMBER (20) JOHN ORTEGA	1.00									
BOARD MEMBER		×						0	0	0
(21) ARMANDO RODRIGUEZ BOARD MEMBER	1.00	x						0	0	0
(22) JOHN C VARGAS	1.00	х						0	0	0
BOARD MEMBER (23) PETER R VILLEGAS								0	0	0
BOARD MEMBER	1.00	×						0	0	0
(24) JOSE GUSTAVO RIVERA	1.00	x						0	0	0
					<u> </u>			0	0	
BOARD MEMBER	1.00	×			1			0	0	0
(26) NORA E VARGAS	1.00	х						0	0	0
BOARD MEMBER (27) DANTE ACOSTA										-
BOARD MEMBER	1.00	×						0	0	0
(28) JOHN J DURAN	1.00	х						0	0	0
BOARD MEMBER (29) LYDIA N MARTINEZ	1.00									
BOARD MEMBER	1.00	×						0	0	0
(30) CARMELO J RIOS SANTIAGO	1.00	х						0	0	0
BOARD MEMBER (31) ADRIENNE VALLEJO-FOSTER	1.00				_					
BOARD MEMBER	1.00	×						0	0	0
(32) EDWARD ROYBAL	1.00			х				0	0	0
	+									
PRESIDENT				х				0	0	0
(34) ELIZABETH C ARCHULETA FIRST VICE PRESIDENT	1.00			х				0	0	0
(35) LUBBY NAVARBO	1.00			х					0	0
TREASURER				^				0	0	0
(36) TADEO A DE LA HOYA SECRETARY	1.00			х				0	0	0
(37) E JUNIOR MALDONADO	1.00			х				0	0	0
BOARD MEMBER (38) ERICA BERNAL-MARTINEZ	1.00			^				0		0
CHIEF OPERATING OFFICER					х			0	182,506	7,257
(39) ARTURO VARGAS	10.00					х		0	267,950	20,382
CHIEF EXECUTIVE OFFICER	40.00				L,					20,002
1b Sub-Total	VII, Section A			•	,			0	450,456	27,639
2 Total number of individuals (including bu reportable compensation from the organ		hose lis	ted at	ove	e) w	ho rec	eive	ed more than \$100,	000 of	
<ul> <li>Did the organization list any former officiency of the second seco</li></ul>			key er	-	-		-		nployee on	Yes No
4 For any individual listed on line 1a, is the organization and related organizations g individual										Yes
5 Did any person listed on line 1a receive a services rendered to the organization?/f										No
Section B. Independent Contractor Complete this table for your five highest the organization. Report compensation for	compensated in									sation from
	(A) business address				_			<u> </u>	(B) otion of services	(C) Compensation
								`		
2 Total number of independent contractors (i compensation from the organization ▶ 0	ncluding but not	limited	to the	ose	liste	ed abo	ove)	who received more	than \$100,000 of	

Form 990 (2021)	
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Part	VIII Statement of Revenue					
	Check if Schedule O contains a resp	onse or note to any li	ine in this Part VIII (A)	 (B)	 (C)	🗌
			Total revenue	Related or exempt	Unrelated business	Revenue excluded from
				function revenue	revenue	tax under sections 512 - 514
s, s	1a Federated campaigns   1a			Tevenue		512 - 514
Contributions, gifts, grants, and other similar amounts	<b>b</b> Membership dues <b>1b</b>	65,275				
s, g	c Fundraising events 1c					
gift: ar	d Related organizations 1d					
s, in	e Government grants (contributions)					
er s	f All other contributions, gifts, grants, and similar amounts not included above 1f					
ēđ	g Noncash contributions included in lines 1a - 1f:\$					
nd t	lines 1a - 17:\$ 1g					
0 %	<b>h Total.</b> Add lines 1a-1f	►	65,275			
	2a	Business Code				
e						
/enu	b					
Rev						
vice	c					
Ser	d					
ram		-				
Program Service Revenue	e	_				
	f All other program service revenue.					
	g Total. Add lines 2a-2f	· · · · · ·				
	3 Investment income (including dividends, similar amounts)	interest, and other	5	5		5
	4 Income from investment of tax-exempt b	ond proceeds				
	<b>5</b> Royalties					
	(i) Real	(ii) Personal				
	6a Gross rents 6a					
	b Less: rental					
	expenses 6b c Rental income					
	or (loss) 6c					
	. ,	· · · • •				
	(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other 7a					
	than inventory					
	b Less: cost or other basis and <b>7b</b>					
	sales expenses					
	c Gain or (loss) 7c					
	d Net gain or (loss)	· · · · •				
e	8a Gross income from fundraising events (not including \$ of					
/en	contributions reported on line 1c). See Part IV, line 18					
Be	b Less: direct expenses 8t					
Other Revenue	c Net income or (loss) from fundraising ex					
0f	<b>9a</b> Gross income from gaming activities.					
	See Part IV, line 19 9a					
	<b>b</b> Less: direct expenses 9t					
	<b>c</b> Net income or (loss) from gaming activi	ties 🕨				
	<b>10a</b> Gross sales of inventory, less					
	returns and allowances 10	a				
	<b>b</b> Less: cost of goods sold 10					
	c Net income or (loss) from sales of inven Miscellaneous Revenue	tory 🕨 Business Code				
10aGro reti b Les c Net	11aOTHER INCOME	900099	100	100		
	b					
	c					
		ļ				
	d All other revenue					
	e Total. Add lines 11a-11d		100			
	<b>12 Total revenue.</b> See instructions	•	65,380	100	0	5

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must col	·	-	is must complete col	
·	Check if Schedule O contains a response or note to any	y line in this Part IX			🔽
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	36,777	36,777		
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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,010	1,010		
9	Other employee benefits	2,820	2,820		
10	Payroll taxes	2,857	2,857		
11	Fees for services (non-employees):				
i	a Management				
I	<b>b</b> Legal				
	Accounting				
	d Lobbying				
	e Professional fundraising services. See Part IV, line 17				
1	F Investment management fees				
9	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,000	10,000		
12	Advertising and promotion				
13	Office expenses	4,225	4,225		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	108	108		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	645	645		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	635	635		
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				
	b				
	c				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	59,077	59,077	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► □ if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to any line in this Part IX			
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	100,349	1	175,818
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	25,000	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D <b>10a</b>			
	b	Less: accumulated depreciation 10b		10c	
	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 33)	125,349	16	175,818
	17	Accounts payable and accrued expenses	471	17	471
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ŝ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	27,705	25	71,871
	26	Total liabilities. Add lines 17 through 25	28,176	26	72,342
Assets or Fund Balances	27	Organizations that follow FASB ASC 958, check here  and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	97,173	27	103,476
d Bal	28	Net assets with donor restrictions	97,175	28	105,470
Fund		Organizations that do not follow FASB ASC 958, check here $\blacktriangleright$ $\Box$ and complete lines 29 through 33.			
01	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building or equipment fund		30	
ISS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net A	32	Total net assets or fund balances	97,173	32	103,476
ž	33	Total liabilities and net assets/fund balances	125,349	33	175,818

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Check if Schedule O contains a response or note to any line in this Part XI 1   1 Total revenue (must equal Part VIII, column (A), line 12) 1   2 Total expenses (must equal Part IX, column (A), line 25) 2   3 Revenue less expenses. Subtract line 2 from line 1 3   4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4   5 Net unrealized gains (losses) on investments 5   6 Donated services and use of facilities 6   7 Investment expenses 7   8 Prior period adjustments 9   9 Other changes in net assets or fund balances (explain in Schedule 0) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   Part XII Financial Statements and Reporting   Check if Schedule 0 contains a response or note to any line in this Part XII .   1 Accounting method used to prepare the Form 990: Cash   1 Accrual Other   If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0.   2a Were the organization 's financial statements compiled or reviewed by an independent accountant?			
<ul> <li>2 Total expenses (must equal Part IX, column (A), line 25)</li></ul>			U
2 Total expenses (must equal Part IX, column (A), line 25) 2   3 Revenue less expenses. Subtract line 2 from line 1 3   4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4   5 Net unrealized gains (losses) on investments 5   6 Donated services and use of facilities 5   6 7 Investment expenses   7 8   9 Other changes in net assets or fund balances (explain in Schedule O)   9 10   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   10 Part XII   7 Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   1 Accounting method used to prepare the Form 990:   1 Cash   4 Accrual   0 Other   If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
3 Revenue less expenses. Subtract line 2 from line 1   4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))   5 Net unrealized gains (losses) on investments   6 5   6 0   7 8   9 Other changes in net assets or fund balances (explain in Schedule O)   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   10 Part XII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   1 Accounting method used to prepare the Form 990:   1 Cash   4   2   1   Accounting method used to prepare the Form 990:   1   1   Accounting method used to prepare the Form 990:   1   1   Accounting method used to prepare the Form 990:   1   1   Accounting method used to prepare the Form 990:   1   1   1   1   2   3   3   3   3   3   3   3			65,380
<ul> <li>A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</li></ul>			59,077
5       Net unrealized gains (losses) on investments       5         6       Donated services and use of facilities       6         7       Investment expenses       6         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10         Part XII       Financial Statements and Reporting       10         Check if Schedule O contains a response or note to any line in this Part XII       .       .         1       Accounting method used to prepare the Form 990:       Cash ✓ Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       Schedule O.			6,303
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)       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10         Part XII       Financial Statements and Reporting       10         Check if Schedule O contains a response or note to any line in this Part XII       .       .         1       Accounting method used to prepare the Form 990:       Cash       ✓ Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       Schedule O.       Schedule O.			97,173
7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9         10       Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       .       .         1       Accounting method used to prepare the Form 990:       Cash       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       Schedule O.       .			
<ul> <li>8 Prior period adjustments</li></ul>			
9       Other changes in net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10         Part XII       Financial Statements and Reporting       10         Check if Schedule O contains a response or note to any line in this Part XII       .       .         1       Accounting method used to prepare the Form 990:       □ Cash ✓ Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       Schedule O.			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII			
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII			0
Check if Schedule O contains a response or note to any line in this Part XII       Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       □ Cash       ☑ Accrual       □ Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       □       □			103,476
1 Accounting method used to prepare the Form 990: □ Cash ☑ Accrual □ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
1 Accounting method used to prepare the Form 990: □ Cash ☑ Accrual □ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		Yes	No
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?			
	2a		No
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:			
Separate basis Consolidated basis Both consolidated and separate basis			
<b>b</b> Were the organization's financial statements audited by an independent accountant?	2b	Yes	
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:			
Separate basis Consolidated basis Both consolidated and separate basis			
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?	2c	Yes	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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.	3b		

efile GRAPHIC pri	nt Submission	Date - 2022-08-23		DLN	: 93493235015822
SCHEDULE C	Politica	al Campaign	and Lobbying A	Activities	OMB No. 1545-0047
(Form 990)		ons Exempt From	Income Tax Under see	ction 501(c) and	2021
Department of the Treasury	section 527				Open to Public
Internal Revenue Service	►Go to <u>ww</u>	<u>/w.irs.gov/Form990</u> fo	ed below. ►Attach to Form r instructions and the latest	information.	Inspection
If the organization Campaign Activiti		on Form 990, Par	t IV, Line 3, or Form 990	)-EZ, Part V, line 46	(Political
<ul> <li>Section 501(c)(3</li> <li>Section 501(c) (</li> </ul>	) organizations: Co other than section	501(c)(3)) organizat	d B. Do not complete Part ions: Complete Parts I-A a		omplete Part I-B.
	anizations: Comple		t IV, Line 4, or Form 990	E7 Dout \/L line /	7 (Lobbying
Activities), then	i answered tes	on Form 990, Par	t IV, Line 4, or Form 990	J-EZ, Part VI, Ine 4	/ (Lobbying
	<ol> <li>organizations that</li> </ol>	at have filed Form 5	768 (election under section	n 501(h)): Complete F	Part II-A. Do not
complete Part II-B.	arganizations the	at have NOT filed Fo	rm 5768 (election under s	ection 501(b)): Comp	lete Part II-B Do not
complete Part II-A.					
		on Form 990, Par () (see separate ins	t IV, Line 5 (Proxy Tax) ( structions). then	see separate instru	ctions) or Form
<ul> <li>Section 501(c)(4</li> </ul>	l), (5), or (6) organ	izations: Complete I			
Name of the organiza NATIONAL ASSOCIATION O	F LATINO ELECTED			Employer identifi	cation number
AND APPOINTED OFFICIAL				52-1076236	
Part I-A Comple	te if the organizat	tion is exempt und	er section 501(c) or is a s	section 527 organiza	ition.
"political campai	gn activities."		olitical campaign activities in Pa		definition of
-				-	
			15		
-	-	-	er section 501(c)(3).		
			n under section 4955		
	-		anagers under section 4955 720 for this year?	•	
5		·			🗌 Yes 🗌 No
4a Was a correction	made?				🗌 Yes 🗌 No
<b>b</b> If "Yes," describe					
-	-	-	er section 501(c), except		
		5 5	or section 527 exempt function a to other organizations for sectio	· · · · · · · · · · · · · · · · · · ·	
·	·		re and on Form 1120-POL, line 1	Ψ.	
4 Did the filing orga	anization file Form 11	20-POL for this year?			🗌 Yes 🗌 No
organization mac political contribut	le payments. For each tions received that wer	organization listed, enter re promptly and directly	r (EIN) of all section 527 politica er the amount paid from the filin delivered to a separate political needed, provide information in	g organization's funds. Al organization, such as a s	so enter the amount of
(a) Name	(b) Addres	s	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received
				funds. If none, enter -0	and promptly and directly delivered to a separate political organization. If none, enter -0
1					
2					
3					
4					

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

5

6

Sch	nedule C (Form 990) 2021			Page <b>2</b>
F	Part II-A Complete if the organization is section 501(h)).	exempt under section 501(c)(3) and file	ed Form 5768 (ele	ction under
A	Check <b>b</b> if the filing organization belongs to an expenses, and share of excess lobbying	affiliated group (and list in Part IV each affiliated og g expenditures).	group member's name,	address, EIN,
В	Check 🕨 🗌 if the filing organization checked box A	A and "limited control" provisions apply.		
	Limits on Lobbying (The term "expenditures" means		<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinio	on (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)	10,000	
с	Total lobbying expenditures (add lines 1a and 1b)		10,000	
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1c and	1 1d)	10,000	
f	Lobbying nontaxable amount. Enter the amount fron columns.	n the following table in both	2,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of line 1f)	)	500	
h	Subtract line 1g from line 1a. If zero or less, enter -0-		0	
i	Subtract line 1f from line 1c. If zero or less, enter -0-		8,000	
j	If there is an amount other than zero on either line 1 section 4911 tax for this year?	h or line 1i, did the organization file Form 4720 rep	porting	🗌 Yes 🗹 No

#### 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditu	res During 4-	Year Averagir	ng Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> Total
2a	Lobbying nontaxable amount			95,000	2,000	97,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					145,500
с	Total lobbying expenditures			475,000	10,000	485,000
d	Grassroots nontaxable amount			23,750	500	24,250
e	Grassroots ceiling amount (150% of line 2d, column (e))					36,375
f	Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f Form 5768 (election under section 501(h)).	iled		
For o	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	a)	(b)
activ		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
с	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

## Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		No

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
с	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

#### Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

**Return Reference** 

Schedule C (Form 990) 2021

Explanation

Page 3

efi	le GRAPHIC pr	int	Submission Date - 2022-	08-23				D	LN: 9349	323501582
			Supplement	al F	inancial State	ement	ts			0. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service			<ul> <li>Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.</li> <li>Attach to Form 990.</li> <li>Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.</li> </ul>				<b>2021</b> Open to Publi Inspection			
NAT	me of the organiz	OF LATIN	NO ELECTED				-	-	tification r	number
	APPOINTED OFFICIA		ns Maintaining Donor Advi	cod E	unda or Othor Similar	- Eundo o		076236		
Γc			he organization answered "Ye					ounts.		
					(a) Donor advised funds	5		(b) Funds	s and other	accounts
1			year							
2			tributions to (during year)							
3		-	nts from (during year)							
4 5			l of year							
6	organization's p Did the organiza charitable purpo	roperty ition in ises an	form all grantees, donors, and do not for the benefit of the donor	clusive nor adv or donc	egal control?	· · · · · · · · · · · · · · · · · · ·	e used	l only for	nissible	Yes 🗌 No Yes 🗌 No
Pa			n Easements.	c" on E	arm 000 Part IV line 7					
1			he organization answered "Ye ation easements held by the organ			•				
-			and for public use (e.g., recreation			ation of an I	historia	ally impo	rtant land a	area
	_		ural habitat			ation of a ce				il cu
	Preservatio						critica		cructure	
2			bugh 2d if the organization held a	qualified	d conservation contribution	n in the form	nofa	conservat	ion	
-			day of the tax year.	quannet			li ol u i			of the Year
а	Total number of o	conser	vation easements				2a			
b	-		by conservation easements				2b			
с			n easements on a certified histori			-	2c			
d			n easements included in (c) acqui lational Register	ired afte	r 7/25/06, and not on a his	storic	2d			
3	Number of conse tax year <b>&gt;</b>	ervatio	on easements modified, transferre	d, relea	sed, extinguished, or term	inated by th	he orga	anization o	during the	
4	Number of state	s wher	re property subject to conservatio	n easen	nent is located 🕨			-		
5			have a written policy regarding the nservation easements it holds? .			handling o	f violat	tions, and	🗌 Yes	🗆 No
6	Staff and volunte	eer ho	urs devoted to monitoring, inspec	ting, ha	ndling of violations, and ei	nforcing cor	nserva	tion easen	nents durin	g the year
7	▶\$		ncurred in monitoring, inspecting,			5			during the	year
8	and section 170	(h)(4)(	n easement reported on line 2(d) B)(ii)?			•			🗌 Yes	🗆 No
9	balance sheet, a the organization	nd inc 's acco	ow the organization reports conse lude, if applicable, the text of the punting for conservation easemen	footnot nts.	e to the organization's fina	ancial stater	ments	that desci	ribes	
Pa			ns Maintaining Collections he organization answered "Ye				er Si	milar As	sets.	
1a	If the organization historical treasure	on elec res, or	cted, as permitted under FASB AS other similar assets held for publ	C 958, n ic exhib	ot to report in its revenue ition, education, or researd	statement				
b	If the organization historical treasure	on elec res, or	e footnote to its financial stateme cted, as permitted under FASB ASC other similar assets held for publ ting to these items:	C 958, t	o report in its revenue stat					
			Form 990, Part VIII, line 1							
(i	ii) Assets included	in Fori	m 990, Part X					\$		
2	following amoun	its requ	eived or held works of art, historic uired to be reported under FASB A	SC 958	relating to these items:				the	
а			form 990, Part VIII, line 1					-		
b			n 990, Part X							

Sche	edule D (Form 990) 2021 Page <b>2</b>
Pa	rt 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):
а	Public exhibitiondLoan or exchange programs
b	C Scholarly research e Other
c	Preservation for future generations
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?
Pa	rt IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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?
b	If "Yes," explain the arrangement in Part XIII and complete the following table: Amount
с	Beginning balance
d	Additions during the year
е	Distributions during the year
f	Ending balance
2a	Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b	If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII $\ldots$
Pa	rt V Endowment Funds.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 10.
1-	(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back
	Beginning of year balance
	Contributions
	Net investment earnings, gains, and losses
	Grants or scholarships
е	Other expenditures for facilities and programs
f	Administrative expenses
	End of year balance
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
а	Board designated or quasi-endowment
b	Permanent endowment
c	Term endowment
C	The percentages on 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:
	(i) Unrelated organizations
	(ii) Related organizations
b	If "Yes" on 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.
Ра	rt VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
	Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment)
1a	Land
b	Buildings
с	Leasehold improvements
d	Equipment
	Other
	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII					Page
	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, F	Part IV, lii	ne 11b.See Form	990, Part X,	line 12.
	(a) Description of security or category (including name of security)	(b) Boo value	ok	(c) Method of or end-of-year	valuation:
L) Financia	al derivatives	Value		or end-or-year	market value
	held equity interests				
4)					
3)					
C)					
D)		_			
Ξ)					
=)					
G)					
H)					
otal. (Colum Part VIII	nn (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.	•			
	Complete if the organization answered 'Yes' on Form 990, F	Part IV, lir			
	(a) Description of investment		(b) Book value		thod of valuation: I-of-year market value
1)					
2)					
3)					
4)					
5)					
6)					
-					
7)					
8)					
9)					
	nn (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX	Other Assets.				
	Complete if the organization answered 'Yes' on Form 990, P	art IV, lin	e 11d. See Form	990, Part X,	line 15.
		art IV, lin	e 11d. See Form	990, Part X,	line 15. (b) Book value
	Complete if the organization answered 'Yes' on Form 990, P	art IV, lin	e 11d. See Form	990, Part X,	1
	Complete if the organization answered 'Yes' on Form 990, P	art IV, lin	e 11d. See Form	990, Part X,	1
2)	Complete if the organization answered 'Yes' on Form 990, P	art IV, lin	e 11d. See Form	990, Part X,	1
2) 3)	Complete if the organization answered 'Yes' on Form 990, P	art IV, lin	e 11d. See Form	990, Part X,	1
2) 3) 4)	Complete if the organization answered 'Yes' on Form 990, P	art IV, lin	e 11d. See Form	990, Part X,	1
2) 3) 4) 5)	Complete if the organization answered 'Yes' on Form 990, P	art IV, lin	e 11d. See Form	990, Part X,	1
2) 3) 4) 5) 6)	Complete if the organization answered 'Yes' on Form 990, P	art IV, lin	e 11d. See Form	990, Part X,	1
2) 3) 4) 5) 6) 7)	Complete if the organization answered 'Yes' on Form 990, P	art IV, lin	e 11d. See Form	990, Part X,	1
2) 3) 4) 5) 6) 7) 8)	Complete if the organization answered 'Yes' on Form 990, P	art IV, lin	e 11d. See Form	990, Part X,	1
2) 3) 4) 5) 6) 7) 8) 9)	Complete if the organization answered 'Yes' on Form 990, P (a) Description		e 11d. See Form	990, Part X,	1
1)         2)         3)         4)         5)         6)         7)         8)         9)         Fotal. (Colu         Part X	Complete if the organization answered 'Yes' on Form 990, P (a) Description				(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Colu Part X	Complete if the organization answered 'Yes' on Form 990, P (a) Description				(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu Part X	Complete if the organization answered 'Yes' on Form 990, P (a) Description				(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu Part X  1) Federal	Complete if the organization answered 'Yes' on Form 990, P (a) Description				(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu Part X  1) Federal	Complete if the organization answered 'Yes' on Form 990, P (a) Description (a) Description (b) must equal Form 990, Part X, col.(B) line 15.) (c) Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability income taxes				(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu Part X  1) Federal	Complete if the organization answered 'Yes' on Form 990, P (a) Description (a) Description (b) must equal Form 990, Part X, col.(B) line 15.) (c) Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability income taxes				(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) Total. (Colu Part X 1. 1) Federal	Complete if the organization answered 'Yes' on Form 990, P (a) Description (a) Description (b) must equal Form 990, Part X, col.(B) line 15.) (c) Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability income taxes				(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) Total. (Colu Part X 1. 1) Federal	Complete if the organization answered 'Yes' on Form 990, P (a) Description (a) Description (b) must equal Form 990, Part X, col.(B) line 15.) (c) Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability income taxes				(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu Part X  1) Federal	Complete if the organization answered 'Yes' on Form 990, P (a) Description (a) Description (b) must equal Form 990, Part X, col.(B) line 15.) (c) Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability income taxes				(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu Part X  1) Federal	Complete if the organization answered 'Yes' on Form 990, P (a) Description (a) Description (b) must equal Form 990, Part X, col.(B) line 15.) (c) Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability income taxes				(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu Part X  1) Federal	Complete if the organization answered 'Yes' on Form 990, P (a) Description (a) Description (b) must equal Form 990, Part X, col.(B) line 15.) (c) Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability income taxes				(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu Part X  1) Federal	Complete if the organization answered 'Yes' on Form 990, P (a) Description (a) Description (b) must equal Form 990, Part X, col.(B) line 15.) (c) Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability income taxes				(b) Book value

Schedule D (Form 990) 2021

Schedule D (Form	n 990) 2021	
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Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	65,380
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	65,380
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII.)		
с	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	65,380
	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	r Return.	59.077
1	Total expenses and losses per audited financial statements	-	59,077
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	_	
b	Prior year adjustments	_	
c	Other losses		
d	Other (Describe in Part XIII.)		_
е	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	59,077
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
b c	Other (Describe in Part XIII.)       4b         Add lines 4a and 4b       4b         Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       4b	4c	0 59.077

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

Return Reference	
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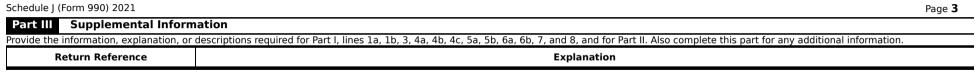
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	nedule J		Com	pensati	on Information	0	MB No	1545-	0047
(For	rm 990)		For certain Officers		Trustees, Key Employees, and Highe	st			_
			Complete if the orga		ated Employees wered "Yes" on Form 990, Part IV, lir	ne 23.	20	)2	1
Dena	rtment of the		► Go to www.irs.gov/		n to Form 990. instructions and the latest informat			to Pu	
Treas							Ins	pectio	n
Servi	ce								
NATI	ne of the organiz	of latin	IO ELECTED		Er	nployer identificatio	on nun	nber	
	APPOINTED OFFICIA		anarding Componenti		52	2-1076236			
Pa	rt I Questio		egarding Compensati	on				Yes	No
<b>1</b> a					the following to or for a person listed or relevant information regarding these iter			163	
	First-class	or cha	rter travel		Housing allowance or residence for per	sonal use			
	Travel for	compa	nions		Payments for business use of personal	residence			
	0		n and gross-up payments		Health or social club dues or initiation				
		ary sp	ending account		Personal services (e.g., maid, chauffeu	r, chef)			
b			ine 1a are checked, did the expenses described above		follow a written policy regarding paymer plete Part III to explain .	t or reimbursement	1b		
2					or allowing expenses incurred by all r, regarding the items checked on Line 1	- 2	2		
	directors, truste	es, om	cers, including the CEO/Exe	cutive Director	r, regarding the items checked on Line I	df			
3					d to establish the compensation of the				
					ot check any boxes for methods CEO/Executive Director, but explain in Pa	art III.			
		-	•						
			ommittee npensation consultant		Written employment contract Compensation survey or study				
			er organizations		Approval by the board or compensation	n committee			
			-						
4	related organiza		ly person listed on Form 990	J, Part VII, Sec	tion A, line 1a, with respect to the filing o	organization of a			
а	Receive a sever	ance p	ayment or change-of-contro	l payment? .			4a		No
b	Participate in, or	r receiv	e payment from, a supplem	nental nonqual	ified retirement plan?		4b		No
с					nsation arrangement?		4c		No
	If "Yes" to any of	f lines 4	4a-c, list the persons and pr	ovide the appl	licable amounts for each item in Part III.				
	Only 501(c)(3)	, 501(	c)(4), and 501(c)(29) org	anizations m	ust complete lines 5-9.				
5				, line 1a, did th	ne organization pay or accrue any				
		-	ent on the revenues of:				_		
a b	-						5a 5b		No No
D			b, describe in Part III.				ac		NO
6	For persons liste compensation co	ed on Fo	orm 990, Part VII, Section A ent on the net earnings of:	, line 1a, did th	ne organization pay or accrue any				
а	The organizatior	n?					6a		No
b	Any related orga	anizatio	on?				6b		No
			b, describe in Part III.						
7	For persons liste payments not de	ed on F escribe	orm 990, Part VII, Section A d in lines 5 and 6? If "Yes,"	, line 1a, did th describe in Par	ne organization provide any nonfixed t III		7		No
8	subject to the in	itial co	ntract exception described	in Regulations	ed pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," descri		8		No
9	lf "Yes" on line 8 53.4958-6(c)? .	s, did th	ne organization also follow t	he rebuttable	presumption procedure described in Reg	ulations section	о 9		
For F					orm 990. Cat. No. 500		-	m 990	) 2021

#### Part I Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). 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.

(A) Name and Title		(B) Breakdown	n of W-2, 1099-MISC and/or 1099-NEC	C compensation,	and other	(D) Nontaxable benefits	columns	<b>(F)</b> Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
1 ARTURO VARGAS CHIEF EXECUTIVE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	267,950	0	0	0	20,382	288,332	0
2 ERICA BERNAL-MARTINEZ CHIEF OPERATING OFFICER	(i)	0	0	0	0	0	0	0
CHIEF OPERATING OFFICER	(ii)	182,506	0	0	0	7,257	189,763	0
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SCHEDUL (Form 990) Department of t Treasury	) he		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. Go to <u>www.irs.gov/Form990</u> for the latest information.										en i nsp	to P	ubli																
NATIONAL ASSOCIAT AND APPOINTED OF			ELECT	ED																		-	-	/ <b>er i</b> 6236		tific	ation	nur	nber	•	
Return Reference														Exp	olar	nati	ion														
FORM 990, PART VI, SECTION B, LINE 11B	THE FC OF THE																								ND	AP	PRO	VAL	A	СО	ΡY
FORM 990, PART VI, SECTION B, LINE 12C	BOARD BY THE			-					ICT	OF	INTI	ER	E	Γ FO	RM	EV	ERY	YE.	AR	WHI	CHI	IS C	201	LEC	CTE	D A	ND I	REV	ΊΕW	/ED	
FORM 990, PART VI, SECTION B, LINE 15	THE OF COMPE RECEIV INCREA	NSA 'E A	ATIO PEI	N OF	THI	E OF NCE	RGA RE	NIZ VIE	ZAT W I	FION FRO	I'S C M T	CE( HE	D. EIR		E OI REC	RGA T SI	ANIZ UPE	ZATI RVI:	ON' SOF	S 0 8 WI	FFIC HO F	ER: REC	S A	ND 4ME	KE)	Y EI S T	MPLC HE P	DYE AY	ES		
FORM 990, PART VI, SECTION C, LINE 19	THE OF GUIDES				N PF	ROV	IDES	S A	LL	DOC	CUM	IEN	ITS	S UP	ON	I RE	QUE	EST	AN	D Tł	HE F	OR	.M 9	990	IS /	ALS	60 AV	VAIL	AB	LE C	NC
FORM 990, PART IX, LINE 11G	CONSU FUNDR															1AN.	AGE	EME	NT	AND	GE	NE	RA	LΕλ	(PE	NSE	ES 0.				
FORM 990, PART XII, LINE 2C:	THE PR	.0CI	ESS	HAS	NO	T Cŀ	HAN	IGE	D S	SINC	E TH	HE	Ρ	RIOF	RY	EAR	<b>ξ</b> .														

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SCHEDULE R (Form 990)	Complete if the org	→ anization answered "Yes ▶ Attach to F	anizations and Unrelated Partnerships nization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.											
Department of the Treasury Internal Revenue Service	► Go to <u>wi</u>	<u>vw.irs.gov/Form990</u> for in	nstructions a	and the latest	information.			Open to Inspe	o Publi ection	С				
Name of the organization NATIONAL ASSOCIATION OF LATINO B	ELECTED					Employer identif	ication I	number						
AND APPOINTED OFFICIALS INC						52-1076236								
Part I Identificatio	n of Disregarded Entities. Complete	if the organization answ	ered "Yes" o	n Form 990, F	Part IV, line 33	(e)		(f	<u>.</u>					
Name, address, ar	Primary act		egal domicile (sta or foreign country	te Total inco		assets	Direct co ent	ntrolling						
Part II Identification	of Related Tax-Exempt Organizatio	ns. Complete if the orga		sworod "Yos"	on Form 000	Part IV line 34 be		t had one or m						
	mpt organizations during the tax year.						causer							
Name, address, an	(a) Id EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domici or foreign c	ile (state Exem	(d) npt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	Di	(f) rect controlling entity	(g Section (13) cor ent	1512(b) ntrolled				
(1)NALEO EDUCATIONAL FUND	100	EDUCATE LATINOS TO	DC	501(C	C)(3)	LINE 7			Yes	No No				
1122 W WASHINGTON BLVD 3RD F LOS ANGELES, CA 90015 52-1212849	LOR	ACHIEVE EFFECTIVE PARTICIPATION IN GOVERNMENT												
									+					
For Paperwork Reduction A	ct Notice, see the Instructions for Form	990.	Cat. N	lo. 50135Y			Sch	edule R (Form	990) 20	021				

Schedule R (Form 990) 2021

		(state or foreign country)	controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	Share of total income	(g) Share of end-of- year assets	allo	(h) oprtionate cations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	man	eral or laging tner?	(k) Percentag ownershi
							Yes	No		Yes	No	
nizations Ta	xable as a d as a corr	a Corpora	l <b>tion or Trı</b> trust durin	<b>ust.</b> Complete if g the tax year.	f the orga	anization	answere	d "Yes" on	Form 990, I	Part IV,	line 34 k	because
(b	)	(e Lei dom	z) gal icile	(d)	Type of (C corp,	entity Sh S corp,	(f) are of total income	year	l-of- owner	ntage	Sectior contrc	(i) n 512(b olled en
					ortit	ISL)		assets			Yes	
	izations treate	anizations Taxable as a correct of the second secon	izations treated as a corporation or           (b)         (d)           Primary activity         Lee           dom         (state or	izations treated as a corporation or trust durin (b) (c)	(b)         (c)         (d)           Primary activity         Legal domicile (state or foreign         Direct controlling entity	(b)     (c)     (d)     (e)       Primary activity     (c)     (d)     (e)       Primary activity     Legal domicile (state or foreign     Direct controlling entity     Type of (C corp.)	(b)     (c)     (d)     (e)       Primary activity     (c)     (d)     (e)     Type of entity (C corp, S corp, or trust)     Sh.	(b)     (c)     (d)     (e)     (f)       Primary activity     (c)     (d)     (e)     (f)       Direct controlling domicile (state or foreign     Direct controlling entity     Type of entity (C corp, S corp, or trust)     Share of total income	(b)     (c)     (d)     (e)     (f)     (g)       Primary activity     (c)     (d)     (e)     (f)     (g)       Primary activity     Legal domicile (state or foreign     Direct controlling entity     Type of entity (C corp, S corp, or trust)     Share of total income     Share of end year assets	izations treated as a corporation or trust during the tax year. (b) (c) (d) (e) (f) (g) (h) Primary activity Legal domicile (state or foreign (state or foreign)	izations treated as a corporation or trust during the tax year. (b) (c) (d) (e) (f) (g) (h) Primary activity Legal domicile (state or foreign (state or foreign)	(b)         (c)         (d)         (e)         (f)         (g)         (h)           Primary activity         Legal         Direct controlling         Type of entity         Share of total         Share of end-of-         Percentage         Section           domicile         entity         (C corp, S corp,         income         year         ownership         control

Schedule R (Form 990) 2021

### Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			 
а	Receipt of (i) interest, (ii)annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
с	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e	Yes	
f	Dividends from related organization(s)	1f		No
	Sale of assets to related organization(s)	1g		No
	Purchase of assets from related organization(s)	1h		No
	Exchange of assets with related organization(s)	1i		No
	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
	······································	1k		No
I	Performance of services or membership or fundraising solicitations for related organization(s)	11	I	No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	1	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10	Yes	
		1p		No
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)NALEO EDUCATIONAL FUND	E	71,871	FMV

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

was not a related organization. See instructions regarding									-			-	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	organizations?		(f) Share of total income	<b>(g)</b> Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	1	1	1		I						a de la D		00) 2021

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#### Provide additional information for responses to questions on Schedule R. See instructions.

