efile	e GRAP	РНІС р	rint Submission Date - 2021-07-29			DL	N: 93	3493210010621
_ (99(0	Return of Organization Exempt	Fro	m Inco	me Tax	С	DMB No. 1545-0047
Form		V	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenu	ue Code	e (except priva	te foundation	5)	2019
_			Do not enter social security numbers on this form a	as it ma	iy be made pul	olic.	_	
Depai Treas	rtment o ury	of the	Go to <u>www.irs.gov/Form990</u> for instructions and	d the l	atest informa	ition.		Open to Public Inspection
	nal Rever							mspeedion
			lendar year, or tax year beginning 01-01-2019 , and ending C Name of organization	g 12-3	1-2019	D Employer is	lantifi	ication number
_	ck if applio dress char		NATIONAL ASSOCIATION OF LATINO ELECTED AND APPOINTED OFFICIALS INC					cation number
	me chang	-				52-107623	2	
	ial return		Doing business as					
_	il return/teri iended ret			Room/sui	te	E Telephone nu	mber	
	olication	cum	1122 W WASHINGTON BOULEVARD 3RD F			(212) 747-7	/606	
pend	ing		City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90015					
						G Gross receip	ots \$ 1	09,955
		Γ	F Name and address of principal officer: ARTURO VARGAS		H(a) Is this	a group return	for	
			1122 W WASHINGTON BOULEVARD 3RD			linates?		🗌 Yes 🗹 No
			FLOOR LOS ANGELES, CA 90015		H(b) Are all includ	subordinates ed?		□ Yes □No
Tax	-exempt s	status:		7		" attach a list.		
I W/	abcitor		└ 501(c)(3)	27	H(c) Group	exemption nur	nber I	▶
, w	ensite.		WINALEO.ONG					
K Forn	n of organ	nization:	✓ Corporation □ Trust □ Association □ Other ►		L Year of format	tion: 1976 M	State o	of legal domicile: DC
	-							
Pa		Sum						
			cribe the organization's mission or most significant activities: MOTES LEGISLATION TO IMPROVE THE HEALTH, SOCIAL,AND ECON	оміс м	/ELFARE OF AM	IERICANS OF		
Governance								
шa								
Ievo	2 Ch	eck this	s box \blacktriangleright if the organization discontinued its operations or dispose	ed of m	ore than 25%	of its net assets	5.	
Ğ			f voting members of the governing body (Part VI, line 1a)				3	34
х v	4 Nu	imber o	f independent voting members of the governing body (Part VI, line	1b) .			4	34
tte	5 Tot	tal num	ber of individuals employed in calendar year 2019 (Part V, line 2a)		5	0		
Activities &		6 Total number of volunteers (estimate if necessary)						34
Ā			lated business revenue from Part VIII, column (C), line 12	• •			7a	0
	Ne [:]	et unrela	ated business taxable income from Form 990-T, line 39	• •			7b	0
					Prie	or Year		Current Year
91			ons and grants (Part VIII, line 1h)	•		86,773		89,911
Revenue		-	ervice revenue (Part VIII, line 2g)	•		24		20,000
å			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			24		0
			nue—add lines 8 through 11 (must equal Part VIII, column (A), line 3	12)		86,797		109,955
			d similar amounts paid (Part IX, column (A), lines 1-3)	12)		0		0
			aid to or for members (Part IX, column (A), line 4)			0		0
\$			other compensation, employee benefits (Part IX, column (A), lines 5			58,416		48,274
se			hal fundraising fees (Part IX, column (A), line 11e)			0		0
Exp enses			ising expenses (Part IX, column (D), line 25) ▶0					
ă			enses (Part IX, column (A), lines 11a-11d, 11f-24e)			50,744		47,193
	18 Tot	tal expe	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)			109,160		95,467
		-	ess expenses. Subtract line 18 from line 12			-22,363		14,488
or SeS					Beginning	of Current Year		End of Year
Net Assets or Fund Balances	20 -					105.44		
Ass Ba			ts (Part X, line 16)	•		101,444		96,836
und			ities (Part X, line 26)	•		70,449		51,353
			s or fund balances. Subtract line 21 from line 20			30,995		45,483
Under	penaltie	es of pe	ature Block rjury, I declare that I have examined this return, including accompa					
knowl	edge an	nd belief	, it is true, correct, and complete. Declaration of preparer (other that					
ану К	nowledge	je.			202	1-07-29		
Sign		Signatu	ure of officer		Dat			
Here		ARTUR	O VARGAS CHIEF EXECUTIVE OFFICER					
			print name and title					
		Pr	int/Type preparer's name Preparer's signature	D	ate	ck if PTIN	43751	
Pai	d					employed	43751	
	pare	er Fi	m's name 🕨 THE PUN GROUP LLP		Firm	's EIN 🕨 46-4016	990	_
	Onl		m's address 200 E SANDPOINTE AVENUE SUITE 600		Pho	ne no. (949) 777-8	3800	
_		_	SANTA ANA, CA 92707					
Mav t	he IRS di	liscuss t	his return with the preparer shown above? (see instructions)				🗹 Ye	es 🗆 No
						-		

For Paperwork Reduction Act Notice	, see the separate instructions.

Cat. No. 11282Y

Form	990 (2019)				Page 2								
Par	t III Statement o	of Program Service	Accomplishments										
	Check if Sched	ule O contains a respon	se or note to any line in this Pa	art III	🗹								
1	Briefly describe the or		•										
DISA		DOPTS PUBLIC POSITIO		IC WELFARE OF AMERICANS OF HISPANIC G THOSE GROUPS, AND SUPPORTS PUBL									
2	Did the organization u	ndertake any significan	t program services during the	year which were not listed on	_								
	the prior Form 990 or	990-EZ?			🗌 Yes 🛛 🗹 No								
	If "Yes," describe these	e new services on Scheo	lule O.										
3	Did the organization cease conducting, or make significant changes in how it conducts, any program												
	services?	changes on Schedule	 D.		🗌 Yes 🗹 No								
4	Section 501(c)(3) and		are required to report the am	s three largest program services, as mea ount of grants and allocations to others,									
4a	(Code: MEMBERSHIP SUPPORT) (Expenses \$	91,250 including grants	of \$) (Revenue \$)								
4b	(Code:) (Expenses \$	including grants	of \$) (Revenue \$)								
4c	(Code:) (Expenses \$	including grants o	of \$) (Revenue \$)								
4d	Other program service	es (Describe in Schedul	e O.)										
	(Expenses \$	inclu	ding grants of \$) (Revenue \$)								
4e	Total program servi	ice expenses 🕨	91,250										
					Form 990 (2019)								

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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5	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? <i>If "Yes," complete Schedule D, Part II</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
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>	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.			
	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
	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>	11b		No
	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? <i>If "Yes," complete Schedule D, Part IX</i>	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	
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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part III	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No

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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</i> <i>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?	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 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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 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? <i>If "Yes," complete Schedule M</i>	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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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 in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	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		<u> </u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicab	le	•
--	----	---

 ${\bf b}~$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ~ .

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

0

1c

1b

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Form 990 (2019) Part V 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 2h **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) **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 . Зh . 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a **4**a No financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **5**a No Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? No 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . 50 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a No solicit any contributions that were not tax deductible as charitable contributions? . **b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6h . . Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a No 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? h Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file С Form 8282? . 7c No If "Yes," indicate the number of Forms 8282 filed during the year . . 7d d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f 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 required? 7g . h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? . . . Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? . 9a а Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . 9b b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 . 10a а 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: а 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? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year. h 12b 13 Section 501(c)(29) gualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? а 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans . . . c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? . No 14b **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess 15 15 No parachute payment(s) during the year? . If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?. 16 No

If "Yes," complete Form 4720, Schedule O.

Form 990 (2019)

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Fai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	•		ines V
Se	ection 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 34			
	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 1b 34			
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	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	Codo	1	
		coue	.)	
		Coue	.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	Did the organization have local chapters, branches, or affiliates? 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?			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10a 10b	Yes	
b 11a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b	Yes	
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10a 10b 11a	Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> .	10a 10b 11a 12a	Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10a 10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b 11a 12a 12b 12c	Yes Yes Yes Yes	
b 11a b 12a b c 13	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
b 11a b 12a b c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
b 11a b 12a b c 13 14 15 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a b c 13 14 15 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes	
b 11a b 12a b c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes	
b 11a b 12a b c 13 14 15 a b 16a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b See	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes	No

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

CA

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, 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 .

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, 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 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.

	ally related of	yanizati		mp	CI150	aleu a	iiiy (current onicer, une	cor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for	perso	n (do n one on is	e bo both	: che x, u n an	eck m nless office ustee)	er	(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)	(W-2/1099-MISC)	organization and related organizations
	1.00					đ				
(1) RUBEN ARCHULETA BOARD MEMBER		х						0	0	0
	1.00									<u> </u>
(2) GUSTAVO V CAMACHO BOARD MEMBER		х						0	0	0
(3) JOAQUIN CASTRO	1.00									
BOARD MEMBER		Х						0	0	0
(4) SERGIO DE LEON BOARD MEMBER	1.00 	х						0	0	0
(5) CRISANTA DURAN	1.00									
BOARD MEMBER		Х						0	0	0
(6) SARAH ELENA BENATAR BOARD MEMBER	1.00	х						0	0	0
(7) LILLEANA CAVANAUGH	1.00									
BOARD MEMBER		х						0	0	0
(8) MARIO DIAZ-BALART	1.00									
BOARD MEMBER		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	1.00									
BOARD MEMBER		х						0	0	0
(12) ED GONZALEZ	1.00	х								0
BOARD MEMBER		^						0	0	0
(13) ARMANDO 'MANDO' MARTINEZ	1.00									
BOARD MEMBER		Х						0	0	0
(14) EUGENE MONTANEZ	1.00							_	_	
BOARD MEMBER		х						0	0	0
(15) ROGER GARCIA BOARD MEMBER	1.00 	x						0	0	0
(16) NELLIE M GORBEA	1.00									
BOARD MEMBER		х						0	0	0
(17) DAVID LUNA	1.00	X								-
BOARD MEMBER	···	х						0	0	0
										Form 990 (2019)

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

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	pers	on (do an one on is	e bo both	: che x, u 1 an		er	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual truste or director	Institutional Trustee	Officer	Key employee	Highest compensat employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
		rustee	l Trustee		/9 0	npensated				
(18) PAULINE MEDRANO BOARD MEMBER	1.00	×						0	0	0
(19) PEGGY MULLER-ARAGON	1.00	х						0	0	0
BOARD MEMBER (20) JOHN ORTEGA								0	0	0
BOARD MEMBER		×								
BOARD MEMBER	1.00	×						0	0	0
(22) JOHN C VARGAS BOARD MEMBER	1.00	×						0	0	0
(23) PETER R VILLEGAS	1.00	x						0	0	0
								°		
BOARD MEMBER	1.00	×						0	0	0
(25) JEFFREY SANCHEZ BOARD MEMBER	1.00	x						0	0	0
(26) NORA E VARGAS	1.00	х						0	0	0
BOARD MEMBER										
BOARD MEMBER	1.00	×						0	0	0
(28) JOHN J DURAN BOARD MEMBER	1.00	×						0	0	0
(29) LYDIA N MARTINEZ	1.00	x						0	0	0
BOARD MEMBER										
BOARD MEMBER	1.00	×						0	0	0
(31) ADRIENNE VALLEJO-FOSTER	1.00	х						0	0	0
BOARD MEMBER (32) EDWARD ROYBAL				х				0		0
				~						
PRESIDENT	1.00			х				0	0	0
(34) ELIZABETH C ARCHULETA FIRST VICE PRESIDENT	1.00			х				0	0	0
(35) LUBBY NAVARRO	1.00			х				0	0	0
				~						
SECRETARY	1.00			х				0	0	0
(37) E JUNIOR MALDONADO BOARD MEMBER	1.00			х				0	0	0
(38) ERICA BERNAL-MARTINEZ	1.00				x			0	151,874	6,364
					~				151,674	0,504
CHIEF STRATEGY OFFICER	1.00				х			0	180,343	17,746
(40) ARTURO VARGAS	10.00 40.00					х		39,138	184,120	851
1b Sub-Total)	•				
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	-					-		39,138	516,337	24,961
2 Total number of individuals (including but reportable compensation from the organized or the transmission from the organized or the transmission from transmission from transmission from the transmission from transmission	not limited to t				e) w	ho rec	ceive	ed more than \$100,	000 of	
3 Did the organization list any former office			-		oyee	e, or h	ighe	est compensated en	nployee on	Yes No
line 1a? If "Yes," complete Schedule J for such individual 3 No 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 3 No										
5 Did any person listed on line 1a receive o	4 Yes									
Section B. Independent Contractors	i									
 Complete this table for your five highest of the organization. Report compensation for 										sation from
· · · ·	(A) ousiness address				~ 1 V				(B) ption of services	(C) Compensation
		line it a d								

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Form	990	(2019)
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Part VIII Statement of Revenue

Page **9**

	Check if Schedule O cor	ntains a respor	nse or note to any l	line in this Part VIII (A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from
					function	revenue	tax under sections 512 - 514
	1a Federated campaigns .	. 1a			levende		
ants unt	b Membership dues	1b	89,911				
ΰğ	c Fundraising events						
ifts, ar A	d Related organizations	1d					
nii G	e Government grants (contribution	ons) 1e					
. Si	 f All other contributions, gifts, gi and similar amounts not includ above 	rants, led 1f					
but	g Noncash contributions included						
Contributions, Gifts, Grants and Other Similar Amounts	lines 1a - 1f:\$	1g					
a C	h Total. Add lines 1a-1f .		>	89,911			
en			Business Code	20,000	20,000		
	2a FOUNDATION		900099	20,000	20,000		
Program Service Revenue	b						
Rev							
vice	c						
Set	d						
gram							
Pro(e 						
	f All other program service re	evenue.					
	9 Total. Add lines 2a–2f.		20,000	1		1	
	3 Investment income (including similar amounts)		terest, and other	44	4		44
	4 Income from investment of ta			· [
	5 Royalties	(i) Real	(ii) Personal				
				-			
	6a Gross rents 6a b Less: rental			-			
	expenses 6b						
	c Rental income or (loss) 6c						
	d Net rental income or (loss)		• • • •				
) Securities	(ii) Other	-			
	7a Gross amount from sales of assets other 7a						
	than inventory			-			
	b Less: cost or other basis and 7b						
	sales expenses			-			
	c Gain or (loss) 7c			_			
	d Net gain or (loss) 8a Gross income from fundraising e		· · · ►	$\frac{1}{1}$			
onu	(not including \$ contributions reported on line 10	of					
eve	See Part IV, line 18	 8a					
r B	b Less: direct expenses .	II					
Other Revenue	c Net income or (loss) from fu	Indraising eve	nts 🕨	1			
0	9a Gross income from gaming ac See Part IV, line 19						
	b Less: direct expenses	34		-			
	c Net income or (loss) from g		es				
	10a Gross sales of inventory, les						
	returns and allowances	· 10a					
	b Less: cost of goods sold .	. 10b]			
	c Net income or (loss) from sa Miscellaneous Reven		ry Business Code				
	11a		20011000 0000				
	b	<u> </u>					
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	I_					
	12 Total revenue. See instruc	tions		109,95	5 20,000	0	44
				109,95.	- 20,000		44

Pä	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must co	•			
	Check if Schedule O contains a response or note to an	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	(D) 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		I		
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	1	I		
5	Compensation of current officers, directors, trustees, and key employees	39,138	39,138		
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)	1,084	1,084		
9	Other employee benefits	4,921	4,921		
10	Payroll taxes	3,131	3,131		
11	Fees for services (non-employees):				
ä	Management				
I	Legal				
	Accounting				
(Lobbying				
	Professional fundraising services. See Part IV, line 17				
ſ	Investment management fees				
ģ	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	18,200	18,180	20	
14	Information technology				
15	Royalties				
16	Occupancy	6,506	6,506		
17	Travel	20,060	15,863	4,197	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,604	1,604		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	466	466		
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 EQUIPMENT RENTAL:	357	357		
	b				
	с				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	95,467	91,250	4,217	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).				

Part X Balance Sheet

		Check if Schedule O contains a response or note	e to any line in this Part IX .	<u> </u>		<u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		101,444	1	96,784
	2	Savings and temporary cash investments .		2		
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons		5		
	6	Loans and other receivables from other disqualif section 4958(f)(1)), and persons described in se		6		
\$	7	Notes and loans receivable, net	[7	
Set.	8	Inventories for sale or use	[8	
Assets	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	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		0	15	52
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	101,444	16	96,836
	17	Accounts payable and accrued expenses	470	17		
	18	Grants payable	-		18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
s	21	Escrow or custodial account liability. Complete Pa	art IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons			22	
Ë	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	69,979	25	51,353	
	26	Total liabilities. Add lines 17 through 25		70,449	26	51,353
Fund Balances		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.	eck here 🕨 🗹 and			
ala	27	Net assets without donor restrictions		30,995	27	45,483
Id B	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC complete lines 29 through 33.	958, check here 🕨 🗋 and			
10	29	Capital stock or trust principal, or current funds			29	
Assets or	30	Paid-in or capital surplus, or land, building or equ	· ·		30	ļ
Iss	31	Retained earnings, endowment, accumulated inc	come, or other funds		31	ļ
Net A	32	Total net assets or fund balances		30,995	32	45,483
ž	33	Total liabilities and net assets/fund balances		101,444	33	96,836

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
_		_			100.055
1	Total revenue (must equal Part VIII, column (A), line 12)	1			109,955
2	Total expenses (must equal Part IX, column (A), line 25)	2			95,467
3	Revenue less expenses. Subtract line 2 from line 1	3			14,488
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\ .$	4			30,995
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			45,483
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 🗌 Cash 🗹 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in 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 separate basis, consolidated basis, or both:	а			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
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 bac consolidated basis, or both:	asis,			
	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 Schedu	ule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	d audit	3b		
				Form 0	0 (2019)

efile GRAPHIC print Submission Date - 2021-07-29 DLN: 9349					
SCHEDULE C	F	Political Campaigr	n and Lobbying A	ctivities	OMB No. 1545-0047
(Form 990 or 990-EZ)		ganizations Exempt From			2019
Department of the Treasury		ete if the organization is descri Go to www.irs.gov/Form990 f			Open to Public Inspection
Internal Revenue		red "Yes" on Form 990, Pa			(Political
Campaign Activiti	es), the	n			
		ations: Complete Parts I-A ar			
		an section 501(c)(3)) organiza hs: Complete Part I-A only.	itions: Complete Parts I-A ar	nd C below. Do not co	omplete Part I-B.
		red "Yes" on Form 990, Pa	rt IV. Line 4. or Form 990	-EZ. Part VI. line 4	7 (Lobbyina
Activities), then			,	, ,	(
	3) organiz	zations that have filed Form !	5768 (election under section	501(h)): Complete F	Part II-A. Do not
complete Part II-B.) organi-	actions that have NOT filed E	orm E769 (alaction under co	stion E01(b)), Comp	lata Dart II D. Da nat
complete Part II-A.	b) organiz	zations that have NOT filed F			iete Part II-b. Do not
•	n answe	red "Yes" on Form 990, Pa	rt IV, Line 5 (Proxy Tax) (s	see separate instru	ctions) or Form
		Proxy Tax) (see separate ir		-	
		(6) organizations: Complete	Part III.		
Name of the organiza NATIONAL ASSOCIATION O		ECTED		Employer identifi	cation number
AND APPOINTED OFFICIAL	S INC			52-1076236	
Part I-A Comple	te if the	organization is exempt und	der section 501(c) or is a s	ection 527 organiza	ition.
		organization's direct and indirect p	political campaign activities in Par	t IV (see instructions for	definition of
"political campaig	-				
-		expenditures (see instructions)		· •	
		campaign activities (see instruction organization is exempt und			
-		5			
		cise tax incurred by the organizatio			
	-	cise tax incurred by organization m	-	•	
3 If the organizatio	n incurred	a section 4955 tax, did it file Form	4720 for this year?		🗌 Yes 🗌 No
4a Was a correction	made?				🗌 Yes 🗌 No
b If "Yes," describe	in Part IV.				
Part I-C Comple	te if the	organization is exempt und	ler section 501(c), except	section 501(c)(3).	
1 Enter the amount	t directly e	expended by the filing organization	for section 527 exempt function a	octivities 🕨 🖇	
2 Enter the amount	t of the filir	ng organization's funds contributed	I to other organizations for sectior	n 527 exempt	
function activities	s			► \$_	
3 Total exempt fund	ction expe	nditures. Add lines 1 and 2. Enter h	ere and on Form 1120-POL, line 1	7b 🕨 💲	
4 Did the filing orga	anization fi	ile Form 1120-POL for this year? .		······	Yes No
5 Enter the names,	addresses	s and employer identification numb	per (FIN) of all section 527 political	l organizations to which t	
organization mac political contribut	le paymen tions receiv	ts. For each organization listed, end ved that were promptly and directly mmittee (PAC). If additional space i	ter the amount paid from the filing y delivered to a separate political	g organization's funds. Al organization, such as a s	so enter the amount of
(a) Name		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1					
2					
3					

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

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n -	-	-	
Ра	(1	е	

Scr	iedule C (Form 990 or 990-EZ) 2019			Page 2			
P	art II-A Complete if the organization is section 501(h)).	exempt under section 501(c)(3) and fil	ed Form 5768 (ele	ection under			
	expenses, and share of excess lobbyin	5 1 ,	group member's name	, address, EIN,			
в	Check 🕨 🗌 if the filing organization checked box	A and "limited control" provisions apply.		(In) Affiliated survey			
	Limits on Lobbyin (The term "expenditures" mean		(a) Filing organization's totals	(b) Affiliated group totals			
1a	Total lobbying expenditures to influence public opini	on (grass roots lobbying)					
b	Total lobbying expenditures to influence a legislative	e body (direct lobbying)					
с	Total lobbying expenditures (add lines 1a and 1b)						
d	Other exempt purpose expenditures						
e Total exempt purpose expenditures (add lines 1c and 1d)							
f	Lobbying nontaxable amount. Enter the amount fror columns.	n the following table in both					
	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						
h				<u> </u>			
i	Subtract line 1f from line 1c. If zero or less, enter -0-						
j	If there is an amount other than zero on either line 1 section 4911 tax for this year?			🗌 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 Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total	
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
с	Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Ver" responses on lines to through the law, provide in Part IV a detailed dependenciation of the labor inc.		(a	ı)	(b)
rore	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	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		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	
P	art 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
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efi	le GRAPHIC pr	int	Submission Date - 2021-	07-29					1	3493210010621
	HEDULE D rm 990)		Supplement	al F	inancial State	emen	ts	_		MB No. 1545-0047
(- 0	111 330)	■ 990) Complete if the organization answered "Yes," on Form 990,							2019	
Done	artment of the				, 11b, 11c, 11d, 11e, 11f h to Form 990.	, 12a, or	12b.			open to Public
Trea	sury		▶ Go to <u>www.irs.gov/Form</u>			test infor	matic	on.		Inspection
Inter Servi	rnal Revenue ice									
NAT	me of the organiz IONAL ASSOCIATION (D APPOINTED OFFICIA	of latin	NO ELECTED				· ·	ployer 107623		ion number
Pa			ns Maintaining Donor Adv			Funds o	-			
	Comple	te if th	he organization answered "Ye	s" on F	orm 990, Part IV, line 6. (a) Donor advised funds			(h) [unde and a	ther accounts
1	Total number at e	end of	year		(a) Donor advised funds			(D) F	unds and o	ther accounts
2			tributions to (during year)							
3	Aggregate value	of grai	nts from (during year)							
4	Aggregate value	at end	l of year							
5			form all donors and donor adviso y, subject to the organization's ex					funds a	are the	🗌 Yes 🗌 No
6	charitable purpo	oses an	form all grantees, donors, and do nd not for the benefit of the donor	r or dond	or advisor, or for any other	purpose c				
Pa	•		n Easements.							U Yes U No
			he organization answered "Ye	s" on F	orm 990, Part IV, line 7.					
1	Purpose(s) of co	nserva	ation easements held by the organ	nization	(check all that apply).					
	Preservatio	on of la	nd for public use (e.g., recreation	or educ	cation) 🗌 Preserva	tion of an	histor	ically i	mportant la	and area
	Protection	of natu	ural habitat		Preserva	tion of a c	ertifie	d histo	oric structur	e
	Preservatio	on of op	pen space							
2			ough 2d if the organization held a	qualified	d conservation contribution	in the for	m of a			
_			day of the tax year. vation easements				2-	Hel	ld at the E	nd of the Year
a b			d by conservation easements				2a 2b			
c	-		n easements on a certified histori				20 2c			
d			n easements included in (c) acqu				2d			
3			National Register on easements modified, transferre	ed, relea	sed, extinguished, or termi	nated by t	the org	ganizat	tion during	the
4	·	es wher	re property subject to conservation	on easem	nent is located >					
-+ 5			have a written policy regarding the			handling (of viola	ations.	and	
	enforcement of	the cor	urs devoted to monitoring, inspec						🗌 Ye	
6	•			,		lierenig ee				
7	Amount of expent	nses in	ncurred in monitoring, inspecting,	handlin	g of violations, and enforci	ng conserv	vation	easem	nents during	g the year
8			n easement reported on line 2(d) B)(ii)?				70(h)(4	4)(B)(i)	🗌 Ye	s 🗌 No
9	balance sheet, a	and inc	ow the organization reports conse clude, if applicable, the text of the ounting for conservation easemer	footnot						
Pa			ns Maintaining Collections he organization answered "Ye				ner S	imila	r Assets.	
1a	If the organization art, historical tre	on elec easures	cted, as permitted under SFAS 11 s, or other similar assets held for the footnote to its financial state	6 (ASC 9 public e:	58), not to report in its rev xhibition, education, or res	enue state				
b	If the organization historical treasu	on elec ires, or	ted, as permitted under SFAS 11 other similar assets held for publicing to these items:	6 (ASC 9	58), to report in its revenue					
í	•		Form 990, Part VIII, line 1					▶\$		
			m 990, Part X							
2	If the organization	on rece	eived or held works of art, historic uired to be reported under SFAS 1	cal treas	ures, or other similar asset	s for finan			ovide the	
а			orm 990, Part VIII, line 1		· •		1	▶\$		
b	Assets included	in Forr	m 990, Part X					▶\$		
For	Paperwork Redu	iction	Act Notice, see the Instructio	ns for F	orm 990.	Cat. No.	52283	BD	Schedule	D (Form 990) 201

Sche	dule D (Form 990) 2019				Page 2
Par	t III Organizations Maintaining C	ollections of Art, Historical Tr	easures, o	or Other Similar	Assets (continued)
3	Using the organization's acquisition, accession items (check all that apply):	on, and other records, check any of th	e following t	hat are a significant	use of its collection
а	Public exhibition	d 🗌 L	oan or excha	ange programs	
b	Scholarly research	e 🗌 C	Other		
с	Preservation for future generations				
4	Provide a description of the organization's co Part XIII.	ellections and explain how they furthe	r the organiz	ation's exempt purp	oose in
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to				🗌 Yes 🗌 No
Pai	t IV Escrow and Custodial Arrange Complete if the organization ansoline 21.		, line 9, or ı	reported an amou	
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?				🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII	and complete the following table:			Amount
с	Beginning balance			1c	
d	Additions during the year			1d	
е	Distributions during the year			1e	
f	Ending balance		· ·	1f	
2a	Did the organization include an amount on Fe	orm 990, Part X, line 21, for escrow or	custodial ac	count liability?	Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the explanation has bee	en provided i	n Part XIII	
Pa	rt V Endowment Funds.		line 10		
	Complete if the organization ans	(a) Current year (b) Prior year		vears back (d) Three	years back (e) Four years back
1a	Beginning of year balance				
b	Contributions				
с	Net investment earnings, gains, and losses				
d	Grants or scholarships				
	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the curr Board designated or quasi-endowment	ent year end balance (line 1g, columr	n (a)) held as	:	
a b					
	Temporarily restricted endowment				
с	The percentages on lines 2a, 2b, and 2c should be the second seco	uld equal 100%			
3a	Are there endowment funds not in the posse organization by:	•	and admini	stered for the	Yes No
	(i) unrelated organizations				3a(i)
b	(ii) related organizations	is listed as required on Schedule R?	· · ·		3a(ii) . 3b
4	Describe in Part XIII the intended uses of the	organization's endowment funds.			
Pai	t VI Land, Buildings, and Equipme		lin. 12 -		+ V line 10
	Complete if the organization ans Description of property (a) Cost or ot (investm	her basis (b) Cost or other basis (oth		umulated depreciation	
_					
	Land				
	Leasehold improvements				<u> </u>
	Equipment				
	Other	egual Form 990, Part X. column (B). lir	ne 10(c).) .		0

Schedule D (Form 990) 2019				Page
Part VII Investments Other Securities.		111 0		
Complete if the organization answered "Yes" on Form 990, I (a) Description of security or category	b) Book	110.5		t X, line 12.
(including name of security)	value			year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3)Other				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments Program Related. Complete if the organization answered 'Yes' on Form 990, I	Part IV, line	11c. 9	See Form 990, Par	t X, line 13.
(a) Description of investment			(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				

(9)
(10)

(8)

Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)

Part IX	Other Assets.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. Se	e Form 990, Part X, line 15.
	(a) Description	(b) Book value
2)		
3)		
1)		
5)		
5)		
7)		
3)		
€)		
10)		

Þ

Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities.

	Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 99	0, Part X, line 25.
1.	(a) Description of liability	(b) Book value
(1) Federal i	ncome taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 25.)	51,353

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

 \Box

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Pa	t XI Reconciliation of Revenue per Audited Financial Statem Return.	ents With Revenue per		
	Complete if the organization answered 'Yes' on Form 990, Part	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements $\ .$.		1	109,955
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	109,955
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.)	4b		
с	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	109,955
Pai	t XII Reconciliation of Expenses per Audited Financial Statem		Retu	m.
	Complete if the organization answered 'Yes' on Form 990, Part	,	1	
1	Total expenses and losses per audited financial statements		1	95,467
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	95,467
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.)	4b		
с	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u></u>	5	95,467
Pa	rt 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.

efil	e GRAPHIC pr	int	DLN: 93	84932	1001	0621			
	edule J	Integration Compensation Information 300 For certain Officers, Directors, Trustes, Key Employees, and Highest Complete if the organization answered "Ves" on Form 990, Part IV, line 23. It of the venue Integration it of the venue For certain Officers, Junctors, Trustes, Key Employees, and Highest Complete if the organization answered "Ves" on Form 990, Part IV, line 23. It of the venue Integration Societion of UNINO LECTED Employer identificat Societion of UNINO LECTED Societions Regarding Compensation 52:1076236 Outestions Regarding Complexestion S2:1076236 Taxel for companions Payments for business use of personal use Taxel for companions Personal services (e.g., maid, chauffeur, chef) y of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursing or leading expenses incurred by all tors, trustees, officers, including the EO/Executive Director, regarding the items checked on Line 1a? ate which, if any, of the following the filing organization used to establish the compensation committee Written employment contract Independent compensation consultant Complexestion survey or study Form 990 of other organizations Approval by the board or compensation oral dorganizations Instations (EO/Executive Director, Line stablish compensation any experiment contract independent compe	MB No	. 1545-	0047				
(For	m 990)		For certain Office			hest			
			Complete if the org			line 23.	20)1	9
Dona	rtmont of the		► Go to www.irs.go					to Pu	
Treas	ury		<u></u> ,					pectio	
Servi	nal Revenue ce								
NATI	ONAL ASSOCIATION	OF LATIN	O ELECTED			Employer identificati	on nun	nber	
				-		52-1076236			
Pa	Questi	ons R	egarding Compensa	tion				Yes	No
1a								Tes	NO
	□ First-class	or cha	rter travel		Housing allowance or residence for p	personal use			
					•				
			5 11 5						
		ary spe	ending account	\cup	Personal services (e.g., maid, chauff	eur, chef)			
b									
2					L L.		1b 2		
						ela?			
3						e			
						Part III.			
	Compensi	ation co	mmittee	\Box	Written employment contract				
			•			ion committee			
4			y person listed on Form S	990, Part VII, Sec	tion A, line 1a, with respect to the filin	g organization or a			
а	Receive a sever	ance p	ayment or change-of-cont	rol payment? .			4a		No
b							4b		No
c					5		4c		No
	if "fes" to any o	r iines 4	a-c, list the persons and	provide the app	licable amounts for each item in Part I				
	-			-	-				
5				A, line 1a, did th	ne organization pay or accrue any				
а	•						5a		No
b							5b		No
	If "Yes," on line	5a or 5	b, describe in Part III.						
6					ne organization pay or accrue any				
а							6a		No
b	, 5						6b		No
7				A line 12 did th	a organization provide any ponfixed				
,							7		No
8						cribo			
							8		No
9	If "Yes" on line 8	3, did th	e organization also follow	the rebuttable	presumption procedure described in R	egulations section	۳.		
	ATTOMAL ASSOCIÁTION OF LATINO ELECTED 52:1076236 2x11 Questions Regarding Compensation 52:1076236 2x11 Questions Regarding Compensation 52:1076236 2x11 Questions Regarding Compensation provide any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. 52:1076236 3x1 Guestions A, line 1a. Complete Part III to provide any relevant information regarding these items. 50:00000000000000000000000000000000000			9					
For P	anerwork Redu	iction	Act Notice, see the Ins	tructions for F	orm 990. Cat No. 5	0053T Schedule	I (For	m 990) 2019

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

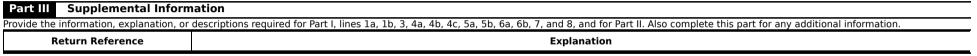
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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) Breakd	down of W-2 and/or compensation	1099-MISC	(C) Retirement and other	d other benefits		(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		columns (B)(i)-(D)	column (B) reported as deferred on prior Form 990
1ERICA BERNAL-MARTINEZ CHIEF OPERATING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	151,874	0	0	0	6,364	158,238	0
	(i)	0	0	0	0	0	0	0
	(ii)	180,343	0	0	0	17,746	198,089	0
	(i)	39,138	0	0	0	0	39,138	0
Chief Executive Officer	(ii)	184,120	0	0	0	851	184,971	0
				+	<u> </u>	·	<u> </u>	
	\vdash	<u> </u>		+	+	'	<u> </u>	
	\square^{\dagger}							
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	\square^{\dagger}							
	ł						Schedule J (F	Form 990) 2019









EO	Supplor																						
	Supplemental Information to Form 990 or 99 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 www.irs.gov/Form990 for the latest information.)0-I	EZ	2	oen t	1 o Pu	9 blic									
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																			ID AF	PRC	VAL.	A C	ΟΡΥ
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efile GRAPHIC print	Submission Date - 2021-07-29								DLI	N: 93493210	010	621
SCHEDULE R (Form 990)	Related Org		answered "Yes"	on Fori	n 990, Part IV			-		OMB No. 154	-	
Department of the Treasury Internal Revenue Service	► Go to <u>ww</u>	<u>w.irs.gov/</u>	Attach to Fo / <u>Form990</u> for ins			test info	ormation.			Open to P Inspecti		
Name of the organization NATIONAL ASSOCIATION OF LATINO AND APPOINTED OFFICIALS INC	ELECTED							Employer identifica	ation numb	er		
Part I Identificatio	n of Disregarded Entities. Complete i	f the orga	nization answer	ed "Ye	s" on Form 99	90, Part	IV, line 33.					
Name, address, an	(a) Name, address, and EIN (if applicable) of disregarded entity				(c) Legal domicile (or foreign cour		(d) Total incom	(e) End-of-year asso	sets Direct con entit		ing	
	of Related Tax-Exempt Organization empt organizations during the tax year.	is. Compl	ete if the organ	ization	answered "Y	es" on F	Form 990, P	art IV, line 34 beca	ause it had	d one or more	j	
	(a) nd EIN of related organization	Pri	(b) mary activity		(c) domicile (state preign country)	Exempt	(d) t Code section	(e) Public charity status (if section 501(c)(3))		(f) ct controlling entity	Se 512(cont ent	(g) ection (b)(13) trolled tity?
(1)NALEO EDUCATIONAL FUND 1122 W WASHINGTON BLVD 3RD F LOS ANGELES, CA 90015 52-1212849	NALEO EDUCATIONAL FUND 22 W WASHINGTON BLVD 3RD FLOR S ANGELES, CA 90015		LATINOS TO EFFECTIVE TION IN IENT		DC	501(C)(3	3)	LINE 7				No No
											+	+
For Paperwork Reduction A	Act Notice, see the Instructions for Form 9	90.		Ca	at. No. 50135Y				Schedul	e R (Form 99	J) 20	19

Schedule R (Form 990) 2019

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominan income(relate unrelated, excluded from under section 512-514)	ed, total incom		Disprop	h) ortionate otions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging tner?	(k) Percentage ownership
								Yes	No		Yes	No	
						·						241	
It IV Identification of Related Organiza it had one or more related organizatio						ganization ar	swered "Ye	s" on I	Form 9	90, Part IV,	line	34 D	ecause
(a) Name, address, and EIN of related organization	(b) Primary activity		(c) Legal domicile te or foreic			(e) Type of entity (C corp, S corp, or trust)	(f) Share of tota income	l Shar	(g) re of end- year assets	-of- Perce	h) entage ership		(i) Section 512(b) (13) controlled entity?

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(Section (13) co ent	i) 512(b) ntrolled ity?
		country)						Yes	No

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

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

		<u> </u>		
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 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
е	Loans or loan guarantees by related organization(s)	1e	Yes	
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	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
		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	لسسد	n	

see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)NALEO EDUCATIONAL FUND	E	51,355	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 exclus		Investmen	it partnerships	s.									
(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)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
			•									<u> </u>	







Provide additional information for responses to questions on Schedule R. (see instructions).



