

Short Form Return of Organization Exempt From Income Tax

2020

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

▶ **Do not enter social security numbers on this form, as it may be made public.**
▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

| | | |
|--|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization CONSEJO DE LATINOS UNIDOS Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 381984 City or town, state or province, country, and ZIP or foreign postal code BIRMINGHAM, AL 35238-1984 | D Employer identification number 95-4892705 E Telephone number (202) 320-1212 F Group Exemption Number ▶ |
|--|---|--|

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ _____

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

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 49,278.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

| | | | | |
|-------------------|--|--|----------|-----------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 3,372. |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | 8,791. |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | b | Less: cost or other basis and sales expenses | 5b | 0. |
| | c | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | 5c | 36,415. |
| | 6 | Gaming and fundraising events: | | |
| | a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| b | Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | | |
| c | Less: direct expenses from gaming and fundraising events | 6c | | |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| b | Less: cost of goods sold | 7b | 0. | |
| c | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) | 7c | | |
| 8 | Other revenue (describe in Schedule O). ATCH. 1 | 8 | 700. | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | 9 | 49,278. | |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | 14,961. |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | 434,960. |
| | 13 | Professional fees and other payments to independent contractors | 13 | 46,921. |
| | 14 | Occupancy, rent, utilities, and maintenance. | 14 | |
| | 15 | Printing, publications, postage, and shipping | 15 | |
| | 16 | Other expenses (describe in Schedule O). ATCH. 2 | 16 | 115,980. |
| 17 | Total expenses. Add lines 10 through 16 ▶ | 17 | 612,822. | |
| Net Assets | 18 | Excess or (deficit) for the year (subtract line 17 from line 9) | 18 | -563,544. |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 575,131. |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) ATCH. 3 | 20 | 10,067. |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | 21 | 21,654. |

For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2020)

Part II Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II.

| | | (A) Beginning of year | (B) End of year | |
|----|--|-----------------------|-----------------|----------|
| 22 | Cash, savings, and investments ATTACHMENT 4 | 632,323. | 22 | 253,483. |
| 23 | Land and buildings | 884. | 23 | 354. |
| 24 | Other assets (describe in Schedule O) | 0. | 24 | 0. |
| 25 | Total assets | 633,207. | 25 | 253,837. |
| 26 | Total liabilities (describe in Schedule O) ATTACHMENT 5 | 58,076. | 26 | 232,183. |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 575,131. | 27 | 21,654. |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? ATTACHMENT 6

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

| | | | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) | |
|----|---|--|--|----------|
| 28 | ATTACHMENT 7 | | | |
| | (Grants \$ 3,000.) If this amount includes foreign grants, check here <input type="checkbox"/> | | 28a | 233,943. |
| 29 | ATTACHMENT 8 | | | |
| | (Grants \$ 5,750.) If this amount includes foreign grants, check here <input type="checkbox"/> | | 29a | 206,740. |
| 30 | ATTACHMENT 9 | | | |
| | (Grants \$ 6,212.) If this amount includes foreign grants, check here <input type="checkbox"/> | | 30a | 103,370. |
| 31 | Other program services (describe in Schedule O) | | | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) | | 32 | 544,053. |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV.

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|--|--|---|--|
| K.B. FORBES TREASURER/CEO | 40.00 | 197,500. | 13,153. | 0. |
| LOURDES GALVEZ VICE CHAIRMAN/COO | 40.00 | 110,600. | 5,863. | 0. |
| ERNESTO PICHARDO CHAIRMAN/VICE PRESIDENT | 40.00 | 79,875. | 1,021. | 0. |
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . . .

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

| | | | |
|-----------|--|------------|-----------|
| | | Yes | No |
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | X |

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

| | | | |
|------------|--|------------|-----------|
| | | Yes | No |
| 47 | 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 | 47 | X |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | X |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b | If "Yes," was the related organization a section 527 organization? | 49b | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| NONE | | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 . . . ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A **Yes** **No**

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

Sign Here

Signature of officer: K.B. FORBES Date: _____
 Type or print name and title: TREASURER/CEO

Paid Preparer Use Only

Print/Type preparer's name: Scott W. Taylor Preparer's signature: [Signature] Date: 11/15/21
 Check if self-employed PTIN: P00166460
 Firm's name: BDO USA, LLP Firm's EIN: 13-5381590
 Firm's address: 6100 ELTON AVE, SUITE 1000 Phone no.: 702 384-1120

May the IRS discuss this return with the preparer shown above? See instructions **Yes** **No**

LAS VEGAS, NV 89107

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

CONSEJO DE LATINOS UNIDOS

Employer identification number

95-4892705

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2020

JSA
0E1210 0.030

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, and a checkbox. Rows include: 14 Public support percentage for 2020; 15 Public support percentage from 2019 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2020; b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; b 10%-facts-and-circumstances test - 2019; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 21,965. | 6,580. | 1,277. | 74,361. | 3,372. | 107,555. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | 0. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | 0. |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 6 Total. Add lines 1 through 5. | 21,965. | 6,580. | 1,277. | 74,361. | 3,372. | 107,555. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | 3,500. | | 27,000. | | 30,500. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| c Add lines 7a and 7b. | | 3,500. | | 27,000. | | 30,500. |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 77,055. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | 21,965. | 6,580. | 1,277. | 74,361. | 3,372. | 107,555. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | 13,169. | 45,206. | 58,375. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0. |
| c Add lines 10a and 10b | | | | 13,169. | 45,206. | 58,375. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | 0. |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATÇH 1</u> | | | | 1,989. | 700. | 2,689. |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 21,965. | 6,580. | 1,277. | 89,519. | 49,278. | 168,619. |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | 45.70 % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | 62.59 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---------|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)). | 17 | 34.62 % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | 10.79 % |

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . ▶

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described in line 11a above? | | |
| c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|--|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | | |
| b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | 1e | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|----------|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | | Current Year |
|---------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|---|---|-----------------------------|--|---|
| 1 | Distributable amount for 2020 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | |
| a | From 2015 | | | |
| b | From 2016 | | | |
| c | From 2017 | | | |
| d | From 2018 | | | |
| e | From 2019 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2020 distributable amount | | | |
| i | Carryover from 2015 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2020 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2020 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2016 | | | |
| b | Excess from 2017 | | | |
| c | Excess from 2018 | | | |
| d | Excess from 2019 | | | |
| e | Excess from 2020 | | | |

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

UNUSUAL GRANT

UNUSUAL GRANT (2019) -- \$2,000,000

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

| DESCRIPTION | 2016 | 2017 | 2018 | 2019 | 2020 | TOTAL |
|---------------|------|------|------|---------------|-------------|---------------|
| OTHER INCOME | | | | 1,989. | 700. | 2,689. |
| TOTALS | | | | <u>1,989.</u> | <u>700.</u> | <u>2,689.</u> |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

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

2020

**Open to Public
Inspection**

Name of the organization

CONSEJO DE LATINOS UNIDOS

Employer identification number

95-4892705

PART 1, LINE 20

DECREASE IN NET ASSETS : \$1,089 NONDEDUCTIBLE MEALS EXPENSE

DECREASE IN NET ASSETS : \$1,855 UNREALIZED LOSS

INCREASE IN NET ASSETS : \$13,011 PRIOR YEAR DUE TO OFFICERS INADVERTENTLY

INCLUDED IN PRIOR RETURN.

NET INCREASE TO NET ASSETS : \$10,067

NET CHANGE IN NET ASSETS : \$10,067

FORM 990EZ, PART I - OTHER REVENUE

ATTACHMENT 1

DEBT CANCELLATION

700.

TOTALS

700.

FORM 990EZ, PART I - OTHER EXPENSES

ATTACHMENT 2

TRAVEL

4,563.

INTEREST

142.

DEPRECIATION

530.

UTILITIES

8,973.

PAYPAL FEE

365.

ADVERTISING

27,576.

MEALS

1,089.

MEDICAL ASSISTANCE

9,343.

IT EXPENSES

1,117.

OFFICE EXPENSES

5,048.

INSURANCE

54,909.

MISCELLANEOUS

128.

CAR RENTAL

2,197.

TOTAL

115,980.

| | |
|---|--|
| Name of the organization CONSEJO DE LATINOS UNIDOS | Employer identification number 95-4892705 |
|---|--|

ATTACHMENT 3

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES

INCREASES IN FUND BALANCES

| | |
|---------------------------------|----------------|
| PY ADJUSTMENT - DUE TO OFFICERS | 13,011. |
| TOTAL | <u>13,011.</u> |

DECREASES IN FUND BALANCES

| | |
|----------------------|---------------|
| 50% MEALS | 1,089. |
| UNREALIZED GAIN/LOSS | 1,855. |
| TOTAL | <u>2,944.</u> |

ATTACHMENT 4

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

| DESCRIPTION | BEGINNING OF YEAR | END OF YEAR |
|--------------------------|----------------------|-----------------|
| CASH | 128,832. | 121,564. |
| INVESTMENTS - SECURITIES | 503,491. | 131,919. |
| TOTALS | <u>632,323.</u> | <u>253,483.</u> |

ATTACHMENT 5

FORM 990EZ, PART II - TOTAL LIABILITIES

| DESCRIPTION | BEGINNING OF YEAR | END OF YEAR |
|--------------------------------------|----------------------|-----------------|
| ACCOUNTS PAYABLE | 45,065. | 22,648. |
| LOANS FROM OFFICERS, DIRECTORS, ETC. | 13,011. | 0. |
| PPP LOAN | 0. | 59,635. |
| SBA EIDL LOAN | 0. | 149,900. |
| | 0. | |
| TOTALS | <u>58,076.</u> | <u>232,183.</u> |

| | |
|---|--|
| Name of the organization CONSEJO DE LATINOS UNIDOS | Employer identification number 95-4892705 |
|---|--|

ATTACHMENT 6

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO FOSTER, ENCOURAGE AND DEVELOP EDUCATIONAL OPPORTUNITIES AND PROGRAMS IN LATINO AND OTHER COMMUNITIES ON A BROAD RANGE OF ISSUES, INCLUDING HEALTH CARE, EDUCATION, POLICE PROTECTION, IMMIGRATION AND EMPLOYMENT.

ATTACHMENT 7

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT 1

THROUGH OUR MEDICAL AID PROGRAM IN 2020 WE HELPED UNINSURED AND UNDERINSURED PATIENTS OBTAIN OR GAIN ACCESS TO CRITICAL MEDICAL CARE. MOST OF THESE PATIENTS ARE LOW-INCOME AND/OR HAVE RESOURCES THAT ARE INSUFFICIENT TO PAY FOR ALL OR PART OF THEIR MEDICAL CARE. WE HELPED PATIENTS GAIN ACCESS TO CRITICAL MEDICAL CARE, OBTAIN NEEDED PHYSICAL EXAMS, HELPED PATIENTS WITH CO-PAYS, ASSISTED WITH MEDICAL AID FOR GRAVELY-ILL PATIENTS, AND PROVIDED LOW-INCOME AND UNINSURED PATIENTS WITH ACCESS TO DENTAL CARE WHICH INCLUDED ROUTINE DENTAL CHECK-UPS AND EMERGENCY TREATMENTS FOR PATIENTS WITH MODERATE-TO-EXTENSIVE TOOTH DECAY. DUE TO THE COVID-19 PANDEMIC, WE WERE ABLE TO SECURE A LIVER TRANSPLANT BEFORE A FUNDRAISING DRIVE WAS MET FOR A YOUNG CHILD WHO WAS AT HIGH RISK OF DYING. WE ALSO SUCCESSFULLY HELPED SEVERAL PATIENTS FIGHT EXCESSIVE MEDICAL BILLS AND COLLECTION EFFORTS. OUR CUMULATIVE MEDICAL-AID NUMBER IS NOW OVER 12,500 FAMILIES.

ATTACHMENT 8

PROGRAM SERVICE ACCOMPLISHMENT 2

OUR CORPORATE CORRUPTION ADVOCACY HAD US WORK WITH FEDERAL INVESTIGATORS AND PROVIDE INFORMATION TO THE U.S. DEPARTMENT OF JUSTICE TO HELP COMBAT CORRUPTION. THIS LED TO AN INTERNAL INVESTIGATION THAT CONCLUDED WITH THE EVENTUAL RESIGNATION OF A U.S. ATTORNEY IN JULY OF 2020. AFTER THREE AND A HALF YEARS WORKING CLOSELY WITH LAW ENFORCEMENT, AN ALLEGED CORRUPT EX-CEO OF AN AVIATION COMPANY WAS INDICTED IN NOVEMBER OF 2020 FOR ALLEGED CRIMES WE OUTLINED TO THE U.S. DEPARTMENT OF JUSTICE IN 2017. WE EDUCATED THE PUBLIC AND MEDIA ABOUT LAW FIRM CORRUPTION, UNSAVORY CONDUCT IN THE LEGAL COMMUNITY, AND ENVIRONMENTAL RACISM.

| | |
|---|--|
| Name of the organization CONSEJO DE LATINOS UNIDOS | Employer identification number 95-4892705 |
|---|--|

 ATTACHMENT 9

PROGRAM SERVICE ACCOMPLISHMENT 3

BECAUSE OF THE COVID-19 PANDEMIC, WE WERE INUNDATED WITH CALLS BY FAMILIES WHO COULD NOT PAY RENT OR WERE ON THE VERGE OF BECOMING HOMELESS. WE LAUNCHED A HOUSING ASSISTANCE PROGRAM AND WORKED WITH LANDLORDS AND INDIVIDUALS TO EDUCATE THEM ABOUT THE EVICTION MORATORIUM AND MORTGAGE PAYMENT DEFERRAL PROGRAMS OFFERED BY LENDERS. WE HELPED PROVIDE A REASONABLE AND HONORABLE RESOLUTION FOR EACH FAMILY THAT CONTACTED US. OTHER PROJECTS INCLUDED OUR INCARCERATION REFORM PROJECT THAT PROVIDES INFORMATION TO THE GENERAL PUBLIC AND EDUCATES INDIVIDUALS WITH OPPORTUNITIES TO GAIN PRODUCTIVE SKILLS UPON THEIR RELEASE FROM PRISON AND THEIR TRANSITION TO OUR COMMUNITIES. WE SUPPORTED INVESTIGATIVE JOURNALISM, MET WITH LAW ENFORCEMENT ON BEHALF OF VICTIMS OF DOMESTIC VIOLENCE, PROVIDED ACCESS TO IMMIGRATION LAWYERS TO NUMEROUS FAMILIES, AND TACKLED FRAUD AND THEFT BY UNSCRUPULOUS MERCHANTS AGAINST PEOPLE OF COLOR.

Description of Property

DEPRECIATION

| Asset description | Date placed in service | Unadjusted Cost or basis | Bus. % | 179 exp. reduction in basis | Basis Reduction | Basis for depreciation | Beginning Accumulated depreciation | Ending Accumulated depreciation | Me-thod | Conv. | Life | ACRS class | MA CRS class | Current-year 179 expense | Current-year depreciation |
|-----------------------------|------------------------|--------------------------|---------|-----------------------------|-----------------|------------------------|------------------------------------|---------------------------------|---------|-------|-------|------------|--------------|--------------------------|---------------------------|
| PRINTER | 01/01/2010 | 286. | 100.000 | | 143. | 143. | 143. | 143. | 200DB | HY | | | 5 | | |
| OFFICE CHAIR | 01/01/2010 | 269. | 100.000 | | 135. | 134. | 134. | 134. | 200DB | HY | | | 7 | | |
| DELL 2C18 ROGUE 15 | 04/18/2019 | 1,314. | 100.000 | | | 1,314. | 931. | 1,194. | SL | | 5.000 | | | 263. | |
| DELL LATITUDE 3000 | 05/22/2019 | 1,337. | 100.000 | | | 1,337. | 836. | 1,103. | SL | | 5.000 | | | 267. | |
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| | | | | | | | | | | | | | | | |
| Less: Retired Assets | | | | | | | | | | | | | | | |
| Subtotals, | | 3,206. | | | 278. | 2,928. | 2,044. | 2,574. | | | | | | | 530. |
| Listed Property | | | | | | | | | | | | | | | |
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| Less: Retired Assets | | | | | | | | | | | | | | | |
| Subtotals, | | 3,206. | | | 278. | 2,928. | 2,044. | 2,574. | | | | | | | 530. |

AMORTIZATION

| Asset description | Date placed in service | Cost or basis | Accumulated amortization | Ending Accumulated amortization | Code | Life | Current-year amortization |
|-------------------|------------------------|---------------|--------------------------|---------------------------------|------|------|---------------------------|
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| | | | | | | | |
| TOTALS | | | | | | | |

*Assets Retired