Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2019

 Do not enter social security numbers on this form as it may be made public. **Open to Public** ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Inspection Department of the Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 2019, and ending 20 D Employer identification number C Name of organization Check if applicable Latinos for Trump 83-1097401 Address change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Name chance Initial return 6725 Fairmont Pkwy 102 Final return/terminated (832) 277-5062 City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Pasadena, TX 77505-4403 Number ▶ Application pending X Cash ☐ Accrual Other (specify) ▶ H Check ► ☐ if the organization is not G Accounting Method: required to attach Schedule B Website: ▶ X 501(c)(4 J Tax-exempt status (check only one) - 501(c)(3)) (insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). Association X Other Non Profit Trust K Form of organization: Corporation 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 17,595 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I X 4,067 2 2 3 400 4 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than **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) 13,128 4,386 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 8,742 7a 7c 9 9 13,209 10 11 11 12 12 13 Occupancy, rent, utilities, and maintenance 13 250 14 14 Printing, publications, postage, and shipping 469 15 15 44 16 16 17 11,700 17 12,463 Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 18 746 19 19 Ne S

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 9	90-EZ (2019) Latinos for Trump	41\ to 41\	The state of the s	83-1	09740	11 Dans C
Part	Balance Sheets (see the instructions for Pa	BIT II)			03/40	1 Page 2
	Check if the organization used Schedule O	to respond to any qu	estion in this Part II			
	And the second property of the second for the second for the second second property of the			(A) Beginning of year		Control of the last of the las
22 Ca	ish, savings, and investments			0	22	(B) End of year
	nd and buildings			0	23	746
24 Ot	her assets (describe in Schedule O)			0	24	
25 Ta	tal assets	, ,		The state of the s	1-1-	
28 Tr	tal liabilities (describe in Schedule O)			0	25	74
77 Na	assets or fund balances (line 27 of column (B) must	agree with line 21)	, , , , , , , ,	0	26	
Part		ishments (see the in	structions for Part	0	27	74
1 011	Check if the organization used Schedule O	to respond to any g	Jestion in this Part	III)		Expenses
Affroi in	the organization's primary exempt purpose? Promot	e life. family	E reliefour 14		(Renui	ired for section
				Derty		(3) and 501(c)(4)
Descrit	be the organization's program service accomplishments for	or each of its three large	est program services,			
					20000	zations; optional for
	s benefited, and other relevant information for each progra				others.	.)
	e organization acheived promoting li					
	berty, small government, a free ente					
to	support law enforcement and our cou					
(Gr	rants \$) If this amo	ount includes foreign gra	ints, check here	▶ 🗍	28a	4,155
9 Th	e organization positively supported	the local, Stat				7,135
	tional entites and communities.		ř.			
(Gr	ants \$) If this amo	ount includes foreign gra	ints, check here		29a	
0 The	e organization helped promote conser		,	•••••	298	4,154
1000	nstitutional principles by educating					
	entities by educating	the Cruzens.				
(Gr	ants \$) If this amo	ount includes foreign are	into obsoluba			
-		ount includes foreign gra	ints, check here	••••• □	30a	4,154
	er program services (describe in Schedule O)		• • • • • • • • • • • •	· · · · · · · <u>· ·</u>		
	ants \$) If this amo	ount includes foreign gra	ints, check here	▶	31a	
2 100	al program service expenses (add lines 28a through	31a)	· · · · · · · · · · · ·		32	12,463
Part I		Employees (list each	one even if not compe	nsated - see the instr	uctions	s for Part IV)
	Check if the organization used Schedule O to res	spond to any question in	this Part IV			[
		(b) Average	(c) Reportable	(d) Health benefits,		0.000 100
(a) Name and title		hours per week compensation (Forms W-2/1099-MISC)		contributions to employe		Estimated amount of
		devoted to position	(if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
ianc	a Gracia					
resi	dent	55.00	0	1		
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)	
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				C		
						0

	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the	401	F	age :	
ra	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.				
	instructions for Part V.) Check if the organization asset to the part V			. 🗆	
22	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No	
33	detailed description of each activity in Schedule O				
24	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		ж	
34	were any significant changes made to the organization's name. Otherwise, explain the copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the				
	copy of the amended documents if they reflect a crising to the amended documents if they reflect a crising to				
25 -	change on Schedule O. See instructions	34		X	
35 g	activities (such as those reported on lines 2, 6a, and 7a, among others)?				
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q.	35a		X	
0	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b			
C	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III				
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		X	
30	during the year? If "Yes," complete applicable parts of Schedule N				
27.	Enter amount of political expenditures, direct or indirect, as described in the instructions	36		X	
		12.11		130	
	Did the organization file Form 1120-POL for this year?	37b		X	
30 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were				
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X	
	If "Yes," complete Schedule L, Part II and enter the total amount involved		3430.54		
39	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on line 9	1	(1-)		
	Gross receipts, included on line 9, for public use of club facilities				
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶				
D	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	out out	per 2		
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year				
_	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part.1	40b		X	
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed				
	on organization managers or disqualified persons during the year under sections 4912,				
	4955, and 4958				
u	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line		.		
_	40c reimbursed by the organization		.		
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
41	transaction? If "Yes," complete Form 8886-T	40e		X	
	List the states with which a copy of this return is filed				
44 a	The organization's books are in care of ▶ Bianca Gracia Telephone no. ▶ 832-2				
	Located at ▶ 6725 Fairmont Pkwy 102, Pasadena, TX ZIP+4 ▶ 77505	-4403			
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
_		1.2			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X	
43	If "Yes," enter the name of the foreign country Section 4947(a)(1) nonrecent the right left to the section 4947(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(
♣>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here.	• • •	•	L	
	and enter the amount of tax-exempt interest received or accrued during the tax year				
44 -	Did the aggerization maintain and a second s		Yes	No	
→ a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be				
	completed instead of Form 990-EZ	44a		X	
U	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be				
_	completed instead of Form 990-EZ.	44b		X	
ت د	the digarization receive any payments for indoor tanning services during the year?	44c		X	
a	ii 165, to line 44c, has the organization filed a Form 720 to report these payments? If "No " provide an				
	explanation in scriedule ()	44d			
→⊃ a	the digenization have a controlled entity within the meaning of section 512/b)(13)?	45a		X	
D	the organization receive any payment from or engage in any transaction with a controlled entity within the	1/0			
	Form 990 F7 (2013) 2(0)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		Sales La	4	
	Form 990-EZ. See instructions	45b		X	

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46	Did the	organization engage, directly or indirectly, ir	political campaign activit	ties on behal	of or in opp	osition			Yes	No
	to cand	lidates for public office? If "Yes," complete S	schedule C, Part I					46	AZ 102 J	x
Par	i.	Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51.	Only must answer questle	ons 47 - 4	9b and 52	, and co	mplete the			-
		Check if the organization used Sch	edule O to respond	to any que	estion in th	nis Part	VI			. 🗆
47	Did the	organization engage in lobbying activities or	r have a section 501(h) el	ection in effe	ct during the	tax			Yes	No
	year? If	"Yes," complete Schedule C, Part II						47	,	
48	Is the o	rganization a school as described in section	170(b)(1)(A)(ii)? If "Yes,"	complete So	hedule E			. 48	_	
49a	Did the	organization make any transfers to an exem	pt non-charitable related	organization	?			49:	_	_
b	If "Yes,"	was the related organization a section 527	organization?					49	-	_
50		te this table for the organization's five highes								
	employe	ees) who each received more than \$100,000	of compensation from the	organizatio	n. If there is	none, ente	r "None."			
		(a) Name and title of each employee	(b) Average hours per week devoted to position	V. AV	portable Insation 1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		(e) Estimated an other compe		
51	Complet \$100,00	mber of other employees paid over \$100,00 e this table for the organization's five highes 0 of compensation from the organization. If	t compensated independe there is none, enter "Non	e."	s who each r	received m	T	c) Compensa	tion	
52	Did the	mber of other independent contractors each organization complete Schedule A? Note: A ed Schedule A	All section 501(c)(3) orga	nizations mu	ıst attach a			► Y	es X	No
Under	penalties	of perjury, I declare that I have examined this retu	ım, including accompanying	schedules and	statements, a	and to the b	est of my knowle	edge and be	lief, it is	
		d complete. Declaration of preparer (other than of								
		Bianca Gracia								
Sign Here	1	Signeture of officer Bianca Gracia, President Type or print name and title				Date				
		Dist/Trace	Preparer's signature		Date		Check if	PTIN		
Paid		Blan Double			06-20-20	21	self-employed	20072	0831	
	arer		lan Pruitt		VO-20-20		EIN >			
-	Only	TEGETO ELED CEN,				1, 4111				
	y	THE THE PARTY OF T				Phon	a no. 832-	779-040)4	
May f	he IRS o	Rouston TX 77079 discuss this return with the preparer shown a	hours Controller				1	× X Ye		No
EEA	11 10 0	and rotally will the preparer snown a	DOVE! 266 INSTRUCTIONS					Form	990-EZ	(2019)