U.S. Income Tax Return for Certain Political Organizations

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form1120POL for the latest information.

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For calendar year 2020 or other tax year beginning January 01 , 2020, and ending December 31						, 2	20 20		
Check the box if this is a section 501(c) organization									
Check if:			Name of organization			Employer identific			
□ F	inal ret	turn	Latinos for the President			83-2	560122		
\square N	lame c	hange	Number, street, and room or suite no. (If	a P.O. box, see instructions.)				
□ A	ddress	s change	6725 Fairmont Parkway						
ΠA	mende	ed return	City or town, state or province, country,	and ZIP or foreign postal coo	le				
			Pasadena, TX 77505						
Income	1	Divider	ds (attach statement)				1		
	2	Interest					2		
	3	Gross r	ents				3		
	4	Gross royalties							
	5	Capital			0				
드	6		n or (loss) from Form 4797, Part II,						0
	7	_	ncome and nonexempt function exp						
	8		ncome. Add lines 1 through 7 .	• •	,				0
	9		s and wages						4,688
	10		and maintenance						
	11								411
	12		and licenses						
Su	13	Interest							
읉	14		iation (attach Form 4562)						
Deductions	15		eductions (attach statement) .						4,675
þ	16		eductions. Add lines 9 through 15						9,774
	17		e income before specific deduction						0,114
	а		t of net investment income						
	b		ate amount expended for an exem		mant)		47-		(9,774)
	18		deduction of \$100 (not allowed for			 1 527(a))			100
	19		e income. Subtract line 18 from lin					,	(9,874)
	20				•			,	(0,01.1)
	21		edits. Attach the applicable credit f						
	22		x. Subtract line 21 from line 20 .						0
×	23	Payme			1	1			
Тах			b Credit for tax paid on undistrib						
			c Credit for federal tax on fue						
			d Total payments. Add lines				23d		
	24	Tax du	e. Subtract line 23d from line 22. S	_					0
	25		yment. Subtract line 22 from line 2						
		1	At any time during the 2020 cale					r	
			other authority over a financial ac						
	_		account) in a foreign country? See	instructions				Yes	✓No
2	<u>0</u>		If "Yes," enter the name of the fore	eign country ►					
	a te	2	During the tax year, did the organiz						
Additional	nformation		to, a foreign trust? If "Yes," the org	ganization may have to f	ile Form 3520 .			Yes	✓No
<	E E	3	Enter the amount of tax-exempt in	terest received or accru	ed during the tax	kyear	. 🕨 💲		
`=		4	Date organization formed ► 11/16	6/2018					
		5a		ca Gracia		ame of candidate	>		
		С	The books are located at ► 6725				(832) 277-		
٥.			ies of perjury, I declare that I have examined complete. Declaration of preparer (other than					ledge and belief,	it is true,
Sig	J!!	29	1.50	1		,	May the	IRS discuss thi	
He	16	Signat	brace of officer	6/23/2021 Date	President Title			preparer shown uctions Yes	
			ure of officer Type preparer's name	Preparer's signature	, riue	Date		PTIN	
Pai		Alan	Pruitt	M. D.//		6/23/2021	Check if self-employed	PP0072083	21
	par	er 🚃		I XIM TUEL					
Use On		IIIy —	s name Pruitt Pren CPA				Firm's EIN ►	82-4359580	
Farr	Done		s address 11999 Katv Freeway. Su	uite 150R. Houston, Texas	Cat No. 115001			32-779-0404 n 1120-PO	

Name of the organization Latinos for the President		Employer identification number 83-2560122
Part II - Line 15 - Other Deduc	etions	
S.No	Name of the Deductions	Deductions Amount
1	Advertising	\$1,065
2	Bank Fees	\$30
3	Travel Expenses	\$2,334
4	Consulting	\$41
5	Insurance	\$9
6	Legal and Professional Fees	\$94
7	Meals	\$455
8	Operational Supplies	\$647

Form **8453-E0**

Exempt Organization Declaration and Signature for Electronic Filing

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Department of the Treasury Internal Revenue Service

For calendar year 2020, or tax year beginning , 2 For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868 ► Go to www.irs.gov/Form8453EO for the latest information.

OMB No. 1545-0047

Name of exempt organization or person subject to tax Taxpayer identification number LATINOS FOR THE PRESIDENT 83-2560122 Type of Return and Return Information (Whole Dollars Only) Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . 1b 1a Form 990 check here ▶ 2a Form 990-EZ check here ▶ **b Total revenue,** if any (Form 990-EZ, line 9) **b** Total tax (Form 1120-POL, line 22) За Form 1120-POL check here ▶ ✓ 4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5) . 4b **b Balance due** (Form 8868, line 3c) 5a Form 8868 check here ▶ Form 990-T check here ▶ **b** Total tax (Form 990-T, Part III, line 4) 6a 7a Form 4720 check here ▶ b **Total tax** (Form 4720, Part III, line 1) Part II **Declaration of Officer or Person Subject to Tax** I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies). Under penalties of perjury, I declare that \quad I am an officer of the above named organization or \quad I am the person subject to tax with respect to (name of organization) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. President Sign 6/23/2021 Title, if applicable Here Signature of officer or person subject to tax Date Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) I declare that I have reviewed the above return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. Date Check if Check if ERO's SSN or PTIN also paid preparer self-ERO's signature 6/23/2021 employed \square P00720831 Firm's name (or Use EIN 82-4359580 Pruitt Prep CPA yours if self-employed), Only 11999 Katy Freeway, Suite 150R, Houston, Texas 77079 Phone no. 832 779-0404 Under penalties of periury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge. Check if Print/Type preparer's name Preparer's signature PTIN Paid

Firm's address ▶ 11999 Katy Freeway, Suite 150R, Houston, Texas 77079

Firm's name ► Pruitt Prep CPA

Alan Pruitt

Preparer

Use Only

6/23/2021

Firm's EIN ▶ 82-4359580

Phone no. (832) 779-04