Form 990
Return of Organization Exempt From Income Tax
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.
Information about Form 990 and its instructions is at www.irs.gov/Form990.

A For the 2014 calendar year, or tax year beginning Jul 1, 2014, and ending Jun 30, 2015

B Check if applicable:
C Name of organization: LATIN AMERICAN COALITION
D Employer identification number: 58-1945776

Address change
Name change
Initial return
Amended return

Address
4938 CENTRAL AVENUE
City or town, state or province, country, and ZIP or foreign postal code
CHARLOTTE, NC 28205

F Name and address of principal officer:
JOSE HERMELIN-PEREZ 4938 CENTRAL AVE CHARLOTTE, NC 28205

G Gross receipts: $ 958,273.

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No

I Tax-exempt status: X 501(c)(3) 501(c)( ) (insert no) 4947(a)(1) or 527

J Website: N/A
K Form of organization: X Corporation 5 Trust 5 Association 5 Other

L Year of formation: 1990
M State of legal domicile: NC

Part I Summary

1 Briefly describe the organization’s mission or most significant activities: CELEBRATING HISPANIC CULTURE, AND ADVOCATING FOR UNDERSESSED SEGMENTS OF THE POPULATION. PROGRAMS AND INITIATIVES INCLUDE ECONOMIC DEVELOPMENT SERVICES, LEGAL COUNSEL, COMMUNITY ORGANIZING, CULTURAL FESTIVALS, GENERAL ASSISTANCE AND ADULT EDUCATION.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 6
4 Number of independent voting members of the governing body (Part VI, line 1b) 6
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 25
6 Total number of volunteers (estimate if necessary) 25
7a Total unrelated business revenue from Part VIII, column (C), line 12 0
7b Net unrelated business taxable income from Form 990-T, line 34 0

Part II Revenue

8 Contributions and grants (Part VIII, line 1a) 998,741
9 Program service revenue (Part VIII, line 2g) 197,751
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 42
11 Other revenue (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10c, and 11e) 4,850
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,200,384

Part II Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0
14 Benefits paid to or for members (Part IX, column (A), line 4) 0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0
16a Professional fundraising fees (Part IX, column (A), line 11e) 0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 584,622
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,347,595
19 Revenue less expenses. Subtract line 18 from line 12 0

Part III Net Assets or Fund Balances as of Beginning of Current Year
20 Total assets (Part X, line 16) 162,156
21 Total liabilities (Part X, line 26) 89,694
22 Net assets or fund balances. Subtract line 21 from line 20 72,462

Part IV Signature Block

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.

Signature of officer: 
Type or print name and title: 

Paid Preparer Use Only 

Bobby T. Martin 
PO BOX 32113 
CHARLOTTE, NC 28232

Print/Type preparer's name: 
Preparer's signature: By 
Date of Signature: 02/09/2016
Check box if self-employed: 
PTIN: P00104834

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions. 

Form 990 (2014) 

Signature of officer: 
Date: 2/16/16