

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.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning Jul 1, 2015, and ending Jun 30, 2016

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: LATIN AMERICAN COALITION. D Employer identification number: 58-1945776. E Telephone number: (704) 531-3834. F Name and address of principal officer: JOSE HERNANDEZ-PARIS 4938 CENTRAL AVE CHARLOTTE NC 28205. G Gross receipts \$ 641,535. 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, Trust, Association, Other. L Year of formation: 1990. M State of legal domicile: NC.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

Part II 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.

Sign Here: Signature of officer: Jose Hernandez Paris, Date: 10/27/16, Title: Executive Director. Paid Preparer Use Only: Print/Type preparer's name: Bobby T. Martin, Preparer's signature: Bobby T. Martin, Date: 10/24/16, Check self-employed: [ ], PTIN: P00104834, Firm's name: BOBBY T. MARTIN CPA PLLC, Firm's address: PO BOX 32113, CHARLOTTE NC 28232, Firm's EIN: 03-0486466, Phone no.: (704) 940-0106.

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