## Part I: Summary

1. Briefly describe the organization's mission or most significant activities: **THE COALITION IS DEDICATED TO EDUCATING LATINO IMMIGRANT NEWCOMERS, CELEBRATING HISPANIC CULTURE, AND ADVOCATING FOR UNDERSERVED SEGMENTS OF THE POPULATION. PROGRAMS AND INITIATIVES INCLUDE ECONOMIC DEVELOPMENT SERVICES, LEGAL COUNSEL, COMMUNITY ORGANIZING, CULTURAL FESTIVALS, GENERAL.**

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 V, line 1a) .......................................................... 3

4. Number of independent voting members of the governing body (Part V, line 1b) .......................................... 4

5. Total number of individuals employed in calendar year 2016 (Part V, line 2a) .............................................. 10

6. Total number of volunteers (estimate if necessary) .......................................................... 20

7a. Total unrelated business revenue from Part VIII, column (C), line 12 .................................................. 0

b. Net unrelated business taxable income from Form 990-T, line 34 .................................................. 0

8. Contributions and grants (Part VIII, line 1h) .......................................................................................... 376,272

9. Program service revenue (Part VIII, line 2g) ..................................................................................... 265,257

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d) .......................................................... 6

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .............................................. 6

12. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ......................... 1,002,106

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) ............................. 377,483

16a. Professional fundraising fees (Part IX, column (A), line 11e) .......................................................... 0

b. Total fundraising expenses (Part IX, column (D), line 25) .......................................................... 0

17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .......................................................... 0

18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ........................................... 826,347

19. Revenue less expenses. Subtract line 18 from line 12 ...................................................................... 175,759

## 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.

**Jose Hernandez Paris**

Signature of officer

Date: 02/23/2018

**Jose Hernandez Paris, Executive Director**

Type or print name and title

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**Paid Preparer**

Firm's name: JAMES YOUNG CPA OAK RIDGE INC TAX

Firm's EIN: 58-1945776

**Use Only**

Firm's address: 2600 F Central Ave Charlotte NC 28205

Phone no.: 704-370-2780

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