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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Inspection

				ar, or tax year begin		10/1/20			ending		0/2008	
_		plicable	Please use IRS	C Name of organization	n NATIO	ONAL ASSOC	CIATION C	F LATIN	<u>IO ARTS</u>	•		number
₹ .		hange	label or	Doing Business As		·····		<u> </u>		74-2581293		
=	ne cha	-	print or type.	Number and street (or P O. box if ma	il is not delivered	d to street add	iress)	Room/surte	E Telephone	number	
Initia	al retu	m	See	1208 BUENA VIST						210-432-39	82	
Ten	minatio	วก	Specific Instruc-	City or town, state o	r country, and ZII		·	-	·		•	
		return	tions.	SAN ANTONIO			TX	78207	4801	G Gross reco	eipts \$	884,044
Арр	olicatio	n pending	FN	lame and address of p	rincipal officer	:			H(a) is	this a group reti	m for affiliates	? Yes X No
			MARIA	DELEON 1208 BUI	ENA VISTA,	SAN ANTON	IO, TX 78	207	H(b) Ar	e all affiliates in	duded?	Yes No
Jax	-exen	npt status				4947(a)(1)		527	7	If "No," attach a	ı lıst. (see ınstı	uctions)
<u>. </u>				AC.ORG			, <u></u>		ᅴ _ᄣ ᇵᇬ	oup exemption	umbar 🕨	
-		ganization:		orporation Trust	Association	Other •	· · · · · · · · · · · · · · · · · · ·	1	ear of form			Floral demons TV
Par			nmary	rporation rrust	ASSOCIATION	Caler			ear or ionia	ation 1989	IM State 0	f legal domicile TX
7				the organization's n	ussion or mo	et eignificant	activities			.		<u> </u>
				TIVITIES AND CO				D THE E	POMOT	ION OF LAT	INO ARTS	
		YDVOC	701 V	TIVITIES AND CO	ALCINEINOCC	MIDLINGO	i Aino LC	W. IUE'	KOMO	ION OF DAT	INO ANTO	
1								,		0		• • • • • • • • • • • • • • • • • • • •
	•	Chook #	uc boy	▶ ☐ if the organi	zation discon	tinuad ita an	orotione o	dianas	d of m	A 25% a	f ita asasta	
Cho a gamana				g members of the g				dispose	de Mon	Futan 25% 0	3	13
:				pendent voting mem						1:10	4	12
				employees (Part V,		_		c 1b)	1 6	Athan 25% o	5	4
				volunteers (estimat							6	
				lated business reve		• •					7a	0
				usiness taxable inco							7b	0
✝							•		T -	Prior Year	1.2	Current Year
1	8	Contribu	tions ar	nd grants (Part VIII,	line 1h)						5,208	852,551
				revenue (Part VIII,							0	0
1				me (Part VIII, colum							391	92
1	11	Other re	venue (Part VIII, column (A), lines 5, 6d,	8c, 9c, 10c,	and 11e) .			5	5,346	31,401
1				dd lines 8 through						36	1,945	884,044
1				lar amounts paid (P							0,631	145,174
1	14	Benefits	paid to	or for members (Pa	rt IX, column	(A), line 4).	<i>.</i>				0	0
, 1				compensation, empl					0)		0	130,598
	16a	Professi	onal fun	draising fees (Part l	X, column (A	i), line 11e)				1	1,694	0
	b	Total fur	idraising	g expenses (Part IX	column (D),	line 25) ▶			0			
' 1				(Part IX, column (A						13	0,098	162,375
				Add lines 13-17 (m						46	2,423	438,147
	19	Revenue	e less ex	cpenses Subtract li	ne 18 from lin	<u>ie 12</u>	<u></u>	<u> </u>		-10	0,478	445,897
8									B	eginning of Yea		End of Year
			•	rt X, line 16)						9:	3,405	826,468
[2				Part X, line 26) .							<u> </u>	302,483
				nd balances. Subtra	ct line 21 fro	m line 20 .		<u> </u>		9:	3,405	523,985
art	Ш		nature		16	M	A*					
				s of perjury, I declare that true, correct, and complet								
		X	7	1 (2)	· /	2					/ /	
				and I	\mathcal{N}	P.Q.				2	./2/.	2010
gn			Signature	of officer	/					Date		
ere			MA	RIA L. L	le Leo	~, E	Kech	tive	(Dir	ects-		
		7 ^	Type or p	rint name and title								
		Prepa		0 0 1 1	^		Date	T	Check if			entifying number
iđ		signa	ture	あれよん	$I > \!$		0/0/0		self-	►X	(see instruction	
•	irer's	Firm's	name (or	VOUIS A TOTAL	<u> </u>	004	2/2/2	טוט	employed	r	P0009158	<u> </u>
se C	Only		employed	D. RICHARI) J GARCIA					EIN P		
			ss, and Zi			E 302, SAN /		TX 782	16	Phone no	(210) 349	
	he IR	S discus	s this re	turn with the prepai	er shown abo	ove? (see ins	structions)					X Yes No
y th		A-4	Panony	ork Reduction Act No	tice see the	congrate inet	ructions.			·		Form 990 (2008)
	ivacy	ACT and	rapormi	DIK KARACACIII WEL ME	, acc, acc ale	sopaiaw ilisu						
-	ivacy	Act and	raperw	or reduction act N	, 300 ale	separate msu						Ò

_Pa	art III Statement of Program Service Accomplishments (see instructions)	 	
1	Briefly describe the organization's mission		
	ADVOCACY ACTIVITIES AND CONFERENCES AND PROGRAMS FOR THE PROMOTION OF LATINO AF	RTS	
	 		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	Yes X	No
			140
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code:) (Expenses \$ 311,667 including grants of \$ 835,888) (Revenue \$	0))
	GRANTS TO INDIVIDUALS, ORGANIZATIONS, MISC	/-/	·
		•	
			
4b	(Code:) (Expenses \$0 including grants of \$0) (Revenue \$	0)	l
4b			
4b			
	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$		
	(Code:) (Expenses \$		
4c	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$		

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1 .		l
_	complete Schedule A	1	—	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			Î
	complete Schedule D, Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	x	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		x
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			l
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	22		l
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K. If "No," go to question 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X.
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b	 _	Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule I. Part III.	27		¥

Part IV ' Checklist of Required Schedules (continued)

		i	Yes	No
28 ·	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(Individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х

Form 990 (2008)

	·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable	4 !		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	i		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	-	X
20	Statements, filed for the calendar year ending with or within the year covered by this return . 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country.	1 1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
_	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			
6a	Regarding Prohibited Tax Shelter Transaction? Did the organization solicit any contributions that were not tax deductible?	5c 6a		Χ,
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Od		
-	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			
	\$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		1	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		-
£	benefit contract?	7e	-+	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7f		X
g	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g		X
••	required?	7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	' ''		
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring		j	
	organization, have excess business holdings at any time during the year?	8	İ	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
0	Section 501(c)(7) organizations. Enter.		1	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	
1	Section 501(c)(12) organizations. Enter		I	
a h	Gross income from members or shareholders		l	
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		1	
2a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	H	х
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		<u> </u>
=	120			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)
Section A. Governing Body and Management

Seci	don A. Governing Body and management			
	Francis MV - II		Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			l
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		-	
_	any other officer, director, trustee, or key employee?	2_		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			.,
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Χ	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		.,
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.			
а	The governing body?	8a	X	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
40	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		_
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
04	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Seci	tion B. Policies			- -
40-	Doca the appropriation have a written and the first search will a O 16 MM. If you do 15 and 40	40-	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	405	\ \	
_		12b	_X_	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	40-		
42		12c	_X_	V
13	Does the organization have a written whistleblower policy?	13		X
14 15	Does the organization have a written document retention and destruction policy?	14	Х	
19	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.			
_	· · · · · · · · · · · · · · · · · · ·	484		
a b	The organization's CEO, Executive Director, or top management official?	15a	X	
U	Describe the process in Schedule O. (see instructions)	15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ıva	with a taxable entity during the year?	16a	- [Х
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	10a		^
U	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	- 1		'
	the organization's exempt status with respect to such arrangements?	16b		÷ - 1
Sect	ion C. Disclosure	IOD		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or	ilv)	- -	
	available for public inspection Indicate how you make these available. Check all that apply.	'' y '		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of intere	o t		
	policy, and financial statements available to the public.	ગ ા		
20	ponoj, ana mionali statementa avallable to trie public.			
	State the name, physical address, and telephone number of the person who possesses the books and records of the			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee, or key employee

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average				k all	that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MARIA DELEON EXEC DIRECTOR	40.			х				64,000	0	0
ABEL LOPEZ BOARD CHAIR	1.							0	0	0
MARIBEL ALVAREZ BOARD VICE-CHAIR	1.							0	0	0
ALICE VALDEZ BOARD TREASURER	1.							0	0	0
JOSIE TALAMANTEZ BOARD SECRETARY	1.							0	0	0
ERNEST BROMLEY BOARD MEMBER	1.		Щ					0	0	0
VALERIE ARANDA BOARD MEMBER	1.							0	0	0
CHARLES RICE GONZALEZ BOARD MEMBER	1.							0	0	0
CARMEN CASTELLANO BOARD MEMBER	1							0	0	0
RICHARD A. LOU BOARD MEMBER	1							0	0	0
JENNIE MENDEZ BOARD MEMBER	1.							0	0	0
MANUEL CASTILLO BOARD MEMBER	1.							0	0	0
CHRISTINE ORTEGA BOARD MEMBER	1							0	0	0
ROSALBA ROLON BOARD MEMBER	1.							0	0	0
	0.							0	0	0
	0							0	0	0
	0							0		0

Part VII Section A. Officers, Directors, Tr	(B)			((-			(D)	(E)		(F)
Name and title	Average hours per week	or director		र्ट Officer		a Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo compo fros orgas and	mated punt of ther ensation m the nization related izations
	0							0	C		(
	0.							0	C		(
	0.							0			
	0.							0	C		(
	0	П						0	0		(
	0							0	C		
	0.							0	C		
	0.							0	0		(
	0.							0	O		
	0							0	O		
	0.							0	0		C
	0.							0	0		C
	0							0	O		C
1b Total						• •	•	64,000	0		
 Total number of individuals (including those organization ► 0 	in 1a) who rece	ived	more	tha	n \$1	00,0	00 in	reportable com	pensation from	the	
3 Did the organization list any former officer, employee on line 1a? <i>If "Yes," complete Sci.</i>					yee, 	or hi	ghes	et compensated		Ye:	s No
For any individual listed on line 1a, is the su the organization and related organizations g individual.									ıch	4	
5 Did any person listed on line 1a receive or a services rendered to the organization? If "Y								ganization for		5	X
Section B. Independent Contractors											
 Complete this table for your five highest concompensation from the organization. 	npensated indep	ende	ent co	ontra	ctor	s tha	t rec	eived more than	\$100,000 of		
(A) Name and business a	address							(B) Description of serv	nces	(C) Compense	ition
											0
	 										0
											0
							I				0
											0

Par	t VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
क्ष क	1a	Federated campaigns 1a	0	[
E Z	Ь	Membership dues	16,663				
8, E	C	Fundraising events 1c	0				
£ 18	d	Related organizations	0				
8, E	l e	Government grants (contributions) 1e	69,124			İ	
	f	All other contributions, gifts, grants, and					
the		similar amounts not included above . 1f	766,764		•		
15 6	a	Noncash contributions included in lines 1a-1f: \$	0				
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a–1f		852,551			
			Business Code				
Program Service Revenue	2a			1 ō			
8	b			0			
<u>8</u>	C			0			
چ	d			0			
E	е			0			
B	f	All other program service revenue		0			
9	a	Total. Add lines 2a–2f	—	0			
	3	Investment income (including dividends, interest, ar			,		
				92			
	4	Income from investment of tax-exempt bond proceed		0			
	5	Royalties		0			
		(ı) Real	(II) Personal			<u> </u>	
	6a	Gross Rents	(,				
	Ь	Less: rental expenses					
	c	•	0				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(II) Other		· · · · · · · · · · · · · · · · · · ·		
	'"		0 0				
	l h	Less: cost or other basis					
	~		o o				
	c	Gain or (loss)	0				
	ď	Net gain or (loss)	<u>√</u>	o		-	
	8a	Gross income from fundraising	····				
Re	~~	events (not including \$ 0	1				
le l		of contributions reported on line 1c).					,
ۿ		See Part IV, line 18	ا ا				
<u>.</u>	Ь	Less direct expenses					
Other Reve		Net income or (loss) from fundraising events		o	-		
U		Gross income from gaming activities					
		See Part IV, line 19	ا،				
	ь	Less: direct expenses				1	
		Net income or (loss) from gaming activities		0		····	
		Gross sales of inventory, less		-			
		returns and allowances a	10,945				
	Ь	Less: cost of goods sold b					'
		Net income or (loss) from sales of inventory		10,945		-	
	├ ਁ	Miscellaneous Revenue	Business Code	10,943			
	112		900099	16,506			
	Ъ	INKIND SPECIAL EVENTS	900099	3,950			
	Č	V. TOW IL EVELVIO	550033	<u>3,950</u> 0			
	٦	All other revenue		0		····	
	e	Total. Add lines 11a–11d		20,456			
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8d		20,400	 -		
	-	9c, 10c, and 11e		884.044	n	۸	n

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				<u> </u>
	organizations in the U.S. See Part IV, line 21	73,759	73,759		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	71,415	71,415		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		j	İ	
_	U.S. See Part IV, lines 15 and 16	0			. —
4	Benefits paid to or for members	0			· · · · · ·
5	Compensation of current officers, directors,				
_	trustees, and key employees	47,917	47,917	···	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			1	
7	persons described in section 4958(c)(3)(B)	70.057	40.740	50.047	
7 8	Other salaries and wages Pension plan contributions (include section 401(k)	70,057	16,740	53,317	
Ø	, , , , , , , , , , , , , , , , , , ,			İ	
9	and section 403(b) employer contributions) Other employee benefits	0 3,740	3,740		
10	Payroll taxes	3,740 8,884	3,740 8,884		
11	Fees for services (non-employees)	0,004	0,004		
''a	Management	38,133	29,795	8,338	
b	Legal	0	29,195	0,330	· · · · · · · · · · · · · · · · · · ·
c	Accounting	Ö			
ď	Lobbying	Ö			
e	Professional fundraising services. See Part IV, line 17	Ö			
f	Investment management fees	0			
g	Other	7,609		7,609	
12	Advertising and promotion	83		83	
13	Office expenses	15,174		15,174	
14	Information technology	0			- · · · · · · · · · · · · · · · · · · ·
15	Royalties	0			
16	Occupancy	32,976	27,425	5,551	
17	Travel	19,609	19,609		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	ol			
19	Conferences, conventions, and meetings [12,383	12,383		
20	Interest	7,913		7,913	
21	Payments to affiliates	00	0	0	0
22	Depreciation, depletion, and amortization	4,229	0	4,229	0
23	Insurance	2,116		2,116	
24	Other expenses. Itemize expenses not				
	covered above (Expenses grouped together			1	
	and labeled miscellaneous may not exceed				
_	5% of total expenses shown on line 25 below.)				· · · · · · · · · · · · · · · · · · ·
a	BANK SERVICE CHARGES	2,941		2,941	
b	DUES	1,684		1,684	
C C	RENT	4,013		4,013	
a	REPAIRS TELEPHONE	3,008		3,008	
e f	All other expenses MISC	4,194		4,194	
-	·	6,310	214 667	6,310	
25	Total functional expenses. Add lines 1 through 24f	438,147	311,667	126,480	0
26	Joint Costs. Check here ► if following		ł		
	SOP 98-2 Complete this line only if the organization		1		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	ì	İ		
	3011GLQU011		<u></u>		5 990 (2000)

Page **11**

P	art X	Balance Sheet		····						
					(A) Beginning of year				B) of year	
	1	Cash-non-interest-bearing				1			18	34,418
	2	Savings and temporary cash investments		F-		2				
	3	Pledges and grants receivable, net			0					0
	4	Accounts receivable, net			0	4	 		59	31,102
		Receivables from current and former officers				_	1	-		<u>) 1, 102</u>
	5				•	_	į .			_
	۱ ـ	employees, or other related parties. Complete		P	0	5	 			0
	6	Receivables from other disqualified persons					ł			
		4958(f)(1)) and persons described in section	-	· · · · · · · · · · · · · · · · · · ·		-	L			
	1	Part II of Schedule L			0	6	<u> </u>			0
Assets	7	Notes and loans receivable, net		L	0	7				0
386	8	Inventories for sale or use				8				
Ä	9	Prepaid expenses and deferred charges				9				
	10a		10a	, —		_	t			
		Less. accumulated depreciation. Complete	104	33,403			l			
	ן ט	Part VI of Schedule D	405	20 457		40-			٠,	
	۱.,				93,405		 			30,948
	11	Investments—publicly traded secunties		_	0		<u> </u>			0
	12	Investments-other securities. See Part IV, lin			0		<u> </u>			0
	13	Investments-program-related. See Part IV, lin			0	13				0
	14	Intangible assets				14	L			
	15	Other assets. See Part IV, line 11			0	15				0
	16	Total assets. Add lines 1 through 15 (must e	qual lin	ie 34)	93,405	16	1		82	26,468
-	17	Accounts payable and accrued expenses				17				-1,147
	18	Grants payable				18	 	-		.,
	19	Deferred revenue				19			24	15,000
	20		^							
m		•			0		 			0
Liabilities	21	Escrow account liability Complete Part IV of				21	-			
E	22	Payables to current and former officers, direct	-				ļ			
<u>a</u>		employees, highest compensated employees					1.	_		
-J	i	persons. Complete Part II of Schedule L			0	22	<u> </u>			0
	23	Secured mortgages and notes payable to uni	related	third parties .	0	23			4	9,954
	24	Unsecured notes and loans payable		і Г	0	24				0
	25	Other liabilities. Complete Part X of Schedule			0					8,676
	26	Total liabilities. Add lines 17 through 25			0		†			2,483
						20	 			2,700
ထ	ŀ	Organizations that follow SFAS 117, check								
nces	ľ	complete lines 27 through 29, and lines 33	and 3	4.			ł			
<u>a</u>	27	Unrestricted net assets				27				
Ba	28	Temporarily restricted net assets				28				
7	29	Permanently restricted net assets			', ''.	29				
رج		•								
Ē	•	Organizations that do not follow SFAS 117	r, cnec	k nere ▶						
S S	i .	and complete lines 30 through 34.		_		-	_		-	_
Net Assets or Fund Bala	30	Capital stock or trust principal, or current fund	ds .			30	<u> </u>			
186	31	Paid-in or capital surplus, or land, building, or	equipr	nent fund		31			-	
¥/	32	Retained earnings, endowment, accumulated	incom	e, or other funds.		32			52	3,985
ž	33	Total net assets or fund balances		·	0	33				3,985
	34	Total liabilities and net assets/fund balances			0	34	i –			6,468
Pa	rt XI	Financial Statements and Reporting		·						0,700
		Timanolai Gatemena and Reporting	1						Yes	No
4	۸.	counting method used to proper the Farm 00	\sim	Cash X Accrua	I		1		- 55	No
1		ecounting method used to prepare the Form 99						_	,	
2:		ere the organization's financial statements com						2a	X	
ı		ere the organization's financial statements aud						2b	Х	
("Yes" to lines 2a or 2b, does the organization h				ght of	the			
	au	idit, review, or compilation of its financial staten	nents a	nd selection of an indep	endent accountant?.			2c	X	L
3:	a As	s a result of a federal award, was the organizati	on requ	ired to undergo an audi	t or audits as set forth in	ì				
		e Single Audit Act and OMB Circular A-133?						3a		X
1		'Yes," did the organization undergo the require						3b	\Box	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection Name of the organization **Employer identification number** NATIONAL ASSOCIATION OF LATINO ARTS 74-2581293 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is. (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** | Type II c Type III–Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?... 11g(iii) Provide the following information about the organizations the organization supports. (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of (ii) EIN (i) Name of supported (described on lines 1-9 ın col (i) listed ın your the organization in organization in col support organization above or IRC section governing document? coi.(i) of your (i) organized in the (see Instructions)) support? US? Yes Yes No 0 0 0 0

0

O

Par	Support Schedule for Organi (Complete only if you checked				1)(A)(iv) and	170(b)(1)(A)(vi)
Sect	ion A. Public Support						
	ndar year (or fiscal year beginning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants")	ا	o	o			•
2	Tax revenues levied for the organization's	 		U			0
2	benefit and either paid to or expended on						
	its behalf		o	0			•
2	The value of services or facilities	H	 4				0
3	furnished by a governmental unit to the	!	ŀ				
	organization without charge	ا	ام	ا			•
_			0	0			0
4 5	Total Add lines 1-3	0	0	0	0	0	0
3	The portion of total contributions by each person (other than a governmental unit					I	
	or publicly supported organization)					1	
	included on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)		1			- 1	
6	Public support. Subtract line 5 from line 4						0
Sect	ion B. Total Support	*=	•		L		
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,	-					
	payments received on securities loans,		i				
	rents, royalties and income from similar				i		
	sources	o	o	o			0
9	Net income from unrelated business		ſ				
	activities, whether or not the business is]		Ì			
40	regularly carried on						0
10	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV)			ا			•
11	Total support. Add lines 7 through 10	0	0	0			0
12	Gross receipts from related activities, etc. (s	ee instructions)				12	0
13	First five years. If the Form 990 is for the or						2)
	organization, check this box and stop here	iganization 5 ili 5	i, second, iriir	a, iourth, or mu	itax year as a	section 501(c)(³⁾
Saat			· · ·	· · · · · · · · · · · · · · · · · · ·		· · · ·	
14	ion C. Computation of Public Support Public support percentage for 2008 (line 6, c		d by line 11 a	-luma (6)		44	0.000/
15	Public support percentage from 2007 Sched				·	14	0.00%
16a						15	0 00%
iva	33 1/3% support test–2008. If the organization qualifies as	s a publicly cupo	n no xod en a	ne 13, and line	14 15 33 1/3%	or more, checi	this box
b	33 1/3% support test-2007. If the organization						
	box and stop here . The organization qualified	e as a publicly	a bux on line	e io di 10a, an	d line 15 is 33	1/3% or more,	
17a	10%-facts-and-circumstances-test-2008.	If the organizati	on did not che	ck a boy on line	 a 13 16a ar 10	 Sh. and line 14	> []
	or more, and if the organization meets the "fa	acts-and-circum	stances" test	chack this boy	and stop bor	ou, and line 14 a. Evolup in Da	is 1070
	the organization meets the "facts-and-circum	etances" test. T	he organizatio	n auglifiae ae s	and stop nen	e. Explail ill Fa	ion •
b	10%-facts-and-circumstances test-2007.	If the organization	on did not che	rk a hoy on line	2 Publicity Supp	orteu organizat or 17a and lin	011► []
-	or more, and if the organization meets the "fa	acts-and-circum	stances" test	check this hov	and ston her	or tra, and iiii Eynlain in D	art IV how
	the organization meets the "facts-and-circum	nstances" test T	he organizatio	n qualifies as a	a publicly supp	orted organizat	ion ►
18						-	
	Private foundation. If the organization did not ch	eck a box on line	13, 16a, 16b, 17	a, or 1/b, check	this box and see	e instructions	▶∐

Page 3

Schedule A (Form 990 or 990-EZ) 2008 NATIONAL ASSOCIATION OF LATINO ARTS

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked to	he box on line	9 of Part I.)				
Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and	·					
	membership fees received (Do not						
	include any "unusual grants.") .	o	0	0			0
2	Gross receipts from admissions, merchandise						
_	•						
	sold or services performed, or facilities furnished						
	in any activity that is related to the	o	0	o			•
3	organization's tax-exempt purpose	Ų	U				0
3	unrelated trade or business under section 513				ı		0
4	Tax revenues levied for the organization's						0
4	benefit and either paid to or expended on						
							•
5	its behalf	0	0	0			0
3	furnished by a governmental unit to the			į			
	organization without charge	o	o	0			0
6	Total. Add lines 1-5	0	0	0	0		<u>0</u>
_			<u>U</u>	UU	U	0	U
/a	Amounts included on lines 1, 2, and 3						
_	received from disqualified persons						0
D	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of 1%						
	of the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						^
_	Add lines 7a and 7b	0	0		0	o	0
8	Public support (Subtract line 7c from		U	0	<u>-</u>		0
U	line 6)						0
Sec	tion B. Total Support	L					
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(4) 2007	(=) 2009	(6) Total
9		(a) 2004 0	(6) 2003	(6) 2000	(d) 2007 0	(e) 2008	(f) Total
-	Gross income from interest, dividends,	U	U	U	U	0	0
IVa	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						^
b	Unrelated business taxable income (less						0
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business				<u>v</u>		
• •	activities not included in line 10b.						
	whether or not the business is regularly						
	carried on						0
12	Other income. Do not include gain or	-					
	loss from the sale of capital assets						
	(Explain in Part IV.)	o	ol	ol			0
13	Total support. (Add lines 9, 10c, 11,						. <u> </u>
	and 12)						0
14	First five years. If the Form 990 is for the org	anization's first	t. second, third	. fourth, or fifth	tax vear as a s	section 501(c)(3)
	organization, check this box and stop here				•		". ▶ □
Sec	tion C. Computation of Public Support						<u>· · · · </u>
15	Public support percentage for 2008 (line 8, co		d by line 13, co	dumn (fl)		15	0.00%
16	Public support percentage from 2007 Schedul						
	tion D. Computation of Investment Inco	me Percent	mezry.	· · · · · ·		16	0 00%
17	Investment income percentage for 2008 (line			a 12 column /f	<u>,, </u>	17	0.00%
18	Investment income percentage for 2007 Sci	hedule A Do≠	N/A line 275	s 13, William (I	"	18	
19a				 lina 14 and lin	[0 00%
1 7 d	33 1/3% support tests—2008. If the organizat	non dia not che	ck uie dox on i	mie 14, and ilni	e io is more th	an 33 1/3% and	u line 1/ IS
h	not more than 33 1/3%, check this box and st	d est ebeele a te	Jiganization qu	iailles as a put	oncey supported	organization.	▶∟.
þ	33 1/3% support tests-2007. If the organization di	u not check a bo	x on line 14 or lii	ie 19a, and line	to is more than :	33 1/3% and	. \Box
20	line 18 is not more than 33 1/3%, check this box ar						. ▶
20	Private foundation. If the organization did no	ot check a box of	on line 14, 19a	, or 19b, check	this box and s	ee instructions	▶∐_

Schedule A (Form	990 or 990-EZ) 2008	NATIONAL A	ASSOCIATION	OF LATINO AF	RTS		74-2581293	Page 4
Part IV	Supplemental Part II, line 17a	Information.	Complete this	s part to provi	de the explana	ation required I information. (by Part II, line 1	0;
	· · · · · · · · · · · · · · · · · · ·	·-·						

								•••••
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			• • • • • • • • • • • • • • • • • • • •				•	
••••			••••					

SCHEDULE D (Form 990)

Supplemental Financial Statements

20**08**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization NATIONAL ASSOCIATION OF LATINO ARTS 74-2581293 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Yes No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Assets included in Form 990, Part X

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a	Land	0	0		0
b	Buildings	0	74,467	0	74,467
C	Leasehold improvements	0	0	0	0
d	Equipment	0	17,004	0	17,004
<u>e</u>	Other	0	1,934	0	1,934
Tota	I. Add lines 1a-1e. (Column (d) should equ	ual Form 990, Part X,	column (B), line 10(c	:).) ▶	93.405

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sche	dule D (Form 990) 2008		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	884,044
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	438,147
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	445,897
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4–8	9	0
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	445,897
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	ŀ	
b	Donated services and use of facilities	\Box	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	_	
е	Add lines 2a through 2d	⊣ ~	$\hat{\mathbf{z}}_{\mathbf{e}}$ 0
3	Subtract line 2e from line 1	<u> </u>	3 0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		-
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b		ic 0
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5 0
Pa	Reconciliation of Expenses per Audited Financial Statements With Expens		<u></u>
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
ď	Other (Describe in Part XIV)	\dashv	
e	Add lines 2a through 2d	┥,	2e 0
3	Subtract line 2e from line 1	-	3 0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	⊢	3
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	\dashv	
c	A 1 1 2 4 1 4 1	\dashv ,	
5	Add lines 4a and 4b		ic 0 5 0
	rt XIV Supplemental Information		<u>5 </u>
Con	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b	4, Pa	rt IV, lines 1b
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NATIONAL ASSOCIATION OF LATINO ARTS 74-2581293 Schedule D (Form 990) 2008 Page 5 Part XIV Supplemental Information (continued)

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. OMB No 1545-0047
2008
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL ASSOCIATION OF LATINO ARTS

Employer identification number

74-2581293

Form 990 Part 6 Section B Line 12C AGENCY MONITORS AT REGULAR BOARD MEETINGS
Form 990 Part 6 Section B Line 15B ANNUAL EVALUATION BY BOARD OF DIRECTORS

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

•	Cash	Non Cash
1 , Federated Campaigns		1
2 Membership dues	16,663	2
Fundraising events		3
Related organizations		4
5 Government grants (contributions)	69,124	5
All other contributions, gifts, grants, and similar amounts not included above		
BOARD MEMBERS	6,231	
OTHER	1,563	
FOUNDATION	737,670	
CORPORATE	21,300	
Other contributions total	766 764	e
Other contributions total	766,764	<u></u>
7 Total	852,551	7

Part	VIII, Line 10 (990) - Gross Sales of Inventory	10,945	00	10,945
	Category	Gross Sales	Cost of Goods Sold	Net
1	EARNED INCOME	10,945		10,945
2				0
3				0
4				Ō
5				0
6				0
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
16				0
17				0
18				0
19				0
20				0

Part IX, Line 22 (990) - Depreciation, Depletion, etc.

	ix, Ellie 22 (000) Depicolation, Depiction				
		4,229		-,	o
Ì		(A)	(B)	(C)	(D)
I		Total	Program	Management	Fundraising
1	Description		services	and general	
1	DEPRECIATION	4,229	00111000	4,229	
2	DEFNECIATION			4,223	
		0	· ····		
3		0			·
4		0			
5		0			
6		0			
7		0			
8		0			
9		0			
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

Part X, Line 4 (990) - Accounts Receivable

rait A, Line 4 (550) - Accounts it	000.7								
• •	L	Accounts	receivable	Allowance for dou	btful accounts				
		Beginning	End	Beginning	End				
1	1 [581,102						
2	2								
3	3								
4	4								
5	5			<u> </u>					
6	6			<u> </u>					
7	7								
8	8								
9	9 [
10	10								
11 Total accounts receivable	. 11	0	581,102	0	0				

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

&	_		_	24	8	2	24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	•
60,948		Ending	Balance	74,46	17,004	1,9	-32,457																
93,405		Beginning	Balance	74,467	17,004	1.934	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	•
0	-	Disposals/	_				-																
32,457							32,457																
0	Beginning	Accumulated	Depreciation	Ó	0	O	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	C
93,405					17,004	1,934	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	O
	Check if	Asset	Disposed																				
	Check If	Investment	Asset																				
			Other			×																	
			Equipment		×																		
	Leasehold	_	ments																				
			Buildings	×												_							
			Land																				
			Category or Item	1 BUILDING	2 FURNITURE, FIXTURES & EQUIPMENT	3 SOFTWARE	4 ACCUMULATED DEPRECIATION	2	9	4	8	6	10	-14	12	13	14	15	16	17	18	19	20

Part	Part X, Lines 23 and 24 (990) - Secured and Unsecu	Secured :	and Unsec	ured Notes Payable	0	0	49,954		
		Check if lender is	Check if		Onginal	Balance due beginning	Balance due		•
	Lender's name	a business	Unsecured	Security provided	amonut	of year	end of year	Date of note	Maturity date
-	ACCION - MORTGAGE						49,954		
7									
က									
4									
2									
9									
7									
8									
6									
9									
11									
12									
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Part	X, Line 25 (990) - Other Liabilities	0	8,676
	Description	Beginning	End
1	PAYROLL LIABILITIES		7,956
2	ACCRUED EXPENSES		720
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
40			

Part X (Sch D (990)) - Other Liabilities		
_	• •	
•	Description	Amount
	Federal Income Taxes	
	PAYROLL LIABILITIES	7,956
3	ACCRUED EXPENSES	720
4		0
5		0
6		0
		0
8		0
9		0
10		0
11		0
12		0
13		0
14		0
15		0
16		0
17		0
18		0
19		0
20		0
21		0