	AMENDED	RET	ORN - SECTIO)N 512(A)(/) RE	PEAL 2939	300/14	\mathcal{N}	9 U
Form	OOO T	E	Exempt Organ (ar	nization Bus			ax Return	<u> </u>	OMB No 1545-0687
		For ca	ndar year 2017 or other tax year beginning JUL 1, 2017 and ending JUN 30, 2018						201/
Dena	rtment of the Treasury	\$\foralle{1}	Go to www.irs.gov/Form990T for instructions and the latest information.						non de Bublio Inconstitue for
Intern	nal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).							Open to Public Inspection for 01(c)(3) Organizations Only
A [Check box if address changed		Name of organization (Check box if name changed and see instructions.)						yer identification number yees' trust, see tions)
B,∩E	xempt under section	Print	int CONGRESO DE LATINOS UNIDOS, INC.						3-2051143
<u>₹X</u>	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.						ted business activity codes structions)
2	408(e)220(e)	Туре	216 WEST SOMERSET STREET						
Z	408A 530(a)		City or town, state or prov	City or town, state or province, country, and ZIP or foreign postal code					
Щ	529(a)	<u> </u>	PHILADELPHIA	PHILADELPHIA, PA 19133					
C Bo	ook value of all assets end of year		F Group exemption numb		<u> </u>				
⊱	<u>6,795,2</u>		G Check organization type				401(a)	trust	Other trust
			ary unrelated business activ				BENEFITS		
-			oration a subsidiary in an a		nt-subsi	diary controlled group?	▶ 1	Yes	S X No
			tifying number of the parent			T-1		1	762 0070
ZEPS			LISA AUERBACH de or Business Inc			(A) Income	one number > 2 (B) Expenses		(C) Net
	!		de of Edsilless file	Offic	т	(A) Illcome	(B) Expenses		(O) Net
	Gross receipts or sale Less returns and allo			c Balance	,			1	
	Cost of goods sold (S		A line 7)	C Dalatice	1c2		<u> </u>		
2 3	Gross profit. Subtrac		•		3	-	- i	\dashv	
	•				4a				
		Capital gain net income (attach Schedule D) let gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)							
C					4c				
5	•		ips and S corporations (atta	ach statement)	5		÷ " ·		
6	Rent income (Schedu			,	6		,		
7	Unrelated debt-finance		ne (Schedule E)		7				
8	Interest, annuities, ro	erest, annuities, royalties, and rents from controlled organizations (Sch. F)							
9	Investment income o	f a sectio	on 501(c)(7), (9), or (17) or	ganization (Schedule G	9				
10	Exploited exempt acti	Exploited exempt activity income (Schedule I)							
11	Advertising income (Advertising income (Schedule J)							
12	Other income (See instructions; attach schedule)						·	\dashv	
13	Total. Combine lines				13	0.			
			ot Taken Elsewher utions, deductions must				income)		
14		ficers, di	rectors, and trustees (Sche	dule K)				14	
15	Salaries and wages						•	15	
16		Repairs and maintenance						16	
17		Bad debts						17	
18 19	•	Interest (attach schedule) RECEIVED						19	
20	Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562)						20		
21	Depreciation (attach	Depreciation (attach Form 4562)							
S22			n Schedule A and elsewhere	o-on-return-]∝	22a		22b	
23	Depletion			OGDEN, U	T			23	
222 23 24	Contributions to def	erred co	mpensation plans			•		24	
€25 =26	Employee benefit pr	Employee benefit programs						25	
=26	Excess exempt expe	Excess exempt expenses (Schedule I)						26	
27		Excess readership costs (Schedule J)						27	
<u> </u>		Other deductions (attach schedule)						28	
⊊ 28 29		Total deductions. Add lines 14 through 28						29	0.
30 ع		Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13						30	0.
<u>ک</u> 31	, =	Net operating loss deduction (limited to the amount on line 30)						31	
,32			ncome before specific dedu			30	M	32	1,000.
33		Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or						38	1,000.
34	Unrelated business line 32	taxable	income. Subtract line 33 t	rom line 32. If line 33 is	s greater	under time 32, enter the Sr	HAIRE OF ZELO OF	34	0.
7237		or Papei	work Reduction Act Notice	s see instructions.				47	Form 990-T (2017)

Form 990-7	(2017), CONGRESO DE LATINOS UNIDOS, INC. 23-20	051143	Page 2
Part I	I Tax Computation		
35	Organizations Taxable as Corporations. See instructions for tax computation.		
	Controlled group members (sections 1561 and 1563) check here See instructions and:	1 1	
2	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
a		l.	
	<i>j</i> · — —		
U			
	(2) Additional 3% tax (not more than \$100,000)		^
	Income tax on the amount on line 34	► 35c	0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		
	Tax rate schedule or Schedule D (Form 1041)	► 36 ► 37	
37	Proxy tax. See instructions	► 37	
38	Alternative minimum tax	38	
39	Tax on Non-Compliant Facility Income. See instructions	39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.
Part I	✓ Tax and Payments	l	
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Ata		
b	Other credits (see instructions)		
c	General business credit. Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
_	Total credits. Add lines 41a through 41d	411e	
42	Subtract line 41e from line 40	42	0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedul		
	Total tax. Add lines 42 and 43	44	0.
44	1.0.1	- (
	Payments: A 2016 overpayment credited to 2017	⊣`	
	2017 estimated tax payments		
	Tax deposited with Form 8868	 	
	Foreign organizations: Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (Attach Form 8941)		
g	Other credits and payments: Form 2439		
	☐ Form 4136) •	
46	Total payments. Add lines 45a through 45g SEE STATEMENT 1	<i>A</i> 16	660.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	(4)	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	660.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax	5,0	660.
Part N	Statements Regarding Certain Activities and Other Information (see instructions)		
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file		1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country		
	here		<u> </u>
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	-	$-\frac{1}{x}$
32	If YES, see instructions for other forms the organization may have to file.		
53	Enter the amount of tax-exempt interest received or accrued during the tax year		• 1
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kno	wledge and helief it i	s true
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	wiedge and belief, it i	s uue,
Here	h W. 2 1 h 1 0/10/2020 000	May the IRS discus	s this return with
110.0	Supporture of officer	the preparer shown	-
	Signature of officer Date Title	<u> </u>	Yes No
	Print/Type preparer's name Preparer's signature Date Check] if PTIN	
Paid	HELEN M MADETN +W/ M. Mat 2/12/2020 self- employ		
Prepa	rer HEBEN M MARTIN		30899
Use C	Iniv Firm's name ► EISNERAMPER LLP Firm's EIN	<u>► 13-1</u>	639826
·	130 NORTH 18TH STREET, SUITE 3000		
	Firm's address ► PHILADELPHIA, PA 19103-2757 Phone no.	(215) 8	<u>81-8800 </u>
		Eorr	n 990-T (2017)

FORM 990-T	OTHER	CREDITS	AND	PAYM	ENTS		STATEMENT 1	
DESCRIPTION							AMOUNT	
SECTION 512(A)(7) TAX	PAYMENT						66	50.
TOTAL INCLUDED ON FOR	м 990-т, і	PAGE 2, I	PART	IV,	LINE	45G	66	50.