

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

OMB No. 1545-1150

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Inte	emal Reve	nue Service	► Go to www.irs.gov/Fo		tions and the la	test informati	ion.			
Ā	For the	2017 calenda	ar year, or tax year beginning	01/01	, 2017,	and ending	12	/31	,20 17	
В	Check if a	k if applicable C Name of organization					D Employer identification number			
	Address change		LA VOZ DEL PUEBLO			82-2314809				
닕	Name change		Number and street (or P.O. box, if mail is		ddress)	Room/suite	E Telephone	number		
爿	Initial return Final return/terminated Amended return		4615 SINGLETON E				214	-710-	9184	
Ħ			City or town, state or province, country,	and ZIP or foreign posta	code	00	F Group E	remption		
	Application	on pending	DALLAS, TX 75212			00	Number	•		
, G	Account	ting Method:		pecify) ▶		Н	Check ► [If the org	anızatıon is not	
-3	Website				·		required to a	ttach Sch	edule B	
<u>.</u> 7	Tax-exen	npt status (che	eck only one) - 501(c)(3) 🔀 501(c) () ◀ (insert no) 🔲 4947(a)(1) oı	<u>- □527</u>	(Form 990, 9	90-EZ, or	990-PF).	
				☐ Association						
			7b to line 9 to determine gross receip							
€			v) are \$500,000 or more, file Form 99					\$	400	
	Part		e, Expenses, and Changes i			-			•	
			the organization used Schedul		any question i	n this Part I	<u> </u>			
	1		ons, gifts, grants, and similar amo				· · <u> 1</u>		400	
	2	Program s	ervice revenue including governn	nent fees and contr	acts		2	<u> </u>		
	3	Membersh	ip dues and assessments				3			
	4	Investment					4		··.	
	5a		ount from sale of assets other tha	•	<u>5a</u>					
	b		or other basis and sales expense							
	C		ss) from sale of assets other than	inventory (Subtrac	t line 5b from l	ine 5a)	<u>5</u> c	<u> </u>		
	6	_	d fundraising events				6.7	~ 4		
a)	a		ome from gaming (attach Sch	nedule G it great		i	ł	ł		
Ž		•			6a					
Revenue	b		me from fundraising events (not			f contribution	ıs			
ď	:		aising events reported on line 1)			ı				
			ch gross income and contribution			<u> </u>				
	C		et expenses from gaming and fun		<u>6c</u>	d Ch and au	ntra et	ŀ		
	d	line 6c)	e or (loss) from gaming and fun	draising events (a	ad lines ba and	ob and sur				
		•					60			
	7a		s of inventory, less returns and a		7a					
	b		9			L	7.	_		
	C		it or (loss) from sales of inventory				70		 	
	8		nue (describe in Schedule O) nue. Add lines 1, 2, 3, 4, 5c, 6d,				. ▶ 9	 	400	
_	10		similar amounts paid (list in Sch				. 10			
	111		aid to or for members				11			
u	L	•	ther compensation, and employe				. 12			
Š	13		al fees and other payments to inc				13		25	
Je.	14		y, rent, utilities, and maintenance				14			
Expenses	15	•	ublications, postage, and shippin				15		70	
	16		enses (describe in Schedule O)				16			
	17		enses. Add lines 10 through 16				▶ 17		95	
Net Assets	40	Excess or	(deficit) for the year (Subtract line	17 from line 9)			18		305	
	19		or fund balances at beginning					P= 2 ES	 -	
			ar figure reported on prior year's i				$\mathcal{R} = \mathbb{C}_{2}$		-1676	
	20	•	nges in net assets or fund balance	· ·			20		Ē.,	
	21		or fund balances at end of year.		·	22	ADR 721		305	
Fo			tion Act Notice, see the separate in			F")	. <u>21. 1) 1/5 '</u>		990-EZ (2017)	
	NA					سا :	FA FA' N"		- JE 4*	
						I	0000	164.10	1	

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Pa	rt II Balance Sheets (see the instructions f	or Part II)				
	`Check if the organization used Schedule		y question in this	Part II		🗆
				(A) Beginning of year		B) End of year
22	Cash, savings, and investments			•	22	
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			0	25	X
26	Total liabilities (describe in Schedule O)			0	26	, , , ,
27	Net assets or fund balances (line 27 of column			0	27	(
Par		nlishments (see th	e instructions for F			
-	Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose?		DERLY ASSISTA			ired for section
	-)(3) and 501(c)(4) uzations; optional for
	cribe the organization's program service accomplisheasured by expenses. In a clear and concise m				other	
	ons benefited, and other relevant information for ea		s services provided	, the number of		,
28					 	
20						

	(Grants \$) If this amount	includes foreign gra	nte check here	▶ □	28a	
29					200	
29						
	(Grants \$) If this amount	includes foreign gra	nte chack hare	▶ □	29a	
30			-		234	
30						
	(Grants \$) If this amount	ıncludes foreign gra	nts check here	▶ □	30a	
21	Other program services (describe in Schedule O)					
31		includes foreign gra			31a	
32	Total program service expenses (add lines 28a t	hrough 31a)		<u>, , , , </u> ▶	32	
	t IV List of Officers, Directors, Trustees, and Key				nstruc	tions for Part IV)
	Check if the organization used Schedule					🗀
		(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		estimated amount of ther compensation
		devoted to position	(if not paid, enter -0-)	deferred compensatio		
				,		
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Form 990-EZ (2017) Page 3 Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V \Box Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 Х Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 34 copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 Х Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a Х If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Х Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 during the year? If "Yes," complete applicable parts of Schedule N 36 Х Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were 38a any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . 38a X **b** If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ; section 4955 ► section 4911 ▶ ; section 4912 ► Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e X List the states with which a copy of this return is filed ► TX 41 42a The organization's books are in care of ▶ ENRIQUE CHAVEZ Telephone no. ►(214)710-9184 75212 Located at ▶ 4615 SINGLETON BLVD, DALLAS TX ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 Yes No Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b Did the organization receive any payments for indoor tanning services during the year? . . . 44c If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a X Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of 45b

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46		, ne organization engage, directly or in ndidates for public office? If "Yes," o						Yes No			
Part \	VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	sonly		*-		ا حت ا				
		Check if the organization used Sc	hedule O to respond	to any question in	this Part	VI	<u></u> .	🗆			
47		the organization engage in lobbying activities or have a section 501(h) election in effect during the tax r? If "Yes," complete Schedule C, Part II									
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E											
<u> </u>											
50		plete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key loyees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."									
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) He contribution	alth benefits, ons to employee ans, and deferred opensation	/ee (e) Estimated amount of				
					 						
				<u> </u>							
f 51	Com	number of other employees paid ov plete this table for the organization ,000 of compensation from the orga	's five highest compe	ensated independe	nt contract	cors who each	received	more than			
	(a)	Name and business address of each independ	dent contractor	t contractor (b) Type of serv		rvice (c		c) Compensation			
											
						 					
					 	 					
							·				
	Total	number of other independent contra	actors each receiving	over \$100,000							
52	Did 1	the organization complete Schedi	•	ection 501(c)(3) org	="		n a .▶∐ Yes	□ No			
Under po	enalties rect, an	of perjury, I declare that I have examined this d complete. Declaration of preparer (other tha	retum, including accompan n officer) is based on all info	ying schedules and state ormation of which prepare	ments, and to er has any kno	the best of my ki owledge.	nowledge and	belief, it is			
Sign		Signature of officer					04/15/2018 Date				
Here		ANRIQUE CHAVEZ - AGENT									
		Type or print name and title	I Brongrado cianatura		Date	·- 	DTIN				
Paid		Print/Type preparer's name REBECA AGUERO	Preparer's signature	ļ	04/15/	Check if PTIN self-employed P00245636					
Preparent			ERVICE INC	<u> </u>			16-4346				
		Firm's address ▶ 2123 W COLORADO BLVD DALLAS, TX 75211					hone no (469) 526-7829				
	ne IRS	discuss this return with the prepare	r shown above? See	instructions		· · · ·		⊠ No			
QNA							Form 991	0-EZ (2017)			