For Paperwork Reduction Act Notice, see the separate instructions. BAA

For	. 9 9	0î	Return of Org	ganization Exemp	ot From In	icome Ta	ax	OMB No. 1545-0047			
			Under section 501(c), 527, or					, 2018			
Dep	artment of	the Treasury	l l	al security numbers on this				Open to Public			
Inte	nal Reven	ue Service	. 	gov/Form990 for instruction			210	Inspection			
<u>A</u>			ndar year, or tax year beginning		, 2018, and end	_=	D Employe	, 20 er identification number			
В			C Name of organization LATINO Doing business as	CHAMBER OF COMMER	CE OF PUBE	LO, INC.	, -	L66366			
	Address Name ch	· ·	Number and street (or P O box if m	nail is not delivered to street addr	ess) Room/s	suite	E Telephor				
\exists	Initial ret	•	215 S. VICTORIA ST		,			(719) 542-5513			
H		rn/terminated	City or town, state or province, coul	intry, and ZIP or foreign postal co	l de		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 13, 512 5513			
\Box	Amende		PUEBLO, CO 81003				G Gross re	ceipts \$ 232,247.			
			F Name and address of principal offic	cer		H(a) Is this a g	roup return for :	subordinates? Yes No			
			STEPHANIE GARCIA, TREASURI		PUEBLO, COT 81						
ī	Tax-exe	npt status	501(c)(3) × 501(c) (list (see instructions)			
J	Website	: ▶ PI	UEBLOLATINOCHAMBER.C	COM		H(c) Group	exemption	number >			
K		organization	Corporation Trust Associa	ation ☐ Other ►	L Year of form	ation 197	9 M State	of legal domicile CO			
P	art I	Summa			1						
	1	=	scribe the organization's miss	=				OWTH, AND PROGRESS			
Activities & Governance	i		LL BUSINESSES IN A H	HIGHLY DIVERSE SOC	IETY WITH	EMPHASIS	ON				
Ē			TINO COMMUNITY. s box ▶☐ if the organization	discontinued its operation	an or disposed	of more than	25% of	ite not accote			
8	3		of voting members of the gove	•		and the second s	3	11			
<u>ت</u>	4		of independent voting membe	<u> </u>	•		4	11			
es	5		ber of individuals employed in	• • •	•		5				
ëvit	6		ber of volunteers (estimate if				6	100			
Act	7a		elated business revenue from	= -			7a	0.			
	b	Net unrela	ated business taxable income	from Form 990-T, line 38		<u> </u>	7b	739.			
						Prior Ye	ear	Current Year			
ē	8	Contribut	5,000.	25,000.							
Revenue	9		service revenue (Part VIII, line			188	3,243.	169,903.			
, é	10		nt income (Part VIII, column (A	12.							
	11 12		enue (Part VIII, column (A), Im nue-add lines 8 through 11 (r				2,669.	16,253.			
_	13		nd similar amounts paid (Part I			223	5,924.	211,171.			
	14		paid to or for members (Part I)								
,	15	•	other compensation, employee			139	688.	147,480.			
Se.	16a		nal fundraising fees (Part IX, o				7.5.5.				
Expe	Ь		draising expenses (Part IX, col		35,408.						
. W	17		enses (Part IX, column (A), lin			62	2,001.	56,090.			
	18	Total expe	enses. Add lines 13-17 (must	equal Part IX, column (A)	, lıne 25) .	203	L,689.	203,570.			
	19	Revenue	less expenses. Subtract line 1	18 from line 12	√rn · · ·		1,235.	7,601.			
Net Assets or Fund Balances		T-4 1	-t- (D-+t V	ITLULI	V L D	Beginning of Cu		End of Year			
sset Bala	20		ets (Part X, line 16)		SC		2,418.	342,969.			
e de de	21 22	Not seed	ilities (Part X, line 26) s or fund balances. Subtract l		2020 0		3,957. 3,461.	91,907. 251,062.			
	art II		ure Block	ine 21 ituli mie 20 .	<u> </u>	24.	, 401.	251,002.			
- Ur	der pena	ties of penur	v. Ldeclare that I have examined this	return, including addingarving	schedules and stat	ements, and to t	he best of n	ny knowledge and belief, it is			
tru	e, correct	, and comple	etel Declaration of preparer (other than	n officer) is based on all informati	on of which prepar	er has any knowl	edge	,			
			House J. Junto	ъ		1	1/13/2	019			
Sig	_	Signa	ture of officer			Da	te				
He	re			SIDENT & CEO							
		1 /	or print name and title	To		2-1-		DTN			
Pa	id	1	pe preparer's name	Preparer's signature	1.	Date	Check [
	epare	·	DENLINGER	Craig Den	conger :			Noyed P01063062			
Us	e Onl	y Firm's na			00100			17-2370837			
Ma	v the IF		ddress > 6403 S Datura S this return with the preparer					03) 823 - 3220 Yes X No			

G29

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22 Ne

Form **990** (2018)

Form 99	00 (2018) • Page 2
Part	
1	Briefly describe the organization's mission:
•	PROMOTE OPPORTUNITY GROWTH AND PROGRESS
	OF SMALL BUSINESSES IN A HIGHLY DIVERSE SOCIETY WITH EMPHASIS ON
	THE LATINO COMMUNITY.
	Did the organization undertake any significant program services during the year which were not listed on the
2	pnor Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exponses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
-10	PROVIDE SERVICES TO APPROXIMATELY 550 MEMBERS
	······
+	·
	(Oother) (Common A common A c
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	······································
	1
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	······································
	· · · · · · · · · · · · · · · · · · ·
	<u></u>
	, .
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶

Form 99	D (20¶8)		F	age 3
Part I	V Checklist of Required Schedules			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	$\overline{}$	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
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		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	×	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? KEVGROUSE Schedule I, Parts I and II	21		×
		Forr	n 990	(2018)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
_	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28 a	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
c 29	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		×
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? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	×	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2.	35a 35b		×
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		
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		×
38 Part	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. V Statements Regarding Other IRS Filings and Tax Compliance	38	×	
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	16	Y	

Form 99			ا	Page 5
Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	2b		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	 3a	×	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	×	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		_	
-10	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	! 	×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	×	-
b	gifts were not tax deductible?	6b	×	
7	Organizations that may receive deductible contributions under section 170(c).	- 55		-
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	'	<u>_</u>	_
_	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с	:	×
	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7e 7f		×
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		×
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		×
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter:			
'' a	Gross income from members or shareholders			
_	Gross income from other sources (Do not net amounts due or paid to other sources			
~	against amounts due or received from them.)]
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	the organization is licensed to issue qualified health plans			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		L
	If "Yes," see instructions and file Form 4720, Schedule N.			آـــــا
16	is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.		. 000	(2018)
		Forr	コッツし	(2018)

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI	· ·	····	×
Secti	on A. Governing Body and Management			·
			Yes	No
па	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 11			
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		×
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		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6	_ <u>X</u>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1		
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
	•		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		
	Other officers or key employees of the organization	15b	×	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	135		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	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 (1024 or 1024-A if applicable), 990, and 990-	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	-		
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	•	
	JEANNIE VALLEJOS, 215 S. VICTORIA S, PUEBLO, CO 81003 (719)542-5513			

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D	-	^	_	•
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Form **990** (2018)

•	Part VII	Compensation of Officers, I	Directors, Trustees, I	Key Employees, ł	Highest Compensat	ted 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. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if heither the organization no	l any relate	r orga	ailiz) C)	ompe	1130	led any curren	t omder, director	, or tradice.
40	(5)			-	rtion (C			(5)	(5)	(5)
(A) Name and Title	(B) Average					than o		(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours per					is both or/trust		compensation	compensation from	amount of
	week (list any hours for	육둘	2	Q	<u>~</u>	9 ∓	ਨ	from the	related organizations	other compensation
	related	d K	*	Officer	y er	Page :	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted		Institutional trustee	Ì	Key employee	/ee co		(W-2/1099-MISC)		organization and related
	line)	Z St	1		yee	mpe		ŀ		organizations
		8	st e			Highest compensated employee				
				<u> </u>		_ a	_			
(1) ANDREA SANCHEZ	5.00									
BOARD CHAIR			Ĺ.,	×	<u> </u>			0.	0.	0.
(2) STEPHANIE GARCIA	5.00			l			ļ			
CHAIR ELECT/TREASURER		ļ	_	×		Ĺ	_	0.	0.	0.
(3) LINDSAY REEVES	5.00			×						0
SECRETARY	5 00		-	<u> </u>	├		┝	0.	0.	0.
(4) JIM VALENZUELA PAST CHAIR	5.00			×		İ		0.	0.	0.
(5) JOHN KLOMP	5.00		 	-				· · · · · · · · · · · · · · · · · · ·	· · ·	<u> </u>
DIRECTOR	3.00	×						ο.	0.	0.
(6) JACKIE TACK	5.00									
DIRECTOR		. ×						0.	0.	0.
(7) CHRIS SEGURA	5.00									
DIRECTOR		×			<u>L</u> .			0.	0.	0.
(8) JAMES ARCHULETA	5.00									
DIRECTOR	ļ	×			<u> </u>			0.	0.	0.
(9) KATHY GROVES	5.00	×								•
DIRECTOR	5 00	-^	-	<u> </u>		-		0.	0.	0.
(10) KRISTI BROWN DIRECTOR	5.00	×						٥.	0.	0.
(11) MANUEL SANTOS	5.00			-	-			<u> </u>	<u> </u>	
DIRECTOR	1	×						l o.	0.	0.
(12)										
				<u> </u>	_		<u> </u>			
(13)	ļ									
(14)	<u> </u>	ļ · ·		ļ						
	1	l	l		1	i				

REV 05/20/19 PRO

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighe	st C	ompensated E	mployees (co	ntinu	ıed)	
	(A)	(B)	(do n	ot ch	Pos	C) rtion more	e than o	nne	(D)	(E)		(F)
	Name and title	Average hours per	box, ı	unles	s pe	rson	is both	an	Reportable compensation	Reportable compensation f	rom	Estim amou	
		week (list any hours for	_		Officer	_		Former	from the	related organizations		oth comper	
		related organizations		Institutional trustee	cer	Key employee	hest c otoyee	mer	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	from organiz	zation
		below dotted line)	I trust	nal tru		oyee	ompe					and re organiz	
			ee	stee			Highest compensated employee						
(15)							<u>u</u>						
(16)													
(17)											+		
(18)		!				_		_			-		
							_	_			_		
(19)													
(20)													
(21)													
(22)													
(23)													
(24)									<u> </u>		_	·· <u>-</u>	
											٠,		
(25)										,			
1b c	Sub-total				•		•	>	0.		0.	1	0.
2	Total (add lines 1b and 1c)						above) W	ho received me		0. 0,000) of	0.
	reportable compensation from the organi	zation >										 	
3	Did the organization list any former of							emp	loyee, or high	est compens	sated		Yes , No
	employee on line 1a? If "Yes," complete s											3	· ×
4	For any individual listed on line 1a, is the organization and related organizations individual	greater tha	an \$1	50,	000	iper ? // 	sauc "Ye.	n a s," · ·	complete Sch	edule J for 	n tne such	4	×
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or indiv		5	×
Section	on B. Independent Contractors		<u> </u>										
1	Complete this table for your five highest compensation from the organization. Repyear.												ı's tax
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensat	ion
					_								
								_					
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who			

Part	VIII	Statement of Reve	nue			5		
	,	Check if Schedule O	contains a res	ponse or note to	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (cont All other contributions, gif and similar amounts not include Noncash contributions include	tributions) ts, grants, uded above	25,000.				
a C	h	Total. Add lines 1a-1f	·	▶	25,000.			į
		•		Business Code				
Ken	2a	MEMBERSHIP DUES	5	900099	125,853.	125,853.	0.	0.
8	b	FUNDRAISING		900099	43,983.	43,983.	0.	0.
vice.	С	NOTICIAS AND IN	CIDENTAL	900099	67.	67.	0.	0.
Ser	d							
Program Service Revenue	е							
g	f	All other program serv	ice revenue .					
<u>~</u> _	g	Total. Add lines 2a-2f			169,903.			
	3	Investment income (i and other similar amou Income from investment	unts)	▶	15.	15.	0.	0.
	5	Royalties						
	3	noyailles	(i) Real	(ii) Personal				
	6a	Gross rents	29,578.	1				,
	b	Less rental expenses	21,076.					
	l '	Rental income or (loss)	8,502.					i
	d	Net rental income or (I		•	8,502.	8,502.	0.	0.
) -	OSS)	(ii) Other	8,302.	8,302.	<u> </u>	<u></u>
	7a	Gross amount from sales of assets other than inventory		(v) Control				
		Less cost or other basis and sales expenses .						
	C	Gain or (loss) [
	d	Net gain or (loss).		•				
	Od	Gross income from fur events (not including \$ of contributions reported						
Other Reve		See Part IV, line 18 .	a	` 				
δ		Less: direct expenses						
•		Net income or (loss) from Gross income from gar See Part IV, line 19	ming activities.		, , , , ,			
	ь	Less: direct expenses	b)				1
		Net income or (loss) from		ıvitıes ▶				
		Gross sales of invertures and allowance	ventory, less					
	Ь	Less: cost of goods so	old b	,	}	ŀ	-	
		Net income or (loss) from					1 41	······································
	<u> </u>	Miscellaneous Re		Business Code				
	11a	ADMINISTRATIVE		900099	3,000.	3,000.	0.	0.
		MISCELLANEOUS		900099	4,751.	4,751.	0.	0.
	c			<u> </u>		-,		
	ď	All other revenue .						
	_	Total. Add lines 11a-1			7,751.			
	ł	Total revenue See in			211 171	186, 171	0.	0 -

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 (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses Do not include amounts reported on lines 6b, 7b, (B) Program service (A) Total expenses (D) Fundraising 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic ındividuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees Compensation not included above; to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salanes and wages 133,058. 79,835 26,612. 26,611. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 3,881. 2,329 776. 776. 10 Payroll taxes 10,541. 6,325. 2,108. 2,108. Fees for services (non-employees): Management а **b** Legal Accounting 0. 0. 6,330. 6,330. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 2,120. 0. 2,120. Ο. 12 Advertising and promotion 1,876. 0. 0. 1,876. 13 Office expenses 14 Information technology . . . 15 16 Occupancy 19,595. 11,757. 3,919. 3,919. 17 1,096 767 Travel 329. 0. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 3,001 3,001 0. 20 1,898. 1,898. 0. 0. 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 4,663. 0. 4,663. 0. 23 1,417. Ο. 1,417. 0. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) PRINTING BAD DEBT 185. 0. 185. 0. c EQUIPMENT RENTALS 5,105. 4,594. 511. ٥. SUPPLIES d 1,887. 566. 1,321. 0. All other expenses 6,917. 2,755. 4,044. 118. Total functional expenses. Add lines 1 through 24e 25 56,233. 35,408. 203,570. 111,929. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	100,745.	1	135,128
2	Savings and temporary cash investments	7,651.	2	7,688
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	26,649.	4	4,440
5	Loans and other receivables from current and former officers, directors,			-
	trustees, key employees, and highest compensated employees.			· · · · · · · · · · · · · · · · · · ·
1	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			·
,	organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a				
	other basis. Complete Part VI of Schedule D 10a 430,893.	007 070		105 713
b	· · · · · · · · · · · · · · · · · · ·	207,373.	10c	195,713
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	342,418.	16	342,969
16	Total assets. Add lines 1 through 15 (must equal line 34)	21,456.	17	20,141
17	Accounts payable and accrued expenses	21,456.	18	20,141
18 19	Grants payable		19	
20	Deferred revenue		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	· · · · · · · · · · · · · · · · · · ·
22	Loans and other payables to current and former officers, directors,	<u> </u>		
22	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L	-	22	
23	Secured mortgages and notes payable to unrelated third parties	77,501.	23	71,766
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17–24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	98,957.	26	91,907
	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🖾 and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	243,461.	27	251,062
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds.		32	
33	Total net assets or fund balances	243,461.	33	251,062
34	Total liabilities and net assets/fund balances	342,418.	34	342,969

_	4	
Page	.1	

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					×
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	11,1	71.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	03,5	70.
3	Revenue less expenses. Subtract line 2 from line 1	3			7,6	01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	43,4	61.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6	! 			
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		2	51,0	62.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			·		<u> </u>
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	olaın	ın			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compared to the statement of the year were compared to the statement of the year were compared to the year were year.	oiled	or [
	reviewed on a separate basis, consolidated basis, or both:					
,	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		L			
b	Were the organization's financial statements audited by an independent accountant?			2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a [
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or					
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant	?	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plaın	in		,	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın 🗀			
	the Single Audit Act and OMB Circular A-133?			3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	rgo th				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.		3b		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of	the organization		Linployer Identification number
LATI	NO CHAMBER OF COMMERCE OF PUEBLO,	INC.	84-1166366
Part			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .	·	
4	Aggregate value at end of year		
	Did the organization inform all donors and dono		
	funds are the organization's property, subject to t	he organization's exclusive legal contro	ol? 🗌 Yes 🗌 No
	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		· · · · · · · 🗌 Yes 🗌 No
Part	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).	
ł	Preservation of land for public use (e.g., recreated)	ation or education) 🔲 Preservation o	f a historically important land area
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
ŧ	Preservation of open space		•
	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemer	nts	2b
	Number of conservation easements on a certified		
	Number of conservation easements included in	(c) acquired after 7/25/06, and not	on a
	· · · · · · · · · · · · · · · · · · ·		[= -]
	Number of conservation easements modified, trar	nsferred, released, extinguished, or terr	minated by the organization during the
	tax year ►		
	Number of states where property subject to conse		
	Does the organization have a written policy re		
	violations, and enforcement of the conservation e		
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcin	g conservation easements dunng the year
			
	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
	> \$		
	Does each conservation easement reported on line		
			· · · · · · · · · · Yes No
	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text	_	nancial statements that describes the
	organization's accounting for conservation easem		011 0: 11 4
Part			
	Complete if the organization answered		
	If the organization elected, as permitted under SI		
	works of art, historical treasures, or other simila		
	public service, provide, in Part XIII, the text of the		
	If the organization elected, as permitted under s		
	works of art, historical treasures, or other simila		ducation, or research in furtherance of
	public service, provide the following amounts rela	_	
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of ar		
	following amounts required to be reported under	· · · · · · · · · · · · · · · · · · ·	
	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

Page	2

Part								
3	Using the organization's acquisition, collection items (check all that apply):		her reco	rds, chec	k any of th	ne follov	wing that are a	significant use of its
а	■ Public exhibition		d	☐ Loan	or exchang	ge prog	rams	
b	☐ Scholarly research							
С	☐ Preservation for future generations	5						
4	Provide a description of the organizat XIII.		and expl	ain how t	hey further	tho ore	ganization's exc	empt purpose in Part
5	During the year, did the organization	solicit or receive	donation	ns of art,	historical t	reasure	s, or other simi	lar
	assets to be sold to raise funds rather							
Par	IV Escrow and Custodial Arra	angements.						
	Complete if the organization 990, Part X, line 21.						-	
1a	Is the organization an agent, trustee, included on Form 990, Part X?							not Yes No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	ollowing to	able			
							,	Amount
C	Beginning balance					10	:	
d	Additions during the year					10	1	
е	Distributions during the year					16		
f	Ending balance					11		
2a	Did the organization include an amoun							
	If "Yes," explain the arrangement in P	art XIII. Check her	e if the e	xplanatio	n has been	provid	ed on Part XIII .	<u>D</u>
Par	t V Endowment Funds.							
	Complete if the organization				• • • • • • • • • • • • • • • • • • • •			<u> </u>
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs		,					
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t	he current year er	nd balanc	e (line 1g	, column (a	a)) held	as:	
а	Board designated or quasi-endowmer	nt 🕨	_%					
b	Permanent endowment ▶	<u></u> %						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.					
3а	Are there endowment funds not in the	e possession of th	ne organı	zation the	at are held	and ad	lministered for t	he
	organization by							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	l as requi	ired on Se	chedule R?			3b
4	Describe in Part XIII the intended uses	s of the organization	on's end	owment for	unds.			
Pari	Land, Buildings, and Equip Complete if the organization		" on For	m 990 i	Part IV lin	o 11a	See Form 990) Part Y line 10
	Description of property	(a) Cost or of		T	or other basis		Accumulated	(d) Book value
		(investm	ent)	(0	ther)		epreciation	
1a	Land	·	0.		14,000.			14,000.
b	Buildings	·		+	71,297.		42,500.	28,797.
С	Leasehold improvements			+ · · · · · · · · · · · · · · · · · · ·	19,381.		171,083.	148,298.
d	Equipment			1	26,215.	ļ	21,597.	4,618.
<u>e</u>	Other	· _				<u> </u>		
Total	Add lines 1a through 1e (Column (d) n	nust equal Form 0	an Part	Y column	(R) line 14	20.1	▶ I	195 713

Part VII	Investments-Other Securit			0 5 00	
	Complete if the organization a	inswered "Yes" on For	m 990, Part IV, line	11b. See Form 99	0, Part X, line 12.
	(a) Description of security or cate (including name of security)	egory	(b) Book value	(c) Method (Cost or end-of-y	
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					<u> </u>
(D)		,			· <u></u>
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col (B) line 12)		ll_		
Part VIII	Investments—Program Rela		OOO Dout IV lima	11a Cao Farm 00	0 Dort V line 12
	Complete if the organization a		T		
	(a) Description of investmen		(b) Book value	(c) Method Cost or end-of-y	
				•	
(1)					
(2)					
(4)				·	
(5)	····		1	-	
(6)					
(7)					···
(8)	· · · · · · · · · · · · · · · · · · ·				
(9)					
	b) must equal Form 990, Part X, col (B) line 13)	>			
Part IX	Other Assets.				
	Complete if the organization a	nswered "Yes" on For	m 990, Part IV, line	11d. See Form 99	
		(a) Description			(b) Book value
_(1)					
(2)					
(3)	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
(4)					
(5)	· · · · · · · · · · · · · · · · · · ·				
(6)			<u> </u>		
(7)					
(8)					
Total, (Colu	mn (b) must equal Form 990, Part X	(, col. (B) line 15.)		•	- "
Part X	Other Liabilities.	,, 00 (2)			
	Complete if the organization a line 25.	inswered "Yes" on For	m 990, Part IV, line	11e or 11f. See Fo	orm 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal in					
(2)					
(3)					
(4)				R	-
(5)					
(6)		-			
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25)		<u></u>		
2 Liability for	uncertain tay positions. In Part XIII in	ravide the text of the feets	oto to the organization's	financial statements	that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

P	a	a	A	4

Part			per Return.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total revenue, gains, and other support per audited financial statements		. 1	211,171.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	211,171.
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			
b	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·		
	Add lines 4a and 4b		. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			211,171.
Part	· · ·		s per Return	•
	Complete if the organization answered "Yes" on Form 990,			
1	Total expenses and losses per audited financial statements		. 1	203,570.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
ь	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		. 2e	
. 3	Subtract line 2e from line 1		. 3	203,570.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b		i	
b	Other (Describe in Part XIII.)			
-	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	. 5	203,570.
Part		1.4 D + 57 E - 41		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
- , ' a '	Al, illies 20 and 45, and 1 are All, lilles 20 and 45. Also complete this part	to provide any addition	iai imormation.	
Pt I	II, Line la: THE LATINO CHAMBER OF COMMERCE OF PU	RBLO. INC. HAS A	COUTRED	
AN A	RT COLLETION WHICH IS BEING DISPLAYED IN THE FACT	LITY. THIS COLLE	CTION HAS	
NOT 1	BEEN INCLUDED IN THE FINANCIAL STATEMENTS. THE DO	NOR APPRAISED VA	LUE OF THE	3
23 C	DLLECTIONS AT THE TIME THE GIFTS WERE DONATED WAS	\$39,662.		
Pt I	II, Line 4: THE COLLECTION CONTAINS 23 PIECES OF .	ARTWORK WHICH AR	E DISPLAYE	BD
AT T	HE CHAMBER. THE ARTWORK DEPICTS LATINO CULTURE WH	ICH FURTHERS THE	IR EXEMPT	
PURP	OSE OF PROMOTING ECONOMIC, SOCIAL AND EDUCATIONAL	ADVANCEMENT OF	THE LATING)
	,			
COMM	INITY.			
		•••		

Schedule D (Fo	rm 990) 2018		•	A Section		Page 5
Part XIII	Supplemental Information (continued)				,	-
• •						
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047,

Depart	ment of the Treasury		► A	ttach to Form	990 or Form	990-EZ.		Open to Public
	Revenue Service	•	Go to www.irs.gov	/Form990 for I	nstructions a	nd the latest informa		Inspection
	of the organization						Employer identif	
$\overline{}$		OF COMMERCE				1404 11 1	84-116636	
Par	Form 99	i sing Activities. 10-EZ filers are r	Complete if the not required to	ne organiza complete	ation ansv this part.	vered "Yes" on I	Form 990, Part IV	, line 17.
1	Indicate wheth	ner the organization	on raised funds	through any	of the follo	owing activities. C	heck all that apply.	
а	Mail solicit	ations		e [] Solicitat	ion of non-govern	ment grants	
b	☐ Internet an	d email solicitatio	ns	f [ion of governmen		
С	☐ Phone soli	citations		g [] Special i	fundraising events	6	
d	☐ In-person	solicitations						
2a							cers, directors, trus	
			•	-		•	fundraising services	
b		ne 10 highest paid at least \$5,000 by			draisers) pi	ursuant to agreem	nents under which t	the fundraiser is to be
	(i) Name and addre		(ii) Activity	custody c	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			Yes	No	<del> </del>	coi. (i)	
1								
2								
3								
4		<del> </del>					<u></u>	
							<del></del>	
6				-				
7 ——		,	<b>.</b>					
8								
9								
10								
Total	<del></del>		1				·	
3		in which the orga	inization is regis		ensed to s	solicit contribution	s or has been noti	fied it is exempt from
	registration of							
							*************	
							••	
						•••••	***	

		than \$15,000 of fundraising ross receipts greater that		(b) Event #2	(c) Other events	(d) Total events
			DINNER DANCE	GOLF TOURNAMENT	NONE	(add col. (a) through col. (c))
a l			(event type)	(event type)	(total number)	
Hevenue	1	Gross receipts	45,966.	21,640.		67,606.
۱-	2	Less: Contributions				
	3	Gross income (line 1 minus				
+		line 2)	45,966.	21,640.		67,606.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Z	8	Entertainment				
	9	Other direct expenses .	22,229.	8,249.		30,478.
	10	Direct expense summary. Ad				30,478.
- i.		Nick in a cusc citizens and Citizens	a Conil ma 10 frama lina 2	aluman (d)		27 120
i_	11 1111			olumn (d) ered "Yes" on Form 9		
i_	11	Gaming. Complete if the \$15,000 on Form 990-EZ	e organization answe			
ar		Gaming. Complete if the	e organization answe			
ar	t 111	Gaming. Complete if the \$15,000 on Form 990-E2	e organization answe 2, line 6a.	(b) Pull tabs/instant	990, Part IV, line 19,	or reported more tha
Par		Gaming. Complete if the	e organization answe 2, line 6a.	(b) Pull tabs/instant	990, Part IV, line 19,	or reported more tha
Par	t 111	Gaming. Complete if the \$15,000 on Form 990-E2	e organization answe 2, line 6a.	(b) Pull tabs/instant	990, Part IV, line 19,	or reported more tha
Par	1	Gaming. Complete if the \$15,000 on Form 990-Ez	e organization answe 2, line 6a.	(b) Pull tabs/instant	990, Part IV, line 19,	(d) Total gaming (add
Par	1 2	Gaming. Complete if the \$15,000 on Form 990-Ez  Gross revenue	e organization answe 2, line 6a.	(b) Pull tabs/instant	990, Part IV, line 19,	or reported more tha
i_	1 2 3	Gaming. Complete if the \$15,000 on Form 990-Ez  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	e organization answe 2, line 6a.	(b) Pull tabs/instant	990, Part IV, line 19,	or reported more tha
Hevenue	1 2 3 4	Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue	e organization answe 2, line 6a.	(b) Pull tabs/instant	990, Part IV, line 19,	or reported more tha
anuanan	1 2 3 4 5	Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue	e organization answer, line 6a.  (a) Bingo  Yes%	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	or reported more tha
Par	1 2 3 4 5 6	Gaming. Complete if the \$15,000 on Form 990-Ez  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .	e organization answer, line 6a.  (a) Bingo  Yes%  No  d lines 2 through 5 in c	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No	Yes %	or reported more tha
Par	1 2 3 4 5 6 7 8	Gaming. Complete if the \$15,000 on Form 990-Ez  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Ad	e organization answer, line 6a.  (a) Bingo  Yes%  No  d lines 2 through 5 in construct line 7 from lines 2.	Yes %  No  No  No  No  No  No  No  No  No  N	Yes %   No   No	or reported more tha

Schedu	ule G (Form 990 or 990-EZ) 2018	•	Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer chantable gaming?	∐ Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		<u>%</u>
b	An outside facility		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶	•••	
	^ Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	,	
С	If "Yes," enter name and address of the third party:	•	
	Name ►	••••	
	Address ►	•••••	
16 ·	· Gaming manager information:		
- , -	Name ►		
	Gaming manager compensation ▶ \$	•	• '
	Description of services provided ▶		
	Director/officer		
17	Mandatory distributions:		
а	Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Part			
	,		····
	······································		
	· · · · · · · · · · · · · · · · · · ·		

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Schedule G (Form 990 or 990-EZ) 2018

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

**Employer identification number** 

84-1166366 LATINO CHAMBER OF COMMERCE OF PUEBLO, INC. Pt VI, Line 6: SMALL BUSINESS, PROFESSIONAL MEMBERSHIP, INDIVIDUAL MEMBERSHIP, CORPORATE MEMBERSHIP, MAJOR CORPORATE MEMBERSHIP, AND NON-PROFIT MEMBERSHIPS ENJOY THE RIGHTS AND PRIVLEGES OF MEMBERSHIP, INCLUDING THE RIGHT TO VOTE AND HOLD OFFICE. GOVERNMENT MEMBERSHIP AND SPECIAL GOVERNMENTAL DISTRICTS ENJOY THE RIGHTS AND PRIVLEGES OF THE CHAMBER, INCLUDING VOTING AND HOLD OFFICE. HOWEVER, ELECTED OFFICIALS ARE EXEMPT FROM VOTING AND MUST HOLD INDIVIDUAL MEMBERSHIP WITHIN THE CHAMBER. HONORARY MEMBERSHIPS REQUIRES A 2/3 MAJORITY VOTE OF THE DIRECTORS OF THE CHAMBER. SUCH MEMBERS SHALL ENJOY ALL THE RIGHTS AND PRIVLEGES OF MEMBERSHIP, BUT ARE NOT ELIGIBLE TO VOTE OR HOLD OFFICE. Pt VI, Line 7a: THE BOARD OF DIRECTORS SHALL CONSIST OF THE NUMBER STATED WITHIN THE ADDENDUM ATTACHED TO THE BYLAWS. A SPECIFIC NUMBER SHALL BE ELECTED DIRECTORS, ALL OF WHOM SHALL BE ELECTED BY THE VOTING MEMBERS OF THE CHAMBER. THE REPORT OF THE NOMINATING COMMITTEE SHALL BE SUBMITTED TO THE STAFF FOR VERIFICATION THAT ALL NOMINEES ARE ELIGIBLE TO STAND FOR ELECTION BY REASON OF BEING ACTIVE MEMBERS IN GOOD STANDING. THE COMMITTEE SHALL SUBMIT A SLATE OF CANDIDATES FOR THE OFFICE OF DIRECTOR TO THE MEMBERSHIP BY MAIL. THE NAME OR NAMES OF ACTIVE MEMBER OR MEMBERS OF THE CHAMBER OTHER THAN THOSE PROPOSED BY THE NOMINATING COMMITTEE MAY BE PLACED IN NOMINATION BY FILING A NOMINATING CERTIFICATE SIGNED BY AT LEAST 25 ACTIVE MEMBERS OF THE CHAMBER. Pt VI, Line 11b: A COPY OF THE 990 WAS PROVIDED TO THE BOARD FOR APPROVAL BEFORE FILING. Pt VI, Line 12c: THE ORGANIZATION REVIEWS IT BYLAWS AND POLICIES ON A REGULAR BASIS AND IS CONTINUALLY REVIEWING TO ENSURE FULL COMPLIANCE. Pt VI, Line 15a: THE ORGANIZATION HAS A POLICY FOR SALARY AND WAGE DETERMINATION TO UTILIZE AVAILABLE SALARY DATA AND INFORMATION FROM COMPARABLE ORGANIZATIONS

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

2018	Open to Public

Inspection

OMB No. 1545-0047

▶ Go to www.irs.gov/Form890 for instructions and the latest information.

Employer identification number 84-1166366

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2018 (f)
Direct controlling
entity ŝ ¨χ Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Yes ÷ (f)
Direct controlling
entity (e) End-of-year assets N/A (e)
Public charity status (if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. н (d) Exempt Code section (c)
Legal domicile (state or foreign country) ١.2 501(C)(3) (c) Legal domicile (state or foreign country) 2.1 : * (b) Primary activity REV 05/17/19 PRO ဥ CHARITY AND EDUCATIONAL (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. BAA (1) LATINO CHAMBER DEVELOPMENT CORPORATION 84-1376287 LATINO CHAMBER OF COMMERCE OF PUEBLO, INC. (a) Name, address, and EIN (if applicable) of disregarded entity 215 S. VICTORIA ST. PUEBLO CO 81003 (a) Name, address, and EIN of related organization Name of the organization Part I Part II <u>8</u> € 9 9 ଷ <u>හ</u> ල € <u>©</u> 9

Schedule R (Form 990) 2018 (k) Percentage (0) Section 512(b)(13) controlled entity? <mark>9</mark> ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Yes (j) General or managing partner? ē Yes No (h) Percentage ownership `. amount in box 20 of Schedule K-1 (i) Code V—UBi (9) Share of end-of-year assets (Form 1065) Ζ, ! (h)
Disproportionate
allocations? ŝ (f) Share of total Yes income (g) Share of end-ofyear assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total Income (d)
Direct controlling entity tax under sections 512-514) (e)
Predominant
income (related,
unrelated,
excluded from REV 05/17/19 PRO (c)
Legal domicile
(state or foreign country) .* (d)
(Direct controlling entity (b) Pnmary activity (c) Legal domicile (state or foreign country) \$ (b) Primary activity (a) (a) address, and EIN of related organization ;ı Name, address, and EIN of related organization Name, ı Part IV Part III BAA 9 3 ଷ ල € 0 9 Ξ 8 Q E Ξ

			92	3,	Yes No
Doming the tax year, and the organization engage in any of the following transactions with one of more related organizations listed in Parts II-V?	or more related organ	izations listed in Par		\ \ \	
				+	+
t, of capital contribution to related of gameatical (s)				2 ;	()
Carly, graint, or capital contribution from related organization(s)				2 7	<b>(</b>   <b>)</b>
Loans of loan guarantees to of 10 related organization(s)				₽	<b>(</b>  :
Loans or loan guarantees by related organization(s)	· · · · · · · · · · · · · · · · · · ·			9	×
from related areanization(a)				÷	>
Dividends non-related digamization(s)		· · ·, ·		= .	<b>&lt;</b>  :
Sale of assets to related organization(s)				1g	×
Purchase of assets from related organization(s)				ŧ	×
Exchange of assets with related organization(s)				=	×
Lease of facilities, equipment, or other assets to related organization(s)				÷	
			•		
Lease of facilities, equipment, or other assets from related organization(s)		•		ž	×
on of continuous or mombowship or fundamining collections for voloted organization(s)	•	•		×	╁
refromance of services of membership or fundraising solicitations for felation organization(s)	• • • • • • • • • • • • • • • • • • • •			+	╁
Performance of services or membership or fundraising solicitations by related organization(s)				+	×
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) ?		•		ŧ	
Sharing of paid employees with related organization(s)		•	•	Ý.	
	ı	-			
Reimbursement paid to related organization(s) for expenses				1 0	×
Reimbursement paid by related organization(s) for expenses				10 X	
					:
				<b>=</b> ,	×  ;
Orner transfer of cash or property from related organization(s)				18	×
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	omplete this line, incl	uding covered relation	nships and transactic	on threst	olds.
(6)	æ	(3)	6		
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	g amount ır	volved
(1) LATINO CHAMBER DEVELOPMENT CORPORATION	A-S	10,620.	ACTIVE COST		
		-		h.	
The second secon				-	
REV 05/17/19 PRO			Schedule R (Form 990) 2018	R (Form 9	90) 2018

# Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	1		6	(4)	- 49	1	12		8	3
Name, address	Primary activity	Legal domicile	Predominant	Are all partners		ō	onate	Code V-UBI		Percentage
	*	(state or foreign country)	income (related, * unretated, excluded from tax under	section 501(c)(3) organizations?			allocations?	amount in box 20 of Schedule K-1 (Form 1065)	· managing partner?	ownership
- )		•	sections 512-514)	Yes No			Yes No		Yes No	• 1
			• <del>•</del>		-	•		• ,		,
(2)										-
(6)			•							ب _{اب} ر ،
(4)							-			
(5)										-:: '
(9)			-							-
(2)									-	
(8)					-					
(6)	,									ar'
(10)										 
(11)			u			-			-	
(12)						•				- n ,
(13)										n.;
(14)			-							, , , 1 1 i
(15)										.1"
(16)						•				·
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