PENA BRIONES MCDANIEL & CO., P.C. 4171 N. MESA, SUITE B-100 EL PASO, TX 79902-1498

Fax: 915-544-5440

L.U.L.A.C. INSTITUTE, INC. Instructions for Filing Form 8879-EO IRS e-file Signature Authorization for Form 990 For the year ended December 31, 2019

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

PENA BRIONES MCDANIEL & CO., P.C. 4171 N. MESA, SUITE B-100 EL PASO TX 79902-1498

> or Fax to: 915-544-5440 Attn: RENE D. PENA, CPA

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before November 16, 2020. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form 8879-EO

### IRS e-file Signature Authorization for an Exempt Organization

OMB	No	1545-1878	
OWID	NO.	1242-1010	

Department of the Treasury Internal Revenue Service

, 2019, and ending For calendar year 2019, or fiscal year beginning

Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest Information. Name of exempt organization

Employer Identification number

L.U.L.A.C. INSTITUTE, Name and title of officer

52-2072106

DOMINGO GARCIA, CHAIR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,941,323.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here  Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here > Due (Form 8868, line 3c)	5b	

#### Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	box	only
Officer 2	LIIA:	CHECK	OHE	UUA	UIIIY

LX.	I authorize	PENA		RO firm name	α	CO.,	<u>P.</u>	to enter my PIN
[37]		DENIA	DRIONEC	MODANITET	-	CO	D	

7 3 0 4 as my signature Enter five numbers, but

do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return.

If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating ch
the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.
TAVOAVED MIDV
AAFAIRA LAIFI

#### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

9 5 0 4 0 2 1 2 8 1

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2019)

Officer's signature

IRS e-file Signature Authorization Form 8879-EO OMB No. 1545-1878 for an Exempt Organization For calendar year 2019, or fiscal year beginning 🔔 , 2019, and ending Do not send to the IRS. Keep for your records. Department of the Treasury ➤ Go to www.irs.gov/Form8879EO for the latest Information. Internal Revenue Service Employer Identification number Name of exempt organization 52-2072106 L.U.L.A.C. INSTITUTE, Name and title of officer DOMINGO GARCIA, CHAIR Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 15, 25, 35, 45, or 55, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12). . . . 1b 2a Form 990-EZ check here ▶ b Total tax (Form 1120-POL, line 22) . . . . . . . . . . . . 3b 3a Form 1120-POL check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b 4a Form 990-PF check here ▶ 5a Form 8868 check here b Balance Due (Form 8868, line 3c) . . . . . . . . . . . . . . . . . 5b Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only 4 4 7 X Lauthorize PENA BRIONES MCDANIEL & CO., P. as my signature to enter my PIN Enter five numbers do not enter e on the organization's tax year 2019 electronically filed return. If I have indicated within this return to the return is aforementioned being filed with a state agency(les) regulating charities as part of the IRS Fed/State program; laiso ERO to enter my PIN on the return's disclosure consent screen. Illy filed return. As an officer of the organization, I will enter my PIN as my signature on the organization If I have indicated within this return that a copy of the return is being filed with a state erities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen; 11/05/2000 Officer's signature 🗩 Dala' Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 7 8 1 9 5 4 0 2 1 2 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2019)

ERO's signature

## Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

▶ Go to www.irs.gov/Form990 for Instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A F	or the 2	019 calendar year, or tax year beginning , 2019	, and ending		, 20
<b>D</b> -		C Name of organization		D Employer Identifi	
<b>B</b> ¢	hack if applic	L.U.L.A.C. INSTITUTE, INC.		52-20721	06
	Address	Doing business as			
	Name chi	Number and street (or P.O. box If mail is not delivered to street address)	Room/suite	E Telephone number	F
	Initial ret	n 1133 19TH ST., NW	STE 1000	(202) 833-	6130
	Final retu				207 (247
_	Amended			G Gross receipts \$	3,941,323.
$\vdash$	return Application	F Name and address of principal officer: DOMINGO GARCIA	·	H(a) is this a group re	tum for Yes X No
-	pending	1133 19TH ST., NWSTE 1000, WASHINGTON, TX	20036	aubordinates? H(b) Are all subordinate	s included? Yes No
$\overline{}$	Tay.evem	pt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1	1 1	<b>-</b>   ` '	a list. (see instructions)
		N/A	701   021	H(c) Group exemption	
_		organization: X Corporation Trust Association Other	I Vegs of form	ation: 1997 M Stat	
		Summary	L Teal Of TOTAL	allon, 1997 IN Sta	ta di lega dollicile.
F	art I	iefly describe the organization's mission or most significant activities: THE	DCANT ZATION	WAS CDEATED	יים בוופיישבים
	1 B	riefly describe the organization's mission or most significant activities: 100 V	NEEDENCEE	MAG CVENTED	TO FURTHER
2		ULAC NATIONAL OPERATIONS THROUGH EDUCATIONAL CO	2000		
Ē	_	ELIEF, CIVIL RIGHTS COLLABORATION, WOMEN'S RIGH			
Activities & Governance	2 C	neck this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more than 25°		1
ŏ	3 N	umber of voting members of the governing body (Part VI, line 1a)			
=5 €?	4 N	umber of independent voting members of the governing body (Part VI, line 1b)			
Ħ	5 To	otal number of individuals employed in calendar year 2019 (Part V, line 2a)		<u>5</u>	<u> </u>
à	6 To	otal number of volunteers (estimate if necessary)		<u>6</u>	50.
A	7a To	otal unrelated business revenue from Part VIII, column (C), line 12			
	b N	et unrelated business taxable income from Form 990-T, line 39		7t	5,832.
				Prior Year	Current Year
	8 C	ontributions and grants (Part VIII, line 1h)		1,682,072.	1,921,241.
Revenue		ogram service revenue (Part VIII, line 2g)		1,686,906.	1,873,193.
9.4		vestment income (Part VIII, column (A), lines 3, 4, and 7d).		77	116.
Æ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).		117,098.	146,773.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,486,153.	
	_	rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	
		enefits paid to or for members (Part IX, column (A), line 4)		0	<u> </u>
				955,753.	*
Expenses		alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0.	<del></del>
		rofessional fundraising fees (Part IX, column (A), line 11e)			
Ä		otal fundraising expenses (Part IX, column (D), line 25) ▶111, 73		2,986,473.	3,162,417.
		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,942,226.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
1 10	19 R	evenue less expenses. Subtract line 18 from line 12		-456,073.	+
	20 T			inning of Current Yea	
10.5	20 T	otal assets (Part X, line 16) ,		3,153,231.	
A B	21 T	otal liabilities (Part X, line 26)		402,981.	
울	22 N	et assets or fund balances. Subtract line 21 from line 20		2,750,250.	2,589,496.
	irt II 🗌	Signature Block			
Un	der penal	ties of perjury, I dectare that I have examined this return, Including accompanying sche and complete. Declaration of preparer (other than officer) is based on all information of w	dules and statements	and to the best of m	y knowledge and belief, it is
tius	s, correct	and complete. Declaration of preparer (other than onicer) is cased on an information of w	The property has any	KITOWIEGGE.	
	- In	TA WEARING CODY	<i>Y</i>		
Sig		Signature of officer		Date	
He	re	20 20 20 20 20 20 20 20 20 20 20 20 20 2			
		Type or print name and title			
_	- 11	Print/Type preparer's name Preparer's signature	Date / /	Check if	PTIN
Pak	1	ENE D PENA CPA Rece Pere	11/2/202		P00533121
Pre	parer 📙	PRINT PRINTED MODIFIES CO. D. C.		Firm's EtN ▶ 74	
Use	Only  -			010	5-542-1733
NA-		Firm's address \$4171 N. MESA, SUITE B-100 EL PASO, TX 79902-1498	e)	Phone no. 913	-T 1 T
Ma	y the Ir	S discuss this return with the preparer shown above? (see instruction	3/		X Yes No

Form 990 (2)		W	Page 2
Part III	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
	describe the organization's mission:		
	INSTITUTE, INC. WAS CREATED TO FORGE AN ECONOMIC ALLIANCE WITH		
	DRATE AMERICA. THE ORGANIZATION CHANNELS PRIVATE AND FOUNDATION		
RESOU	URCES AND PROGRAMS ON THE NATIONAL, STATE, AND LOCAL LEVEL.		
	e organization undertake any significant program services during the year which were not listed on the	٦,,,	[V]
Prior F	form 990 or 990-EZ?	Yes	X No
	" describe these new services on Schedule O.		
	ne organization cease conducting, or make significant changes in how it conducts, any program	٦	<b>.</b>
	s?	Yes	X No
	" describe these changes on Schedule O.		<i>a</i>
expens	ibe the organization's program service accomplishments for each of its three largest program services, ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allowal expenses, and revenue, if any, for each program service reported.		
4a (Code:	) (Expenses \$ 631,012. including grants of \$ ) (Revenue \$	94,963.	1
	AL CONFERENCE: THE ORGANIZATION'S ANNUAL NATIONAL TRAINING		. ′
	ITUTE, CONFERENCE AND EXHIBITION ASSEMBLES THE LULAC		
	ERSHIP IN A WEEK LONG EVENT CONSISTING OF WORKSHOPS, EXHIBITS,		
	DETS, ELECTION OF NATIONAL OFFICERS, AND GENERAL ASSEMBLY TO		
	THE ORGANIZATION'S PRIORITIES AND ESTABLISH ITS POSITION ON		
	ES OF CRITICAL CONCERN TO THE HISPANIC COMMUNITY. THE		
	ENTION INCLUDES, BUT IS NOT LIMITED TO, ISSUES CONCERNING		
	ATION, EMPLOYMENT, WOMEN'S CONCERNS, LEADERSHIP, HEALTH, SMALL		
BUSIN	NESS DEVELOPMENT, AND CORPORATE RELATIONS.		
4b (Code:		78,230.	.)
	FEDERAL TRAINING INSTITUTE: THE ORGANIZATION, IN CONJUCTION		5
	ITS CORPORATE PARTNERS, ESTABLISHED THIS ENTITY IN ORDER TO		
	LOP AWARENESS AND CONSEQUENCES OF HOME OWNERSHIP, HEALTH		
	ES, CIVIL RIGHTS PROJECTS, EDUCATION, AS WELL AS OTHER		
INIT	IATIVES OF IMPORTANCE AND CONCERN TO THE HISPANIC COMMUNITY.		
00000			
*****			
		7 - 1 - 1 - 1	
4c (Code:	) (Expenses \$ including grants of \$ ) (Revenue \$		)
			•
	Pab		-
			- 17
		- 10	
7			
5			
			10.000
-			
		- 02	
22			
	program services (Describe on Schedule O.)		
	nses \$ including grants of \$ ) (Revenue \$ )		
4e Total p	program service expenses ► 3,190,850.		

Part	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,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		Х
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? If "Yes," complete Schedule C, Part II	4		X
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 98-197 If "Yes," complete Schedule C, Part III	5		X
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		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		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1000		19234
	VII, VIII, IX, or X as applicable.			200
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	10.	- 00	
	complete Schedule D, Part Vi	11a	х	
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	11ь		Х
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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
ь	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			ī
	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		X
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	<u> </u>		
**	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- <del></del>		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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		х
20 =	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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? If "Yes," complete Schedule I, Parts I and II	21		х
420	, cyline in the formation of the first section of t		·	`

Part	Checklist of Required Schedules (continued)		V	A1-
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		х
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	-	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		<del></del>
24 d	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			i
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•		24c		ı
d		24d		
	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	25a		Х
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
		28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		x
20	"Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in hor-cash contributions in res, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		<del></del>
30	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
JZ.	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			ĺ
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	122		1 12
	Cite the families of a string at the incidence of the cite of the capping to the cite of t	1	-34	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		х	-
JSA	reportable gaming (gambling) winnings to prize winners?	<u>  1c</u>	000	42242

Form	990 (2019)		F	age 5
Par	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.			
	Statements, med for the calendar year ending with or within the year covered by this return.	24	X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	- 1	1/
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a	Х	No. of Concession,
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		(2)	
70	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a		Х
h	If "Yes," enter the name of the foreign country			100
-	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			v
	and services provided to the payor?	7a		<u>X</u>
	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	7c		х
	required to file Form 8282?	76		The state of
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
f	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?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			F21
-	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			100
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Lab			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	42-	-	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		X
a	Note: See the instructions for additional information the organization must report on Schedule O.	,,,,		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
ŭ	the organization is licensed to issue qualified health plans			<b>F</b>
C	Enter the amount of reserves on hand		4	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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		Х
	If "Yes," see instructions and file Form 4720, Schedule N.		W. U	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	P	900	(2019)
		r orn		(ELDIA)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Part VI Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management				V	- N-
			4.41		Yes	No
1a	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	1a	11			
_	committee, explain on Schedule O.	1b	11			100
	Enter the number of voting members included on line 1a, above, who are independent Li Did any officer, director, trustee, or key employee have a family relationship or a business relationship or a busin		o with			551
2				2		Х
	any other officer, director, trustee, or key employee?			_		
3				3		х
	supervision of officers, directors, trustees, or key employees to a management company or other pe			4		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed			5		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as			6		Х
6	Did the organization have members or stockholders?					-
7a	Did the organization have members, stockholders, or other persons who had the power to elec			7a		x
	one or more members of the governing body?					
b	Are any governance decisions of the organization reserved to (or subject to approval by			7b		х
	stockholders, or persons other than the governing body?			7.0		
8	Did the organization contemporaneously document the meetings held or written actions under	taken	during			
	the year by the following:			8a	х	
а	The governing body?			8b	X	
b	Each committee with authority to act on behalf of the governing body?			90	20	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	e read	ched at	9		x
- I	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				1	Λ
Secu	on B. Policies (This Section B requests information about policies not required by the Inter-	iai re	veriue	COUB	Yes	No
				10a	100	X
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 su			456		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pur			10b	Х	_
11a		ng the f	om? .	11a	^	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1	Liboral I	v	li est
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests the	at cou	ld give		v	
	rise to conflicts?			12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the pol				v	
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	10
14	Did the organization have a written document retention and destruction policy?			14	_	Х
15	Did the process for determining compensation of the following persons include a review and	appro	oval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation a	and de	cision?	I CON	2	
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions),					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	arrang	gement			
	with a taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to	evalu	uate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to s			\$UM		
	organization's exempt status with respect to such arrangements?			16b		
Sect	ion 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), 9 (3)s only) available for public inspection. Indicate how you made these available. Check all that applicable is a section of the control of the contro	ly.		(Sec	tion 5	501(c
			-			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docume	ents, c	onflict o	f inte	rest	policy
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bolisa SMITH 1133 19TH ST., NW WASHINGTON, DC 20036	ooks a	nd record	is 🕨		
					000	10040

Page 7 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	not ch unles:	s pe	ition mon	than of the both of the both employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)LISA SMITH	20.00		П							
CONTROLLER	20.00	ł		x				104,588.	0.	3,750.
(2) SINDY M. BENAVIDES	20.00	$\vdash$	$\vdash$	-				201,0001		5,775
CHIEF EXECUTIVE OFFICER	20.00	1	ΙI	$_{\rm X}$				74,127.	0.	14,073.
(3) DOMINGO GARCIA	5.00		$\vdash$				$\vdash$	,		23,313
CHAIR	0.	x	ΙI	x				0.	0.	0.
(4) CONNIE MARTINEZ	5.00		-							
SECRETARY	0.	x	ΙI	x			1	0.	0.	0.
(5) PABLO A. MARTINEZ	5.00		$\Box$	$\neg$			Т			
TREASURER	0.	x		x				0.	0.	0.
(6)LINDA CHAVEZ	5.00		П							
DIRECTOR	0.	x						0.	0.	0.
(7) RALINA CARDONA	5.00		П				П			
DIRECTOR	0.	Х						0.	0.	0.
(8) JOSE JAVIER LOPEZ	5.00								_	
DIRECTOR	0.	X		_				0.	0.	0.
(9) IVONNE QUINONES LANZO	5.00						Г			
DIRECTOR	0.	X						0.	0.	0.
(10) NORA VENEGAS	5.00									
DIRECTOR	0.	X			L			0.	0.	0.
(11) JOEDIS AVILA	5.00									
DIRECTOR	0.	Х			L			0.	0.	0.
(12) RICHARD ESTRADA	5.00		H							
DIRECTOR	0.	Х		_	$oxed{}$		┖	0.	0.	<u>0</u> .
(13) RODGER C. ROCHA, JR.	5.00									_
VICE CHAIR	0.	X		Х	_		_	0.	0.	0.
(14)		-						3		
			Ш			<u> </u>			<u> </u>	

Form 990 (2019)

				4	
3	^	~		3	

Part VII Section A. Officers, Directors, Tre	1	y <u>1-11</u>	·pic			gritt 1	m Mil			100 (00	
(A) Name and title	(B) Average			•	C) sition			(D) Reportable	(E) Reportab	<sub>le</sub>	(F) Estimaled
Name and the	hours per (do not check more than on					e than c	ие	compensation	compensation		amount of
	week (list any					is both		from	related		other
	hours for related	OTICE		T -	P	or/trust	_	the	organizatio		compensation from the
	organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	로 프	Former	organization (W-2/1099-MISC)	(W-2/1099-N	MISC)	organization
59	below dotted	g 6	utio	4	夏	yec	٩	(44-2/1099-WIGC)	l		and related
	line)	¸ Ē	nal t		oye	a page					organizations
		<del>%</del>	ust		<b>"</b>	) eg					
		~	8			Highest compensated employee			}		174
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	1					<u> </u>	Ļ	178,715.		0.	17,823
Ib Sub-total			• •		• •			0.		0.1	17,022
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)								178,715.		0.	17,823
2 Total number of individuals (including but not							2 10	1	\$100 000 of		1/020
reportable compensation from the organizatio		11036	liste	ua	DOA	2) WIII	U IE	ceived more man	\$100,000 0		
reportable semperioditor, from the organization											Yes No
Did the executantian list any former office	or directo		tes	icto		kau s		loves or highes	compenso	tod	103 10
B Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	ier, airecia ule l'for su	or, or ch ind	uu livid	nal	e,	кеу е	smþ	noyee, or nighes	Compensa	leu	3 X
For any individual listed on line 1a, is the organization and related organizations gr	sum of rep	ortar	) B(	nno	per	ISatioi	n a	na otner compen: complete Schedu	sation from	ine uch	
individual											4 X
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Y											5 X
Section B. Independent Contractors						700					
I Complete this table for your five highest com	pensated i	ndepe	ende	ent	con	tracto	rs t	hat received more	than \$100,	000 of	Ī.
compensation from the organization. Report of											
year.											
(A)							Т	(B)			(C)
Name and business add	dress						$\perp$	Description of se	ervices	С	ompensation
NONE							L				
							$\perp$				
	"						$\perp$				
							4	19 19			
							$\perp$				
2 Total number of independent contractors (i	ncluding bi	ut no	t lin	nite	d to	thos	se l	isted above) who	received		

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to any	line in this Part V			<u></u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
សស	1a	Federated campaigns 1a	89,739.	Timeser in the second	per la la la		final same
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
٥٤	c	Fundraising events 1c		1 - 35 11 1			
T A	d	Related organizations 1d					
ত্≅		Government grants (contributions) 1e			ATT - TO		
흔등	f	All other contributions, gifts, grants,					
효교	•	and similar amounts not included above . 1f	1,831,502.				LE STEEL N
<sup></sup>		Noncash contributions included in					
돭	8	lines 1a-1f 1g			1000		0.34
유	h	Total. Add lines 1a-1f		1,921,241.	# T T T T		
	- "	1000.700 11100 10-11	Business Code			CONTRACTOR OF THE PARTY OF THE	17
9		FEDERAL TRAINING INSTITUTE	900099	1,778,230.	1,778,230.		
5	2a	CONFERENCE AND PROGRAMS	900099	94,963.	94,963.		
SE	Ь	CONFERENCE AND PROGRAMS	300033	51/505.	21,2031		
돌	С						
묾	d						
Program Service Revenue	0						
- 1	f	All other program service revenue Total. Add lines 2a-2f		1,873,193.		ATTEN TO THE	
	9			2,0/3,233			
	3	Investment income (including dividends,		· 116.			116.
	_	other similar amounts)		0,			1101
	4	Income from investment of tax-exempt bond	·	0.			-
	5	Royalties	(ii) Personal	U.		12	
			(II) Personal		TE VENTER IN THE		
	6a	Gross rents 6a 135,035.					
	ь	Less: rental expenses 6b		10 - 10	The state of the s		IIV LX
	C	Rental income or (loss) 6c 135, 035.					
	d	Net rental income or (loss)		135,035.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
숄	b	Less: cost or other basis		5011			
ē		and sales expenses 7b			State of the second		
ě	С	Gain or (loss) 7c					
Other Revenue	d	Net gain or (loss)	▶	0.			
ŧ	6a	Gross income from fundraising					100 . 35
0		events (not including \$					
	ĺ	of contributions reported on line					00 100
		1c). See Part IV, line 18 8a	0.				30000
	ь	Less: direct expenses 8b	0.				
	C	Net income or (loss) from fundraising events.		0.			
	9a	Gross income from gaming				I and the second	
		activities. See Part IV, line 19 9a	0.	XIO III		11. 200	
	ь	Less: direct expenses 9b	0.				
	c	Net income or (loss) from gaming activities.	▶	0.			
	10a		[ [		O LELINIE		
		returns and allowances 10a	0.		DESCRIPTION OF THE PARTY OF THE		
	Ь	Less; cost of goods sold	0.	Market Street		The s	
	c	Net income or (loss) from sales of inventory.	<u></u> ▶1	0.			
U)			Business Code				1 100
Miscellaneous Revenue	11a	ADMINISTRATIVE INCOME	541800	7,200.	7,200.		
alle in	ь	MISELLANEOUS INCOME		4,538.	4,538.		
	Č						-
S	ď	All other revenue					
Σ				11,738.			
	12	Total revenue. See instructions		3,941,323.	1,884,931.		116.

Part IX Statement of Functional Expenses

Oo not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1 Grants and other assistance to domestic organizations			E THE PERSON NO.	
and domestic governments. See Part IV, line 21	0.]		The state of the s	
2 Grants and other assistance to domestic	0.			
individuals. See Part IV, line 22	U.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign	0.			
individuals. See Part IV, lines 15 and 16	0.			A Annual State of the
5 Compensation of current officers, directors,				
trustees, and key employees	178,715.	146,546.	19,659.	12,510
6 Compensation not included above to disqualified	M I	· · · · · ·		
persons (as defined under section 4958(f)(1)) and	26			
persons described in section 4958(c)(3)(8)	0.			
7 Other salaries and wages	763,050.	625,852.	86,117.	51,081
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
0 Payroll taxes	0.			
1 Fees for services (nonemployees):				
a Management	0.			
b Legal	0.			
c Accounting	27,401.	24,555.	2,428.	410
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
9 Other. (If line 11g amount exceeds 10% of line 25, column	704 614	702 116	60 507	11 071
(A) amount, list line 11g expenses on Schedule O.) ATCH 1.	784,614.	703,116.	69,527.	11,971
2 Advertising and promotion	164,488.	146,286.	10,720.	7,482
3 Office expenses	104,400.	140,200.	10,720.	7,404
4 Information technology	0.			
5 Royalties,	185,075.	80,272.	101,930.	2,873
6 Occupancy	480,793.	407,648.	53,392.	19,753
7 Travel	100,1301	10170101		
8 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	644,096.	631,012.	12,258.	82
	- 0.			
to Interest	0.			
22 Depreciation, depletion, and amortization	387,072.		387,072.	
3 Insurance	37,405.	25,539.	9,545.	2,321
4 Other expenses Itemize expenses not covered	- 11 919 MBB 9			. 50 951-3
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aPROGRAM EXPENSES	378,804.	375,486.	3,318.	
bTRAINING	5,468.	2,881.	87.	2,500
cEQUIPMENT RENTAL & MAINTENAN	5,746.	4,771.	975.	
dBAD DEBT EXPENSE	14,500.	14,500.		
e All other expenses	46,725.	2,346.	44,379.	
5 Total functional expenses. Add lines 1 through 24e	4,104,182.	3,190,850.	801,597.	111,73
26 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)	0.			

#### Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . . . . Beginning of year End of year 975,930. 1,213,117. 4,652. 5,898. 2 2 0. 3 3 353,720. 132,666. 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 0. 0. 5 Loans and other receivables from other disqualified persons (as defined 0. 0. under section 4958(f)(1)), and persons described in section 4958(c)(3)(B), . 6 0. 0. 7 Ó. 0. 8 0. 0. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . . . 10a 2,968,781. 1,768,623. 10c 1,547,408. 1,421,373. 0. 11 0. 11 0. 12 0. 12 Investments - other securities. See Part IV, line 11......... 0. 0. 13 13 0. 0. 14 14 50,306. 15 49,623. 15 3,153,231. 2,822,677. 16 16 92,093. 163,066. 17 17 0. ٥. 18 18 50,000. 0. 19 19 0. 0. 20 20 0. 0. 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . . . 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 0. 0. 260,888. **23** 70,115. Secured mortgages and notes payable to unrelated third parties . . . . . . . Unsecured notes and loans payable to unrelated third parties. . . . . . . . 0. 0. 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 0. 0 25 Total liabilities. Add lines 17 through 25....... 402,981. 26 233,181. Organizations that follow FASB ASC 958, check here ► X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,242,344. 27 2,385,494. Net assets without donor restrictions...... 347,152. 364,756. 28 Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund, . . . . . . . 30 31 Retained earnings, endowment, accumulated income, or other funds. . . . . 31 2,750,250. 2,589,496. 32 32

3,153,231.

33

Total liabilities and net assets/fund balances.........

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

Form 990 (2019)

### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for Instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

L.	U.L.A.C. INSTITUTE,	INC.				52-20/21	06
Pa	Reason for Public (	Charity Status (All o	rganizations must c	omplete	this pa	rt.) See instructions	
The	organization is not a private	foundation because it	is: (For lines 1 through	jh 12, ch	eck only	one box.)	N. C.
1	A church, convention of	churches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2	A school described in se	ection 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	0 or 990	-EZ).)	
3	A hospital or a coopera	tive hospital service o	rganization described i	in sectio	n 170(b)	(1)(A)(iii).	
4	A medical research org	anization operated in	conjunction with a hos	pital des	cribed in	section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, an	nd state:	_				N
5	An organization operate section 170(b)(1)(A)(IV)		a college or universit	y owned	or ope	rated by a governme	ntal unit described in
6	A federal, state, or loca		rnmental unit describe	d in secti	lon 170(l	b)(1)(A)(v).	
7	X An organization that no						om the general public
	described in section 17			•	-		-
8	A community trust desc			Part II.)			
9	An agricultural research	organization describe	ed in section 170(b)(1	)(A)(ix) c	perated	in conjunction with a	land-grant college
	or university or a non-la						
	university:						
10	An organization that no receipts from activities support from gross investigation acquired by the organization	related to its exempt t estment income and u ation after June 30, 1	functions - subject to ( nrelated business tax 975, See section 509(	certain e: able inco (a)(2). (C	xception me (less complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3% of its
11	An organization organiz						arni out the nurnees
12	An organization organization						
	of one or more publicly Check the box in lines 1						
_							
а		organization operated zation(s) the power to					
		zation(s) the power to on. You must complet			ajority of	the directors or traste	es of the
6		organization supervis			with its	supported organizati	on(s) by having
ь		ent of the supporting of					
		nust complete Part IV		the sain	e person		age the supported
_		integrated. A supporti		ated in co	nnectio	n with and functions	lly integrated with
C		ation(s) (see instruction					ny miogratos mini
d		ally integrated. A sup					ted organization(s)
		integrated. The organ					
		ructions). You must co					
		organization received					II, Type III
•		d, or Type III non-funct					
f	Enter the number of suppo	rted organizations					
g	Provide the following inform	-					
	(i) Name of supported organization	(II) EIN	(iii) Type of organization			(v) Amount of monetary	(vi) Amount of
			(described on lines 1-10 above (see instructions))	listed in you	ur governing ment?	support (see (nstructions)	other support (see instructions)
			(55 11.000)	Yes	No	,	<u> </u>
/A>							
(A)				<u> </u>			
(B)							
(C)							
(D)							
(E)					8		
			THE RESERVED OF THE	822	11 1		II.
Tot	(2)	The second state of the second	The second second	1		1	1

11/2/2020

Part II	Support Schedule for Organizations Described in Sections	170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part	I or if the organization	failed to qualify under
	Part III. If the organization fails to qualify under the tests listed by	pelow, please complete	e Part III.)

Sec	tion A. Public Support	o to quality un				<del></del>	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale	much year (or historyear beginning in)	/BJ 2013	(2) 2010	(0) 2011	(6, 2010	(0) 23 (0	(·) . o.u.
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,760,989.	2,408,258.	2,483,919.	1,682,072.	1,921,241.	11,256,379.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge		D D				0.
4	Total. Add lines 1 through 3	2,760,889.	2,400,258.	2,483,919.	1,602,072.	1,921,241.	11,256,379.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						0.
	shown on line 11, column (f) Public support. Subtract line 5 from line 4	7			(P2330 100 1)	Property of the second	11,256,379.
Sec	tion B. Total Support	W					11,230,377.
-	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
		2,760,889.	2,408,258.	2,483,919.	1,682,072.	1,921,241.	11,256,379.
8	Amounts from line 4	5,438.	1,785.	4,730.	836.	116.	12,905.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	.0					0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	163,902.	14,676.	5,813.	2,936.	11,738.	199,065.
11	Total support. Add lines 7 through 10		WORL ETC.				11,468,349.
12	Gross receipts from related activities, etc. (s				- •	12	9,219,039.
13	First five years. If the Form 990 is for organization, check this box and stop here.			d, third, fourth,	or fifth tax yes	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup						00 15 4
14	Public support percentage for 2019 (lin	ne 6, column (f	) divided by line	11, column (f)).		14	98.15 % 96.88 %
15	Public support percentage from 2018	Schedule A. Pa	art II, line 14			15	
16a	331/3% support test - 2019. If the org						
	box and stop here. The organization qu						
	331/3% support test - 2018. If the org this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		▶ □
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets t	meets the "fa	cts-and-circumst	ances" test, ch	eck this box a	nd stop here. E	xplain in
b	organization	2018. If the organization meets on meets	ganization did n s the "facts-and 'facts-and-circun	ot check a box I-circumstances nstances" test.	on line 13, 16 " test, check to The organization	a, 16b, or 17a, his box and sto on qualifies as a	and line op here. publicly
18	supported organization	did not check	a box on line 13	, 16a, 16b, 17a	i, or 17b, check	this box and see	·
_	instructions					chedule A (Form 9	

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")			9			
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities			1			
	furnished in any activity that is related to the			1			
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	17					
	unrelated trade or business under section 513			1			
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
83	furnished by a governmental unit to the						
	organization without charge				_		
6	Total. Add lines 1 through 5				8		
	Amounts included on lines 1, 2, and 3	F-1	1				
7 4	received from disqualified persons				1		
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	ELITING TO	U - Total Control	1112		10	
	line 6.)	300	N Maria Co	Table States			71
Sec	tion B. Total Support		133				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	1-,	<u> </u>		,,		<del></del>
_	Gross income from interest, dividends,		-	<u> </u>			
	payments received on securities loans,						
	rents, royalties, and income from similar sources		1				
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses	1					1
	acquired after June 30, 1975			1		1	
_	Add lines 10a and 10b						
_	Net income from unrelated business	<del>-</del>					-
11						-	
	activities not included in line 10b, whether						
	or not the business is regularly carried on		-	<del> </del>	-		
12	Other income. Do not include gain or						ļ
	loss from the sale of capital assets						
	(Explain in Part VI.)				<del> </del>	1	<del></del>
13	Total support. (Add lines 9, 10c, 11,		1				
	and 12.)	for the	linet diest ees		- 68 - 4-11 11	I and a second	501/0\2\
14	First five years. If the Form 990 is						
800	organization, check this box and stop here						
	tion C. Computation of Public Sup Public support percentage for 2019 (line 8			ump (f))		46	%
15	Public support percentage for 2019 (line of Public support percentage from 2018 Sch					16	
16						1101	70
	tion D. Computation of Investmen			42(4)	·	147	%
17	Investment income percentage for 2019 (I		1,00,00			17	
18	Investment income percentage from 2018						
19 a	331/3% support tests - 2019. If the c						
	17 is not more than 331/3 %, check the						
b	331/3% support tests - 2018. If the org						
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization	aid not check	a box on line	14, 19a, or 19b		c and see instru Schedule A (Form	
J8A 9E12	21 1.000	0 - 0.4 - E.1 - DM				Schennie W (Lotti	PAGE 1

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations		134	31.
		10000	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		- 4
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		1,000,000
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	26		4
c	designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	1/83		
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
۰	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
8	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	man to the state of the state o	90		
10 a				
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b		10b		8

Schedul	e A (Form 990 or 990-EZ) 2019		F	age 5
Part	V Supporting Organizations (continued)		N	
	the the second state and the second state of the following garage		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	-	
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were ellocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		12/	AL.
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	-	Spinner
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Conti	on E. Type III Functionally Integrated Supporting Organizations	3		
<u> </u>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	onsi	
a	The organization satisfied the Activities Test. Complete line 2 below.		O110).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity, Describe in Part VI how you supported a government entity (see	instru	ctions)	
			Yes	No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		811	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

L.U.L.A.C. INSTITUTE, INC.

Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A Intrough E.  Section A - Adjusted Net Income  (A) Prior Year  (B) Current (coptional)  1 Net short-term capital gain  1 Net short-term capital gain  2 Recoveries of prior-year distributions  2 2  3 Other gross income (see instructions)  3 3  4 Add lines 1 through S.  5 Depreciation and depletion  5 5  6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  8 Section B - Minimum Asset Amount  1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  a Average monthly value of securities  b Average monthly value of securities  c Fair market value of other non-exempt-use assets  1c d Total (add lines 1a, 1b, and 1c)  e Discount claimed for blockage or other factors (explain in debtal in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets  2 Subtract line 2 from line 1d.  4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by. 035.  7 Recoveries of prior-year distributions  8 Minimum Asset Amount (add line 7 to line 6)  8 Minimum Asset Amount (add line 7 to line 6)  5 Lenter 55% of line 1.  3 Minimum asset amount for prior year (from Section B, line 8, Column A)  4 Enter greater of line 2 or line 3.  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ  Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
Section A - Adjusted Net Income  (A) Prior Year (coptional  1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 A Add lines I through 3. 4 Add lines I through 3. 5 Depreciation and depletion 5 Fortion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly usue of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets 1 to C Fair market value of other non-exempt-use assets 1 to C Fair market value of other non-exempt-use assets 1 to C Fair market value of other non-exempt-use assets 1 to C Fair market value of other non-exempt-use assets 1 to C Fair market value of other non-exempt-use assets 1 to C Fair market value of other non-exempt-use assets 1 to C Fair market value of other non-exempt-use assets 1 to C Fair market value of other non-exempt-use assets 1 to C Fair market value of other non-exempt-use assets 1 to C Fair market value of other non-exempt-use assets 1 to C Fair market value of other non-exempt-use assets 1 to C Fair market value of other non-exempt-use assets 1 to C Fair market value of non-exempt-use assets 1 to C Fair market value of non-exempt-use assets (see instructions). 2 S Net value of non-exempt-use assets (subtract line 4 from line 3) 3 Fair Recoveries of prior-year distributions 5 F Fair Market value of the prior year (from Section A, line B, Column A) 5 Net value of non-exempt-use assets (subtract line 6 from line 8, unless subject to market value of the prior year (from Section B, line B, Column A) 6 Fine preserved the 2 cor line 3. 6 Distributable Amount. Subtract line 6	instructions. All other Type III non-functionally integrated supporting organic	zations n	nust complete Section	ns A through E.
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7 Recoveries of prior-year distributions  8 Minimum Asset Amount (add line 7 to line 6)  8 Section C - Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, Column A)  2 Enter 85% of line 1.  3 Minimum asset amount for prior year (from Section B, line 8, Column A)  4 Enter greater of line 2 or line 3.  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		6		
8 Minimum Asset Amount (add line 7 to line 6)  8 Current Ye  1 Adjusted net income for prior year (from Section A, line 8, Column A)  2 Enter 85% of line 1.  3 Minimum asset amount for prior year (from Section B, line 8, Column A)  4 Enter greater of line 2 or line 3.  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		7		
1 Adjusted net income for prior year (from Section A, line 8, Column A)  2 Enter 85% of line 1.  2 Minimum asset amount for prior year (from Section B, line 8, Column A)  3 Enter greater of line 2 or line 3.  4 Income tax imposed in prior year  5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		8		
2 Enter 85% of line 1.  3 Minimum asset amount for prior year (from Section B, line 8, Column A)  4 Enter greater of line 2 or line 3.  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	Section C - Distributable Amount			Current Year
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6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		5		
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		6	Water of the contract of the c	
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see		ly integra	ated Type III supportin	g organization (see

L.U.L.A.C. INSTITUTE, INC.

Schedule A (Form 990 or 990-EZ) 2019

52-2072106 L.U.L.A.C. INSTITUTE, INC. Page 7 Schedule A (Form 990 or 990-EZ) 2019 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Current Year Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported

organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets

Qualified set-aside amounts (prior IRS approval required)

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.

Distributable amount for 2019 from Section C, line 6

10	Line 8 amount divided by line 9 amount			50.
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			E. LENY.
	(reasonable cause required - explain in Part VI). See			
	instructions.			The state of the s
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
8	From 2018			
f	Total of lines 3a through e		The same X strength	
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
1	Carryover from 2014 not applied (see instructions)			
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
ь	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carry over to 2020. Add lines 3j		PROVED TO SELECT	
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b				
С	Excess from 2017			Description of the second
d	Excess from 2018			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

					ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOME	3		É	ATTACMBAT	-
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
ADMINISTRATIVE INCOME	13,500.	В,066.	3,097.	1,250.	7,200.	33,113.
REIMBURSEMENT FOR LEASED EMPLO	150,402.					150,402.
MISCELLANEOUS		6,610.	2,716.	1,686.	4,538.	15,550.
TOTALS	163,902.	14,676.	5.813.	2,936.	11.738.	199.065.

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Employer identification number

L.U.L.A.C. INSTITUTE, INC. 52-2072106 Organization type (check one): Section: Filers of: X 501(c)(3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number 52-2072106

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1_	MISC. CASH DONATIONS < 2% OF CONTRIB.  1133 19TH STREET, NW, STE 1000  WASHINGTON, DC 20036	\$ 386,451.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	AT&T  1133 2ND ST NW ROOM 1000  WASHINGTON, DC 20036	\$ 49,603.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	US DEPARTMENT OF HHS - CDC  330 C. ST SW #4004  WASHINGTON, DC 20416	\$ 89,739.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	VERIZON  1300 I ST NW STE 400 WEST  WASHINGTON, DC 20005	\$ 230,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5_	CHARTER COMMUNICATIONS  1099 NEW YORK AVE NW  WASHINGTON, DC 20004	\$340,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6_	P.O. BOX 1734  ATLANTA, GA 30301	\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Employer Identification number 52-2072106

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZtP + 4	(c) Total contributions	(d) Type of contribution				
7	COYNE PR  5 WOOD HOLLOW RD  PARISPPANY, NJ 07054	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
8	GOOGLE  1600 AMPHITHEATRE PARKWAY  MOUNTAIN VIEW, CA 94043	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
9	HCM STRATEGIES  6 N MAIN STREET  FAIRPORT, NY 14450	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
10	HISPANIC FEDERATION  55 EXCHANGE PLACE, 5TH FLOOR  NEW YORK, NY 10005	\$ 40,489.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	WAL-MART  702 S.W. 8TH STREET  BENTONVILLE, AR 72716	\$ \$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
Name of organization L.U.L.A.C. INSTITUTE, INC.

Employer Identification number 52-2072106

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		- - - - - - -	l					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		11						
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		-						
		- - -   \$						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
1		-						
		- _						
		_ \ \$						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		- C						
		-						
		_ \$						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		- 2						
		Υ						
		_   \$	32					

Name of organization L.U.L.A.C. INSTITUTE, INC.

Employer Identification number 52-2072106

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and						
	the following line entry. For organization contributions of \$1,000 or less for the y Use duplicate copies of Part III if addition	ns completing Part l year. (Enter this info	ll, enter the total or frmation once. Se	of exclusively religious, charitable, etc.,			
(a) No. from Part I	(b) Purpose of gift	(c) Use o		(d) Description of how gift is held			
	748			<u> </u>			
		(e) Transfe	of sift				
	Transferee's name, address, and			ship of transferor to transferee			
(a) No.	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held			
Part I							
****		472					
	(e) Transfer of gift						
	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee			
				0			
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and	ZIP + 4	Relation	nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f glft	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and			nship of transferor to transferee			
	9						
				Schedule B (Form 990, 990-EZ, or 990-PF) (2015			

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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.

Open to Public

OMB No. 1545-0047

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

	of the organization		' '	COLOC
	.L.A.C. INSTITUTE, INC.		52-207	/2106
Pa	Organizations Maintaining Donor Adv			
	Complete if the organization answered			- IK
		(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)	Đị.		<u> </u>
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	advisors in writing that the ass	ets held in donor advi-	sed
	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, a			
-	only for charitable purposes and not for the bene			
	conferring impermissible private benefit?		•	1 1 1 1
Рa	Conservation Easements.			
	Complete if the organization answered	"Yes" on Form 990, Part IV, lie	ne 7.	
1	Purpose(s) of conservation easements held by the			
•	Preservation of land for public use (for example		ervation of a historicall	v important land area
	Protection of natural habitat		ervation of a certified h	
	Preservation of open space		BIVELION OF A COLLINGO I	
1	Complete lines 2a through 2d if the organization h	ald a qualified consequation contr	bution in the form of a	consensation
2		sid a qualified collise valion conti		the End of the Tax Year
	easement on the last day of the tax year.			
a	Total number of conservation easements			
þ	Total acreage restricted by conservation easement			
C	Number of conservation easements on a certified			
ď	Number of conservation easements included in (		1 1	
	historic structure listed in the National Register			
3	Number of conservation easements modified, tra	nsferred, released, extinguished,	or terminated by the	organization during the
	tax year >			
4	Number of states where property subject to conse			
5	Does the organization have a written policy re-			
	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violations, and	enforcing conservation er	asements during the year
	<b></b>			
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and en	forcing conservation ea	isements during the year
	▶s			
8	Does each conservation easement reported on line	2(d) above satisfy the requirement	s of section 170(h)(4)(B	
	and section 170(h)(4)(B)(ii)?			LYes LNo
9	In Part XIII, describe how the organization reports	conservation easements in its re-	enue and expense state	ement 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 easeme			<u> </u>
Pa	t III Organizations Maintaining Collections			iets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, Ii	ne 8.	
1a	If the organization elected, as permitted under Fa	ASB ASC 958, not to report in it	s revenue statement a	ind balance sheet works
-	If the organization elected, as permitted under Fa of art, historical treasures, or other similar assesservice, provide in Part XIII the text of the footnote	ts held for public exhibition, ed	ucation, or research i	in furtherance of public
b	If the organization elected, as permitted under F	ASB ASC 958, to report in its re	evenue statement and	balance sheet works o
	art, historical treasures, or other similar assets he provide the following amounts relating to these ite	ne or public exhibition, education	ii, or research in furthe	statice of hobiic service
	(i) Revenue included on Form 990, Part VIII, line			<b>▶</b> s
	(ii) Assets included in Form 990, Part X			<b>&gt;</b> s
2	If the organization received or held works of a	et biotorical transvers or star-	elmilar accate for fine	r w
2				ancial gaill, provide th
_	following amounts required to be reported under f			<b>▶</b> ¢
a b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			► \$
	Assets included in Form 950, Part A		<u>.</u>	Schedule D (Form 990) 201

Sched	dule D (Form 990) 2019							Page 2
Pai	rt    Organizations Maintainir							
3	Using the organization's acquisition	n, accession, and	other record	ds, check	any of th	e follow	ing that make sigi	nificant use of its
	collection items (check all that apply	y):						
а	Public exhibition		d 🗍	Loan c	or exchang	e progran	n 🥯	
b	Scholarly research		e	Other	_			
C	Preservation for future gener	ations		•				
4	Provide a description of the organ		s and expla	in how t	hev furthe	r the ord	anization's exemp	t purpose in Part
•	XIII.							•
5	During the year, did the organization	n solicit or receive	donations of	art, histo	orical treas	ures, or o	ther similar	
	assets to be sold to raise funds rath							Yes No
Pal	rt IV Escrow and Custodial A							
	Complete if the organization		es" on Forr	n 990, F	Part IV, line	e 9, or re	eported an amou	nt on Form
	990, Part X, line 21.							
1a	Is the organization an agent, truste	e. custodian or oth	er intermed	arv for c	ontribution	s or other	assets not	
	included on Form 990, Part X?							Yes No
h	If "Yes," explain the arrangement in	Part XIII and com	plete the foli	lowing tab	ole:			
-	ii you, oxponi ino arrangement ii	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>p</b>			T	Amount	
C	Beginning balance				10			
	Additions during the year							
e	Distributions during the year							
f	Ending balance							
	Did the organization include an am-						account liability?	Yes No
	If "Yes," explain the arrangement in							
	rt V Endowment Funds.	TT BIT AIR. Office T	icie ii (iie ez	фівлацоп	TIBS DOCT	provided	on an	• • • • • • • • • • • • • • • • • • • •
Га	Complete if the organiza	tion answered "Y	es" on Fori	m 990 F	Part IV lin	e 10		
	Complete ii the organiza	(a) Current year	(b) Prior		(c) Two ye		(d) Three years back	(e) Four years back
			(5) 110	your	(0)		(2) 111100 }0010 0001	(0) / 00 / 10 00 00 00 00 00 00 00 00 00 00 00 00
	Beginning of year balance							-
	Contributions		-					
C	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships		-					
е	Other expenditures for facilities							
	and programs		-				///	
	Administrative expenses		<u> </u>				12	
g	End of year balance		.]					
2	Provide the estimated percentage			e (line 1g,	, column (a	)) held as:	:	
	Board designated or quasi-endowm		_%					
	Permanent endowment >							
C	Term endowment ▶	%						
	The percentages on lines 2a, 2b, a							
3a	Are there endowment funds not in	the possession of t	the organiza	tion that	are held a	nd admir	nistered for the	[ <del>12</del> ] 11
	organization by:							Yes No
	(i) Unrelated organizations							3a(i)
	(ii) Related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the relate							3b
4	Describe in Part XIII the intended u		ation's endo	wment fu	nds.		<u>-</u>	
Pa	Land, Buildings, and Equ Complete if the organization	Jipment.	/oell on Eor	m 000	Dart IV lin	na 11n (	See Form 990 P	art Y line 10
	Description of property		or other basis		or other basis			d) Book value
			stment)		ther)		eciation	
1a	Land					1-1-		
b	Buildings				146,000	·	12,604	133,396.
C	Leasehold improvements							
d	Equipment				304,281		45,572.	58,709.
	Other				518,500		89,232.	1,229,268.
Tota	al. Add lines 1a through 1e. <i>(Column</i>	(d) must equal For	rm 990, Part	X, colum	n (B), line	10c.)	▶	1,421,373.

L.U.L.A.C. INS	TITUTE, INC.	52-2	2072106
Schedule D (Form 990) 2019			Page
Part VII Investments - Other Securities.  Complete if the organization answered	l "Yes" on Form 99	0, Part IV, line 11b. See Form 990,	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuate Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely held equity interests	<u>-</u>		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)		-	
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) .			38875 BI
Part VIII Investments - Program Related.			-
Complete if the organization answered	i "Yes" on Form 99	0, Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion
(1)			
(2)			
(3)	19		
(4)			
(5)			
(6)		20	
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			4014
Part IX Other Assets.  Complete if the organization answered	i "Yes" on Form 99	00, Part IV, line 11d. See Form 990	
(a) De	escription		(b) Book value
(1)			
(2)			
(3)	III .		
(4)			
(5)		<u> </u>	
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X Other Liabilities. Complete if the organization answered line 25.	<del></del>		m 990, Part X,
1. (a) Descri	ption of liability		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)		<u> </u>	
(5)			1

JSA 9E1270 1.000

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's financial statements for the financial statement financial statements for the financial statement financial statements for the financial statement financial statements financial statements for the financial statement financial statements financial statements for the financial statement financial statements for the financial statement financial statements financial statement

Part XIII Supplemental Information (continued)

#### 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 980 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

L.U.L.A.C. INSTITUTE, INC.

Employer identification number

52-2072106

PART VI, SECTION B POLICIES - 11A REVIEW OF FORM 990

THE FORM 990 IS PRESENTED BY THE AUDITOR TO THE BOARD OF DIRECTORS WHERE

IT IS REVIEWED AND APPROVED.

PART VI, SECTION B POLICIES - 12C WRITTEN CONFLICT OF INTEREST POLICY
THE BOARD OF DIRECTORS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST
STATEMENT WHICH REQUIRES DISCLOSURE AND NOTIFICATION OF ANY POTENTIAL
CONFLICTS. THE STATEMENTS ARE REVIEWED ANNUALLY.

PART VI, SECTION B, POLICIES - 15A AND 15B COMPENSATION

ANNUAL PERFORMANCE REVIEWS BASED ON MARKET RATE FOR THE REGION AND

REGIONAL SALARIES FOR COMPARABLE ORGANIZATIONS ARE CONDUCTED BY THE BOARD

OF DIRECTORS OF THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR PERFORMS

ANNUAL REVIEWS OF ALL OTHER STAFF PERSONNEL WITH ASSISTANCE OF THE

APPROPRIATE COMMITTEE, IF APPLICABLE.

PART VI, SECTION C, LINE 19
GOVERNING DOCUMENTS, POLICIES, AND PROCEDURES AND ACCESS TO FINANCIAL
INFORMATION IS AVAILABLE TO THE PUBLIC THROUGH VERBAL OR WRITTEN REQUEST
OF THE NATIONAL FISCAL OFFICER.

ATTACHMENT 1

Schedule O (Form 990 or 990-EZ) 2019				Page 2
Name of the organization			Employer Identific	ation number
L.U.L.A.C. INSTITUTE, INC.			52-2072	106
	-	.J	ATTACHMENT	1 (CONT'D)
FORM 990, PART IX - OTHER FEES			*	***
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
PROF. FEES & CONSULTANTS	784,614.	703,116.	69,527.	11,971.
TOTALS	784,614.	703,116.	69,527.	11,971.

#### Form 8868

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

Solution Governation 
■ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed)				
	ons required to file an income tax return other			0-C filers), partnerships.	RFI	MICs. a	ind trusts
	orm 7004 to request an extension of time to f			o o mara); paratarompo;			
	·						
Towns on	Name of exempt organization or other filer, see in	structions.		Taxpayer Identification nu	mbe	r (TIN)	
Type or							
print	L.U.L.A.C. INSTITUTE, INC.			52-207210	6		
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.						
filing your	1133 19TH ST., NW STE 1000						
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	WASHINGTON, DC 20036						
Enter the Re	eturn Code for the return that this application	is for (file	a separate application for	or each return)			0 1
Application		Return	Application				Return
Is For		Code	is For				Code
Form 990 o	r Form 990-EZ	01	Form 990-T (corporat	ion)			07
Form 990-B	L	02	Form 1041-A				08
Form 4720	(individual)	03	Form 4720 (other tha	ın individual)			09
Form 990-P	F	04	Form 5227				10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11	
Form 990-T (trust other than above)         06         Form 8870         1:					12		
<ul> <li>If the org.</li> <li>If this is for the whole a list with the trequent</li> </ul>	anization does not have an office or place of or a Group Return, enter the organization's for a group, check this box	business in our digit Gro of it is for pa oion is for.	oup Exemption Number art of the group, check 11/16, 20	ck this box (GEN) this box	J	If th and att	nis is tach
► X	calendar year 20 19 or tax year beginning		-	,	20_	<u></u> .	
	ax year entered in line 1 is for less than 12 n Change in accounting period	nonths, che	ck reason: Initial r	eturn Final return	n		
	application is for Forms 990-BL, 990-PF, 9	90-T, 472	0, or 6069, enter the	tentative tax, less any			
nonref	fundable credits. See instructions.				3a	\$	0.
	application is for Forms 990-PF, 990-T		•				
	ated tax payments made. Include any prior yea				3Ь	\$	0.
	ce due. Subtract line 3b from line 3a. Include		nent with this form, if re	quired, by using EFTPS			
	ronic Federal Tax Payment System). See instru				3с		0.
500	u are going to make an electronic funds withdrawa	direct deb	oit) with this Form 8868, s	ee Form 8453-EO and Forn	188	/9-EO f	or payment
instructions.							
For Privacy	Act and Paperwork Reduction Act Notice, see inst	ructions.			Form	n 8868	(Rev. 1-2020