

# IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury  
Internal Revenue Service

For calendar year 2008, or fiscal year beginning 7/1, 2008, and ending 6/30, 2009

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

# 2008

Name of exempt organization Latin American Legal Defense and Educational Fund, Inc. Employer identification number 20-2484231

Name and title of officer  
Maria Juega Treasurer

### 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 from the return if any. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return for which you are filing 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 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, line 12) . . . . .	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) . . . . .	<b>2b</b> <u>49,953</u>
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22). . . . .	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, line 3c) . . . . .	<b>5b</b> _____

### Part II 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 2008 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) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) 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

I authorize Fredrick L. Millner, Esq., CPA to enter my PIN 08540 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2008 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 2008 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 will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 22873885589  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

Fredrick L. Millner, Esq., CPA  
3490 US Route 1 North, Suite 7B  
Princeton, NJ 08540-5920  
(609) 989-1200; Mobile: (609) 306-4559  
Fax: (609) 989-1282; E-Mail: FLMillner@AOL.com

November 18, 2009

Latin American Legal Defense and Educational Fund, Inc.

PO Box 80  
Princeton, NJ 08542-0080

Dear Maria,

I have prepared your 2008 federal income tax return based on the information you provided. Please review the enclosed copy for Latin American Legal Defense and Educational Fund, Inc., then sign the IRS e-file Signature Authorization Form 8879 and return it to me. When I receive the signed authorization I will e-file your return. The return is on extension, and is due February 15, 2010.

There are no taxes or fees due with the return.

Also enclosed are two copies of the 2008 CRI300R for Latin American Legal Defense and Educational Fund, Inc.. Please review your return, then file one copy with the state and retain the second copy for your records. Two officers must sign and date the filing copy on page 6 before you mail the return. I have indicated Patricia Fernandez Kelly and Maria Juega as the signers. There is an annual registration fee of \$60 due with the return. The check should be made payable to "New Jersey Division of Consumer Affairs." Write the charity's registration number, CH-2720800, and "CRI-300R - 6/30/09" on the check.

I recommend that you mail your CRI300R return as soon as possible, using the United States Post Office certified mail service or another approved delivery service that will provide proof of your mailing date, to:

New Jersey Division of Consumer Affairs  
Charities Registration & Investigation Section  
PO Box 45021  
Newark, NJ 07101

If you have questions about your return(s) or about your tax situation during the year, please do not hesitate to call me at (609) 989-1200. I appreciate this opportunity to serve you.

Very truly yours,

Fredrick L. Millner, Esq., CPA

**Federal  
Tax Return  
for**

**Latin American Legal Defense and Educational Fund, Inc.**

**2008**

**Fredrick L. Millner, Esq., CPA  
3490 US Route 1 North, Suite 7B  
Princeton, NJ 08540-5920  
(609) 989-1200**

**CRI300R  
Tax Return  
for**

**Latin American Legal Defense and Educational Fund, Inc.**

**2008**

**Fredrick L. Millner, Esq., CPA  
3490 US Route 1 North, Suite 7B  
Princeton, NJ 08540-5920  
(609) 989-1200**

## Short Form Return of Organization Exempt From Income Tax

# 2008

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

<b>A</b> For the 2008 calendar year, or tax year beginning <u>7/1/2008</u> , and ending <u>6/30/2009</u>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>Latin American Legal Defense and Educational Fund, Inc.</u> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>PO Box 80</u> City, town, or country State ZIP + 4 <u>Princeton NJ 08542-0080</u>
<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>D</b> Employer identification number <u>20-2484231</u> <b>E</b> Telephone number <u>(609) 688-0881</u> <b>F</b> Group Exemption Number . . . ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ www.laldef.org

**J** Organization type (check only one)—  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 49,953

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

	Description	Line	Amount
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	49,953
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	0
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	0
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	<b>5c</b>	0
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ <u>0</u> of contributions reported on line 1) . . . . .	<b>6a</b>	0
<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	0	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	0	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	0	
<b>8</b> Other revenue (describe ▶ _____)	<b>8</b>	0	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>	49,953	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	1,800
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	15,224
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	1,349
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	820
	<b>16</b> Other expenses (describe ▶ <u>See attached statement</u> ) . . . . .	<b>16</b>	12,866
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	32,059
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	17,894
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	7,259
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	25,153

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.  
(See the instructions for Part II.)

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	8,549	<b>22</b>	26,936
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe ▶ _____)	0	<b>24</b>	0
<b>25</b> <b>Total assets</b> . . . . .	8,549	<b>25</b>	26,936
<b>26</b> <b>Total liabilities</b> (describe ▶ <u>Payroll Liabilities</u> ) . . . . .	1,290	<b>26</b>	1,783
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	7,259	<b>27</b>	25,153

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <u>TO DEFEND AND PROMOTE CIVIL RIGHTS, AND IMMIGRATION</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
<b>28</b>	Immigrants' Rights Programs: Offer a toll-free information phone line where immigrants can call to seek assistance with problems in accessing social services, to report abuses, & get referrals to attorneys or agencies (425 calls) (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	9,554
<b>29</b>	Bienvenida Program: Provides assistance to immigrants in the process of obtaining permanent residency or citizenship; referrals to legal representation or comm. resources. English lang. & citizenship test prep. classes, etc. (110 clients) (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	5,858
<b>30</b>	Health Fair: Provides health information to recent immigrants  (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	527
<b>31</b>	Other program services (attach schedule) (Grants \$ 600 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	14,348
<b>32</b>	<b>Total program service expenses.</b> (add lines 28a through 31a)	<b>32</b>	30,287

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Maria Juega Str c/o LALDEF, PO Box City Princeton ST NJ ZIP 08542	Title Treasurer Hr/WK 10.00	0	0	0
Name Steven Traylor Str c/o LALDEF, PO Box City Princeton ST NJ ZIP 08540	Title Trustee Hr/WK 1.00	0	0	0
Name Patricia Fernandez Ke Str c/o LALDEF, PO Box City Princeton ST NJ ZIP 08542	Title Chair Hr/WK 5.00	0	0	0
Name Richard Morgan Str c/o LALDEF, PO Box City Princeton ST NJ ZIP 08542	Title Sec. Hr/WK 2.00	0	0	0
Name Audrey McDonald Str c/o LALDEF, PO Box City Princeton ST NJ ZIP 08542	Title Trustee Hr/WK 1.00	0	0	0
Name Anne Reeves Str c/o LALDEF, PO Box City Princeton ST NJ ZIP 08542	Title Trustee Hr/WK 1.00	0	0	0
Name Armando Sosa Str c/o LALDEF, PO Box City Princeton ST NJ ZIP 08542	Title Trustee Hr/WK 1.00	0	0	0
Name Arturo Pizano Str c/o LALDEF, PO Box City Princeton ST NJ ZIP 08542	Title Trustee Hr/WK 1.00	0	0	0
Name Claire Denis Str c/o LALDEF, PO Box City Princeton ST NJ ZIP 08542	Title Trustee Hr/WK 2.00	0	0	0
Name Moses Santizo Str c/o LALDEF, PO Box City Princeton ST NJ ZIP 08542	Title Vice Chair Hr/WK 2.00	0	0	0
Name William Westerman Str c/o LALDEF, PO Box City Princeton ST NJ ZIP 08542	Title Trustee Hr/WK 2.00	0	0	0
Name Leonor Tapia Str c/o LALDEF, PO Box City Princeton ST NJ ZIP 08542	Title Trustee Hr/WK 2.00	0	0	0
Name Mary Beth Dixon Str c/o LALDEF, PO Box City Princeton ST NJ ZIP 08542	Title Trustee Hr/WK 1.00	0	0	0
Name William K. Wakefield Str c/o LALDEF, PO Box City Princeton ST NJ ZIP 08542	Title Trustee Hr/WK 1.00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. . . . .	X	
<b>34</b>	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .		X
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .		X
<b>37 a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>   0		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
<b>38 a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .		X
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>   0		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40 a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
<b>b</b>	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I . . . . .		X
<b>c</b>	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0		
<b>d</b>	Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		X
<b>41</b>	List the states with which a copy of this return is filed. ▶		
<b>42 a</b>	The books are in care of ▶ Name Maria Juega Telephone no. ▶ (877) 452-5333 Located at ▶ c/o LALDEF, PO Box 80 City Princeton ST NJ ZIP + 4 ▶ 08542-0080		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
	If "Yes," enter the name of the foreign country: ▶		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		X
	If "Yes," enter the name of the foreign country: ▶		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>   N/A		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46** 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. 

<b>46</b>		<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 

<b>47</b>		<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 

<b>48</b>		<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? 

<b>49a</b>		<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
- b** If "Yes," was the related organization(s) a section 527 organization? 

<b>49b</b>		<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input type="checkbox"/>
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <b>None</b> Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
<b>Total number of other employees paid over \$100,000</b> ▶	0	0	0	0

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <b>None</b> Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
<b>Total number of other independent contractors each receiving over \$100,000</b> . . . ▶	0	0

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

\_\_\_\_\_ Date \_\_\_\_\_  
 Signature of officer  
 **Maria Juega** Date \_\_\_\_\_  
 Type or print name and title. Treasurer

**Paid Preparer's Use Only**

Preparer's signature <input checked="" type="checkbox"/>	Date 11/18/2009	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions) P00085589
Firm's name (or yours if self-employed), address, and ZIP +4 Fredrick L. Millner, Esq., CPA 3490 US Route 1 North, Suite 7B, Princeton, NJ 08540-5920	EIN 26-0723303	Phone no. (609) 989-1200	

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

**Part III, Line 31 (990-EZ) - Other Program Services**

		Program Service Expenses
Lawrenceville Police Profiling Investigation: Probes possible profiling of immigrants for traffic violations.		
(Grants and allocations \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>		2,631
Community-Building: Partnership of faith-based, civic and local gov't organizations providing civic education, community involvement, and leadership development within Trenton immigrant population (700 participants)		
(Grants and allocations \$ <u>600</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>		11,717
(Grants and allocations \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
Total	600	Total 14,348



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	0	0	0			0
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0			0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0			0
<b>4 Total</b> Add lines 1-3 . . . . .	0	0	0	0	0	0
<b>5</b> 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 shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 . . . . .	0	0	0	0	0	0
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0	0	0			0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0			0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						0
<b>12</b> Gross receipts from related activities, etc. (see instructions.) . . . . .					<b>12</b>	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	0.00%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	0.00%
<b>16a 33 1/3% support test-2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test-2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances-test-2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test-2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . . <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	10,300	35,131	20,088	26,063	49,953	141,535
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	0	0	0		4,163	4,163
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0			0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0			0
<b>6 Total.</b> Add lines 1-5 . . . . .	10,300	35,131	20,088	26,063	54,116	145,698
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						145,698

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .	10,300	35,131	20,088	26,063	54,116	145,698
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0			0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						145,698

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	100.00%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	100.00%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	0.00%

**19a 33 1/3% support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

<b>Name of the organization</b>  Latin American Legal Defense and Educational Fund, Inc.	<b>Employer identification number</b>  20-2484231
--	---

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ .....

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> Latin American Legal Defense and Educational Fund, Inc.	<b>Employer identification number</b> 20-2484231
--	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Princeton Area Community Foundation ----- 15 Princess Road ----- Lawrenceville NJ 08648 ----- Foreign State or Province: ----- Foreign Country: -----	\$ 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Harbourton Foundation ----- 47 Hulfish Street ----- Princeton NJ 08540 ----- Foreign State or Province: ----- Foreign Country: -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Mary Owen Borden Foundation ----- 4 Blackpoint Horseshoe ----- Rumson NJ 07760 ----- Foreign State or Province: ----- Foreign Country: -----	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	The IOLTA Fund of the Bar of New Jersey ----- 1 Constitution Square ----- New Brunswick NJ 08901-1520 ----- Foreign State or Province: ----- Foreign Country: -----	\$ 9,440	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> Latin American Legal Defense and Educational Fund, Inc.	<b>Employer identification number</b> 20-2484231
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**Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.  
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... ..... ..... For. Prov.                      Country	..... ..... .....

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
2	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... ..... ..... For. Prov.                      Country	..... ..... .....

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
3	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... ..... ..... For. Prov.                      Country	..... ..... .....

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
4	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... ..... ..... For. Prov.                      Country	..... ..... .....

**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

<b>1</b>	Contributions . . . . .	<b>1</b>	<u>49,953</u>
<b>2</b>	NonCash contributions . . . . .	<b>2</b>	<u>          </u>
<b>3</b>	Membership dues and assessments (contributions from the public) . . . . .	<b>3</b>	<u>          </u>
<b>4</b>	Government contributions (grants) . . . . .	<b>4</b>	<u>          </u>
<b>5</b>	Commercial co-venture . . . . .	<b>5</b>	<u>          </u>
<b>6</b>	Special events contributions (Line 6 - Special Events). . . . .	<b>6</b>	<u>          0</u>
<b>7</b>	Associated organization contributions . . . . .	<b>7</b>	<u>          </u>
<b>8</b>	_____	<b>8</b>	<u>          </u>
<b>9</b>	_____	<b>9</b>	<u>          </u>
<b>10</b>	_____	<b>10</b>	<u>          </u>
<b>11</b>	<b>Total</b> . . . . .	<b>11</b>	<u>49,953</u>



			0		0		
Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received
							7/14/2008
							7/14/2008
							1/27/2009
							5/20/2009

**Part I, Line 16 (990-EZ) - Other Expenses**

12,866

<b>1</b>	Travel, Meals and Entertainment		
	<b>a</b> Travel . . . . .	<b>1a</b>	1,769
	<b>b</b> Total meals and entertainment . . . . .	<b>1b</b>	
<b>2</b>	Fundraising . . . . .	<b>2</b>	
<b>3</b>	From Form 4562 - Amortization . . . . .	<b>3</b>	
<b>4</b>	Conferences, conventions, and meetings	<b>4</b>	310
<b>5</b>	Depreciation, depletion, etc.	<b>5</b>	
<b>6</b>	Equipment rental and maintenance	<b>6</b>	
<b>7</b>	Interest	<b>7</b>	
<b>8</b>	Supplies	<b>8</b>	1,038
<b>9</b>	Telephone	<b>9</b>	1,533
<b>10</b>	Unrelated business income taxes	<b>10</b>	0
<b>11</b>	Insurance	<b>11</b>	1,408
<b>12</b>	Membership Dues	<b>12</b>	
<b>13</b>	Business Registration Fees	<b>13</b>	125
<b>14</b>	Advertising	<b>14</b>	115
<b>15</b>	Rally Travel	<b>15</b>	769
<b>16</b>	Identification Card - expenses net of fees and grant	<b>16</b>	834
<b>17</b>	Lawrence Twp Profiling Case Expenses	<b>17</b>	1,951
<b>18</b>	Bank Service Fees	<b>18</b>	31
<b>19</b>	Newsletter	<b>19</b>	1,000
<b>20</b>	Books, Subscriptions	<b>20</b>	25
<b>21</b>	Payroll Taxes	<b>21</b>	1,429
<b>22</b>	Health Fair Expenses	<b>22</b>	529
<b>23</b>		<b>23</b>	
<b>24</b>		<b>24</b>	
<b>25</b>		<b>25</b>	
<b>26</b>		<b>26</b>	

**Part II, Line 26 (990-EZ) - Liabilities**

1,290

1,783

Description		Beginning	End
1	Payroll Liabilities	1,290	1,783
2			
3			
4			
5			
6			
7			
8			
9			
10			

**New Jersey Office of the Attorney General**

Division of Consumer Affairs  
Office of Consumer Protection  
Charities Registration Section  
124 Halsey Street, 7th Floor, P.O. Box 45021  
Newark, NJ 07101  
(973) 504-6215

**Form CRI-300R**  
**Long-Form Renewal Registration/Verification Statement**  
(Revised April 2008)

**All questions must be answered.**

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" ( N.J.S.A. 45:17A-18 et seq. ), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 6 / 30 / 2009  
month day year

2. Federal ID Number (EIN) 20-2484231 2a. N.J. Charities Registration Number: CH- 2720800

3. **Full legal name of the registering organization:** Latin American Legal Defense and Educational Fund, Inc.  
 In care of: (if necessary, otherwise leave this line blank) \_\_\_\_\_

4. **Mailing Address:** PO Box 80 Princeton NJ 08542  **Change of Address**  
Street Address City State ZIP Code

**NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.**

5. The principal street address of the registering organization 66 Grover Avenue Princeton NJ 08540  
 **Same as Mailing Address** Street Address City State ZIP Code

6. Does the organization have any offices in New Jersey in addition to the one listed above?  Yes  No  
 If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.

Contact person	Street address	City	State	ZIP Code
_____	_____	_____	_____	_____
Telephone number (include area code)	Fax number (include area code)			

7. Organization's contact information:

(609) 688-0881 (609) 258-1039  
Telephone number (include area code) Fax number (include area code)

info@laldef.org www.laldef.org  
E-mail address Web site

8. Type of organization (check one):

Nonprofit corporation  Foundation  Individual  Association  Society  
 Partnership  Trust  Other (Specify) \_\_\_\_\_

9. Where and when was the organization legally established? Date: 8/9/2004 State: NJ  
As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.
10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form?  Yes  No  
If "Yes," indicate all of the other names used: \_\_\_\_\_
11. Does the organization intend to solicit contributions from the general public?  Yes  No
12. Is the organization authorized by any other state or jurisdiction to solicit contributions?  Yes  No  
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.  
\_\_\_\_\_  
\_\_\_\_\_
13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey?  Yes  No  
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.
14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.  
Increase the affordable legal services and resources to assist Latin Americans to become full-fledged members of our society by acquiring or preserving legal immigration status or US citizenship, and to promote good civic behavior to facilitate their acculturation.  
\_\_\_\_\_
- 14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.  
See Attached Form 990-EZ  
\_\_\_\_\_
15. Does the organization use an independent paid fund-raiser or fund-raising counsel?  Yes  No  
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.
- 15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds?  Yes  No  
If "Yes," please describe the situation.  
\_\_\_\_\_  
\_\_\_\_\_
16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported?  Yes  No  
If "Yes," please explain: \_\_\_\_\_  
\_\_\_\_\_
17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)?  Yes  No
- a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed.  Yes  No
- b. Has a tax exemption been granted under another I.R.S. code?  Yes  No  
If "Yes," advise which one: \_\_\_\_\_
- c. Has an I.R.S. tax exemption been refused, changed or revoked?  Yes  No  
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.



# CRI-300R Long-Form Registration Renewal Financial Statement

**Note: If the financial value of a line item = 0, place a zero in the space provided.  
Please report all figures as GROSS, not NET.**

<b>Full legal name and street address of the organization</b>				
Full legal name: <u>Latin American Legal Defense and Educational Fund, Inc.</u>				
Fiscal year-end being reported:		<u>6</u> / <u>30</u> / <u>2009</u>	Federal ID Number (EIN) <u>20-2484231</u>	
		<small>month</small>	<small>day</small>	<small>year</small>
Mailing address:				
<u>PO Box 80</u>	<u>Princeton</u>	<u>NJ</u>	<u>08542</u>	
<small>Mailing Address</small>	<small>P.O. Box Number or Suite</small>	<small>City</small>	<small>State</small>	<small>ZIP code</small>
Street address of the registering organization: <u>66 Grover Avenue</u> <u>Princeton</u> <u>NJ</u> <u>08540</u>				
		<small>Street Address</small>	<small>City</small>	<small>State</small> <small>ZIP Code</small>
New Jersey Charities Registration number: <u>CH 2720800</u> -00		Telephone number: <u>(609) 688-0881</u>		
		<small>(include area code)</small>		

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$250,000. **Note:** If the organization received gross revenue of less than \$250,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

## A. Receipts

Line A1a. Direct Public Support received from the following sources:		
(1)	Direct mail .....	19,013
(2)	Telephone solicitation .....	
(3)	Commercial co-venture .....	
(4)	Gross receipts from fund-raising events .....	
(5)	Canisters, counter cards, door to door etc .....	
(6)	Corporations and other businesses .....	
(7)	Foundations and trusts .....	21,940
(8)	Donated land, buildings, property, equipment and materials .....	
(9)	Legacies and bequests .....	
(10)	Membership dues solely resulting from solicitations .....	
(11)	Other support (specify) .....	
Line A1b.	Total Direct Public Support (add lines A1a(1) through A1a(11) .....	40,953
Line A1c. Indirect Public Support received from the following sources:		
(1)	Federated fund-raising organization .....	
(2)	From an affiliated organization .....	
(3)	From another fund-raising organization .....	9,000
Line A1d.	Total Indirect Public Support (add lines A1c(1) thru A1c(3)) .....	9,000
<b>Line A1e.</b>	<b>Total Gross Contributions</b> (add lines A1b and A1d) .....	<b>49,953</b>

Line A2.	Government grants including purchase of service contracts (specify agency)	
	a. _____	_____
	b. _____	_____
	c. _____	_____
	d. _____	_____
Line A2e.	Total Government Grants (add lines 2a thru 2d)	0

Line A3.	Other Support	
	a. Bona fide membership	_____
	b. Program service revenue	_____
	c. Professional services rendered by volunteers	_____
	d. Miscellaneous income (specify)	_____
Line A3e.	Total Other Support (add the total of lines A3a thru A3d)	0

Line A4.	Total Gross Revenue (add lines A1e, A2e and A3e)	49,953
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**B. Expenses**

Line B1.	Program expenses	27,655
Line B2.	Management and general expenses	4,403
Line B3.	Fund-raising expenses	_____
Line B4.	Payments to state/national affiliates (if applicable)	_____
Line B5.	Total Expenses (add the totals of line B1 thru B4)	32,058

**C. Excess or Deficit**

For the fiscal year-end (subtract line B5 from line A4)	17,895
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**D. Fund Balance**

Line D1.	Net assets or fund balances at beginning of year	7,258
Line D2.	Other changes in net assets or fund balances (attach explanation)	_____
Line D3.	Net assets or fund balances at end of year (Combine line C, D1 and D2)	25,153

**Please Note:** The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>

**Long-Form Renewal Registration Statement  
Form CRI-300RC  
Confidential Information**

Organization's Name: <u>Latin American Legal Defense and Educational Fund, Inc.</u>		
N.J. Charities Registration Number: CH - <u>2720800</u> -00	Federal ID Number (EIN) <u>20-2484231</u>	
Fiscal Year-End being reported: <u>6</u> / <u>30</u> / <u>2009</u>		
<small>month</small>	<small>day</small>	<small>year</small>

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:
- a. each other?  Yes  No
  - b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization?  Yes  No
  - c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization?  Yes  No
  - d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.
25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization?  Yes  No  
If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

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We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

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We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature \_\_\_\_\_ Name Patricia Fernandez Kelly Title Chairperson Date \_\_\_\_\_

Signature \_\_\_\_\_ Name Maria Juega Title Treasurer Date \_\_\_\_\_

*This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.*

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**Note: Form CRI-300RC must be filed with Form CRI-300R.**