EXTENDED TO NOVEMBER 15, 2022

_{Form} **990**

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

Open to Public Inspection

	ant of	the Treasury	Go to www.irs.gov/Fo	orm000 for instruction	ne and the	latest	information		Inspection
Departr	Reven	ue Service		ormeso for manacin	and endin		illioilliation.		
A Fo	r the	2021 calendar year, or tax	year beginning		and on an		D Employer i	dentificati	on number
B Che	ck if licable:	C Name of organization					Linployer	dentinoda	on number
	ddress hange		RA CANCER						
7	lame	Doing business as	OT FOR PROF	IT			56-24	112069	<u> </u>
	hange nitial	Number and street (or P			Room	n/suite	E Telephone	number	
	eturn	25 N 14TH ST		,	SUI	TE	408-	280-08	311
t	eturn/ ermin-	City or town, state or pr		P or foreign postal co	de		G Gross receipts	\$	463,081.
P	ited Imendi	and the second s		, or toroign poolar or			H(a) is this a	group retui	rn
7	eturn Applica		rincinal officer: DARC	TE GREEN			for subo	dinates?	Yes X No
1	ion ending				JOSE,	CA	H(b) Are all subd	rdinates inclu	ded? Yes No
To		mpt status: X 501(c)(3)			17(a)(1) or	527	If "No," a	ttach a list	. See instructions
		e: NWW.LATINAS					H(c) Group ex	emption n	umber >
		organization: X Corporation		ociation Other		L Year	of formation: 2	0 04 M S	tate of legal domicile: CA
Par	t I	Summary							
	1 1	Briefly describe the organiza	tion's mission or most s	ignificant activities: I	RAISING	CA	NCER AW	ARNESS	3,
Activities & Governance		COUNSELING, TR	ANSLATION &	TRANSPORTA	rion.				
la L	2	Check this box if t	the organization discont	inued its operations of	or disposed o	of more	than 25% of it	s net asse	ts.
ver	3	Number of voting members	of the governing body (I	Part VI, line 1a)				3	0
9		Number of independent voti						4	6
S S		Total number of individuals						5	0
itie		Total number of volunteers (15
cţi		Total unrelated business rev							0.
4	b	Net unrelated business taxa	ble income from Form 9	90-T, Part I, line 11				7b	0.
							Prior Year		Current Year
m	8	Contributions and grants (P.	art VIII, line 1h)				441,		458,945.
ž	9	Program service revenue (Pr	art VIII, line 2g)					0.	0.
Revenue	10	Investment income (Part VII						63.	136.
æ	11	Other revenue (Part VIII, col				0.	4,000.		
	12	Total revenue - add lines 8 t					441,		463,081.
	13	Grants and similar amounts						0.	0.
	14	Benefits paid to or for memi					126	0.	0.
es	15	Salaries, other compensation					136,		263,202.
Expenses		Professional fundraising fee						0.	0.
dx		Total fundraising expenses					261	271	144,581.
ш	17	Other expenses (Part IX, co						371.	407,783.
	18	Total expenses. Add lines 1						147.	55,298.
_ 8	19	Revenue less expenses. Su	btract line 18 from line	12				967.	End of Year
Assets or							eginning of Curr		442,985.
SSE	20	Total assets (Part X, line 16)						386.	262,633.
Vet /		Total liabilities (Part X, line 2				(0.177.6)		054.	180,352.
P	art I	Net assets or fund balance: Signature Block	s. Subtract line 21 from	line 20			145	034.	
		nalties of perjury, I declare that I	have avamined this return	including secompanying	cobodulos an	d etater	ments, and to the	best of my	cnowledge and belief, it is
true	corr	ect, and complete. Declaration of	nave examined this return,	r) is based on all informs	stion of which	nrenare	or has any knowle	dae.	•
	, 0011	L Deciaration of	preparer (other than office	i) is based on an initialine	ation of which	propure	Thus any		
Sig	ın	Signature of officer					Date		
He		DARCIE GREE	EN. CEO						
		Type or print name and							
		Print/Type preparer's name		Preparer's signature			Date	Check	PTIN
Pa	id	JOSE A. PALMA						self-employed	P00044633
Pr	epare		A. PALMA AC	COUNTANCY C	CORP.		Firm	sEIN ▶ 7	2-1557137
Us	e Onl								
_			JOSE, CA 951				Phor	e no. (4 0	8)998-4920
M	ay th	e IRS discuss this return with							Yes No
13	2001	12-09-21 LHA For Paperwo	ork Reduction Act Notice	ce, see the separate	instructions	•			Form 990 (2021)

prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	orn	990 (2021) LATINAS	CONTRA CANCER	56-2412069 Page 2
Benefity describe the organization a mesion: TO CREATE AN INCLUSIVE HEALTH CARE SYSTEM THAT PROVIDES SERVICES TO THE UNSERVED LATINO POPULATION AROUND ISSUES OF BREAST AND OTHER CANCERS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-52? If 'Yes, 'aground the service services on Schedule O. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?	Pa	Statement of Fregram cer	vice Accomplishments	
TO_CREATE AN INCLUSIVE HEALTH CARE SYSTEM THAT PROVIDES SERVICES TO THE UNSERVED LATINO POPULATION AROUND ISSUES OF BREAST AND OTHER CANCERS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-527		Check if Schedule O contains a res	sponse or note to any line in this Part III	
THE UNSERVED LATINO POPULATION AROUND ISSUES OF BREAST AND OTHER CANCERS. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 900-522	1	Briefly describe the organization's mission	n:	
THE UNSERVED LATINO POPULATION AROUND ISSUES OF BREAST AND OTHER CANCERS. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 900-522		TO CREATE AN INCLUSI	VE HEALTH CARE SYSTEM THAT	r provides services to
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-527 If Yes, "describe these new services on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services?		THE UNSERVED LATINO	POPULATION AROUND ISSUES (OF BREAST AND OTHER
prior Form 990 or 990-E27 If 'Yes', 'describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how in conducts, any program services?		CANCERS.		
## Ves. "describe these new services on Schedule O. Did the organization cesses conducting, or make significant changes in how it conducts, any program services? □ Yes X No If Yes. "describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses, section SOIL(S) and SOI(S(N)) dentalizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. **Cocc**	2	Did the organization undertake any signif	ficant program services during the year which were	not listed on the
If Yes, 'describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		orior Form 990 or 990-EZ?		Yes X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		f "Yes," describe these new services on	Schedule O.	
If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4d (Coce) (Septenses				program services?
40 Claber the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue. If any, for each program service reported. 40 (coce				program services? res A No
Section SO1(c)(3) and SO1(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue. If any, for each program service reported. 4a (Coos		-		
Ad Cook Cook Cookes Sach program service reported. Cookes Cookes	4	Describe the organization's program serv	rice accomplishments for each of its three largest p	program services, as measured by expenses.
46 (Cook) (Expenses \$ 316,100. Including grants of \$,	Section 501(c)(3) and 501(c)(4) organizat	ions are required to report the amount of grants an	d allocations to others, the total expenses, and
AND COUNSELING OF CANCER PATIENTS. 4b (Code) (Expenses \$				178
AND COUNSELING OF CANCER PATIENTS. db (code) (Expenses \$		Code:) (Expenses \$	316,100. including grants of \$) (Revenue \$)
4b (Code) (Expenses \$		INFORMATIONAL WEB SI	TE, EDUCATIONAL PROGRAMS,	ORGANIZED WALK-A-THONS
4c (Code) (Expenses \$		AND COUNSELING OF CA	NCER PATIENTS.	
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4c (Code) (Expenses \$	4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Flevenue \$) 4e Total program service expenses > 316,100.		, , , , , , , , , , , , , , , , , , , ,		
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4e Total program service expenses ► 316,100.	4d			
4e Total program service expenses ► 316,100.				venue \$
	<u>4e</u>	lotal program service expenses	316,100.	

			Yes	No
ſ ,	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		X_
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	-4		
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			- 21
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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	Ė		
Ŭ	Schedule D, Part III	8		X
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		X
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, VII, VIII, IX, or X,	-		
	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	X	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
J	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
٠	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ч	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
izu	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	20 April 20	14a		X
b	and the state of t			
-	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	<u> </u>	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
,,,	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
20=	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
_00	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		X

	cen (2021) LATINAS CONTRA CANCER 56-2412	069	Pa	age 4
6rm	1 990 (2021) LATINAS CONTRA CANCER 56-2412 (17 Checklist of Required Schedules (continued)	000		190 .
Pai			Yes	No
-00	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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 to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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		X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		X
O.E.	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		+
26				
	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
07		_20_		
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		X
00	Was the organization a party to a business transaction with one of the following parties (see the Schedule L. Part IV,	LI		1
28		18.2		
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	100		
а		28a		Х
	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
		200	+	- 21
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f	28c		x
	"Yes," complete Schedule L, Part IV	_	+	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X
	contributions? If "Yes," complete Schedule M	30	+	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	Α.
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		х
	Schedule N, Part II	. 32	+-	A
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33	+-	A
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
-	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35	a	A
t	of "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		3	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			X
	If "Yes," complete Schedule R, Part V, line 2	36		- A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37	-	1
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
1	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			NO AL-
		0	16	s No
1	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	U		

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable ______ c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

132004 12-09-21

Form 990 (2021)

021) LATINAS CONTRA CANCER
Statements Regarding Other IRS Filings and Tax Compliance (continued)

				,	Yes	Na
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1.	165	No
1	iled for the calendar year ending with or within the year covered by this return	2a	0	8 1		
ы	f at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?		2b		
-	vote: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions,					-
3a l	old the organization have unrelated business gross income of \$1,000 or more during the year?			3a		х
b	f "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule ()		3b		- 41
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	v over, a			
,	inancial account in a foreign country (such as a bank account, securities account, or other financial a	coun	t)?	4a		X
b	f "Yes," enter the name of the foreign country			,,,		- 21
1	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	count	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
D	Did any taxable party notity the organization that it was or is a party to a prohibited tax shelter transac	tion?		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		Λ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	oras	nization colicit	30		
	any contributions that were not tax deductible as charitable contributions?			6.		v
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		aifta	6a		X
7	Organizations that may receive deductible contributions under section 170(c).	••••		_6b		+
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services.			The l		
b	IT "YOS " did the organization notify the development of the second					X
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	••••••		7b		-
	to file Form 8282?	s req	uired			
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year			7c		X
e	Did the organization receive any funds, directly or indirectly to new providers.	7d		14	- 13	
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e		-
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		_7f		-
h	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7 g	-	-
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are also as a contribution of cars, boats, airplanes, or other vehicles, did the organizations are also as a contribution of cars, boats, airplanes, or other vehicles, did the organization are also as a contribution of cars, boats, airplanes, or other vehicles, did the organization are also as a contribution of cars, boats, airplanes, or other vehicles, did the organization are also as a contribution of cars, boats, airplanes, or other vehicles, did the organization are also as a contribution of cars, boats, airplanes, or other vehicles, did the organization are also as a contribution of cars, boats, airplanes, are also as a contribution of cars, and a contribution of cars, and a contribution of cars, a contribution of cars, and a c	tion f	le a Form 1098-C?	7h	-	-
٠	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	9	14		
9	sponsoring organization have excess business holdings at any time during the year?	•••••		8		
а	Sponsoring organizations maintaining donor advised funds.					
b	The state of the s			9a	-	
10	and a definition of delivery to a definition of delivery person?	•••••		9b	-	
10	Section 501(c)(7) organizations. Enter:	Ĺ	I.			
	Initiation fees and capital contributions included on Part VIII, line 12	10a		4		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_		
11	Section 501(c)(12) organizations. Enter:	1	Ī			
•	Gross income from members or shareholders	11a				2
,	Gross income from other sources. (Do not net amounts due or paid to other sources against					
10	amounts due or received from them.)	11b		3 400		
12	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1		12a	-	-
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-13		
	damed nonprofit health insurance issuers.				-	
	a Is the organization licensed to issue qualified health plans in more than one state?			13a	-	-
	Note: See the instructions for additional information the organization must report on Schedule O.					
	b Enter the amount of reserves the organization is required to maintain by the states in which the	ĺ	T			
	organization is licensed to issue qualified health plans	13b	1	-19		
4	c Enter the amount of reserves on hand	130		-	+-	v
14	la Did the organization receive any payments for indoor tanning services during the tax year?					X
4	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched	ule O		14b	+-	
1	The section 4500 tax on payment(s) of more than \$1,000,000 in remain	eratio	n or			v
	excess parachute payment(s) during the year?			15	-	X
4	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment.		0	40	19.19	x
	and a section 4500 excise tax on the investment	nt inc	ome?	16	+	A
	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
	The state of the s			17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			7.7	18	
-	, complete Form 6069.					0 (0001

56-2412069 Page 6 LATINAS CONTRA CANCER

41/1	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7		241200	Page
art	tesponse to lines 2 through 7	b below,	and for a "No'	response
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See in	structions	,	
	g and all of occurrence	Structions	o.	

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5		100	110
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		295	
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
1	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		18.5	
12	a Did the organization have a written conflict of interest policy? If "No," go to line 13	122	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b)	X
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	120	:	X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official	150	a	X
	b Other officers or key employees of the organization	15t)	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
1	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	168	3	X
	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
_	exempt status with respect to such arrangements?	16)	
S	ection C. Disclosure			
	7 List the states with which a copy of this Form 990 is required to be filed CA	3)s on	ly) ava	ilable
1	8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)	0,000	,,	
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)			
	Own website Another's website X Upon request Other (explain on Schedule O)	and fin	ancial	
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the second sec			
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
,	State the name, address, and telephone number of the person who possesses the organization's books and receive page 280 – 0811			
	255 N. MARKET ST. SUITE 175, SAN JOSE, CA 95110			0.0000
-	NOU AND EMPARADE DES PORTE DE LA CONTRACTOR DE LA CONTRAC	For	m 99	0 (2021)

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Employees, and Independent Contractors	
Check if Schedule O contains a response or note to any line in this Part VII	

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organizati (A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
1) DARCIE L. GREEN	40.00			х	ř.			95,282.	0.	0.
2) CARLA PEREZ CHAIR	10.00	x						0.	0.	0 .
(3) DARLENE TORRES	10.00	x						0.	0.	0
(4) JOSE LUIS H. PACHECO TREASURER	10.00	x		9				0.	0.	0
(5) EVITA ANAYA BRYDEN SECRETARY	10.00	x						0.	. 0.	0
(6) DR. ROBERT BELTRAN BOARD MEMBER	10.00	X						0 .	. 0.	0
(7) LORI J. CONTANZO BOARD MEMBER	10.00	X						0	. 0.	. 0
(8) RON LIND BOARD MEMBER	10.00) X						0	. 0.	. 0
(9) ALEJANDRO ESPINOZA BOARD MEMBER	10.00) Y	2					0	. 0.	. 0
							_			
		_					1			
				_						
							-			
										Form 990 (202

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6	art VII Section A. Officers, Directors, True	ustees. Key Em	_			HI b	ahee	t C	ompensated Employed	56-241	<u>4</u> 0	09	Pag	ge 8
2	(A) Name and title	(B) Average hours per week (list any	(do box offi	not c	Pos heck ss pe	ition more rson		one n ah	(D) Reportable compensation from	(E) Reportable compensation from related		Esti amo o	(F) mated ount o	f
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC, 1099-NEC)	/	orga and	ensat om the inization relate nization	on ed
_														
1b	Subtotal		<u> </u>					>	95,282.		0.			0.
C	Total from continuation sheets to Part Total (add lines 1b and 1c) Total number of individuals (including bu	VII, Section A			· · · · · ·			>	95,282. eceived more than \$100		0.			0.
	compensation from the organization												Yes	No
3	Did the organization list any former offic line 1a? If "Yes," complete Schedule J for	r such individua	١									3	1 2	X
4 5	For any individual listed on line 1a, is the and related organizations greater than \$ Did any person listed on line 1a receive of the second s	150,000? If "Yes	," C	omp	lete	Sch	edui	e J	for such individual			4		X
	rendered to the organization? If "Yes," co						-		-			5		X
1	Complete this table for your five highest the organization. Report compensation for										ens	ation f	rom	
	(A) Name and busine	ss address	N	ON	E_				(B) Description of	services	C	(C Compe		n
2	Total number of independent contractor		not	limit	ed to	o the	ose I	iste	d above) who received	more than		91	7.5	
_	\$100,000 of compensation from the orga	anization >					0					Form 9	990 (2021

LATINAS CONTRA CANCER 56-2412069 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt Total revenue Unrelated Revenue excluded function revenue business revenue from tax under sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues 1b c Fundraising events 10 d Related organizations 10 80,000. Government grants (contributions) 1e f All other contributions, gifts, grants, and 378,945. similar amounts not included above 11 g Noncash contributions included in lines 1a-1f 1g \$ Total, Add lines 1a-1f 458,945 **Business Code** Program Service Revenue f All other program service revenue g Total, Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 136. 136. 4 Income from investment of tax-exempt bond proceeds Royalties (ii) Personal Gross rents b Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) Gross amount from sales of (i) Securities (ii) Other assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold

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Business Code

531390

463,081

4,000.

4,000.

4,000.

4,136

Form 990 (2021)

0.

11 a RENTAL INCOME

c Net income or (loss) from sales of inventory

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) (C) Do not include amounts reported on lines 6b. Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 18,027. 8,627. 95,282. 68,628. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,084. 20,632. 125,311. 103,595. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 6,064. 18,173. 24,237. Other employee benefits 741. 14,643. 2.988. 18,372. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees _____ Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 1,804. 1,804. Advertising and promotion 12 2,771. 2,771. Office expenses 13 Information technology 14 15 Royalties 1,339. 16,151. 17,490. 16 Occupancy 752. 496. 1,248. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 6,606. 6,606. Depreciation, depletion, and amortization 22 954. 954. 23 Insurance Other expenses. Itemize expenses not covered 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.) 24,943. 24,943. PATIENT ADVOCATE 17,600. 17,600. PARKING/MILEAGE REIMBUR 17,555. 17,555. c GRANT WRITING 14,575. 14,575. d ACCOUNTING 1,310. 11,819. 25,906. 39,035. e All other expenses 13,101. 78,582. 316,100. 407,783. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2021)

if following SOP 98-2 (ASC 958-720)

Check here

Pa	art A	Dalairoc Griest	0 10 0	line in this Part Y			
		Check if Schedule O contains a response or not	e to ar	mic ii uno Fatto	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			125,993.	1	275,498.
	2	Savings and temporary cash investments		2			
	1200	Pledges and grants receivable, net				3	
	3	Accounts receivable, net			15,000.	4	155,224.
	5	Loans and other receivables from any current or	officer, director,		id i		
	5	trustee, key employee, creator or founder, subst	antial	ontributor, or 35%		7	
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described			00.000	6	
^	7	Notes and loans receivable, net			7		
Assels	8	Inventories for sale or use		8			
ï	9	Prepaid expenses and deferred charges			1,000.	9	4,176.
		Land, buildings, and equipment: cost or other					
	iva	basis. Complete Part VI of Schedule D	102	29 844		8 2	
		Less: accumulated depreciation		23,607.	7,543.	10c	6,237.
		Investments - publicly traded securities		11			
	11	Investments - other securities. See Part IV, line			12		
	12	Investments - other securities. See Part IV, line		13			
	13			14			
	14	Intangible assets		15	1,850.		
	15	Other assets. See Part IV, line 11	454 006	16	442,985.		
-	16	Total assets. Add lines 1 through 15 (must equ	26,332.	17	155.		
	17	Accounts payable and accrued expenses			20,332.		260,627.
	18	Grants payable		18	200,021.		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or forn					
		trustee, key employee, creator or founder, subs			ENTERPRENE DE LA SECULIA DE LA		
Labilities		controlled entity or family member of any of thes				22	
٠,	23	Secured mortgages and notes payable to unrela			I -	23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24	Complete Part X			1 051
		of Schedule D			0.	25	1,851.
	26	Total liabilities. Add lines 17 through 25			26,332.	26_	262,633.
o.		Organizations that follow FASB ASC 958, che	ck he				
2		and complete lines 27, 28, 32, and 33.			1994-1-22		
8	27	Net assets without donor restrictions				27	
3	28	Net assets with donor restrictions		28			
5		Organizations that do not follow FASB ASC 9	58, ch	ck here ▶ 🛣			
5		and complete lines 29 through 33.		dit w	0		
3	29	Capital stock or trust principal, or current funds	0.	29	0.		
2	30	Paid-in or capital surplus, or land, building, or ed	0.	30	190 352		
Net Assets of Fulld Datalices	31	Retained earnings, endowment, accumulated in			125,054.	31	180,352.
ž	32	Total net assets or fund balances			125,054.	32	180,352.
	33	Total liabilities and net assets/fund balances			151,386.	33	442,985. Form 990 (2021)

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	n 990 (2021) LATINAS CONTRA CANCER	FC 0410			
Pa	rt XI Reconciliation of Net Assets	56-2412		Page	12
	Check if Schedule O contains a response or note to any line in this Part XI				
				L	
1	Total expenses (must equal Part VIII, column (A), line 12)		460	0.0	
2	Total expenses (must equal Fart IX, column (A), line 25)	2	463	, 08	1.
3	ric veride less expenses, subtract line 2 from line 1	3		,78	
4	recrussers or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	105	, 29	18.
5	rice diffealized galifs (losses) of filvestments	5	125	5,05	4.
6	Donated services and use of facilities	6			
7	invocation expenses	7			
8	. Her period dajactificities				
9	diances (explain on Schedule ())	8			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Best V. line 99)	9			0.
-	Colamir (B))	40	10	•	
Pai	and reporting	10		0,3	52.
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or sheeled 1001 and 10				
2a	and a state of the				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both.		2a		X
	separate basis, consolidated basis, or both:	d on a			
	Congrete hasis		10		
b	Were the organization's financial statements audited by an independent accountant? If "Yes." check a box below to indicate whether the financial statements are the financial statements.				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa		_2b		X
	consolidated basis, or both:	te basis,			
	Company to the contract of the				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t				
	review, or compilation of its financial statements and selection of an independent accountant?	he audit,			
	If the organization changed either its oversight process or colection or an independent accountant?		. 2c		
За	If the organization changed either its oversight process or selection process during the tax year, explain on So	chedule O.	91		
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	Single Audit			
b	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or aud		. 3a		X
_	and digarization didergo the required addit of addits? If the organization did not undergo the rec	uirad a dis			
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Forn	990	(2021