Form	9	9	0
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EXTENDED TO NOVEMBER 15, 2021

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 **2020**Open to Public
Inspection

	partment of the Treasury rnal Revenue Service
Δ	For the 2020 cale

AF	or th	e 2020 calendar year, or tax year beginning and er	nding	_	
B c a	heck if pplicab	e: C Name of organization		D Employer identific	cation number
	Addre	LATINAS CONTRA CANCER			
	Name			**_****	* *
	 	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	·
	 Final returr			408-280-	
	termi	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	441,114.
	Amer returr	ded CAN TOCE CA 05110		H(a) Is this a group re	
	Appli tion	F Name and address of principal officer: DARCIE GREEN		for subordinates	
	pend	^{ng} 255 N. MARKET STREET SUITE 175, SAN JOS	E, CA	H(b) Are all subordinates in	Included? Yes No
IT	ax-ex	empt status: 🗴 501(c)(3) 🛄 501(c) () ◀ (insert no.) 🛄 4947(a)(1) or		1	list. See instructions
		te: > WWW.LATINASCONTRACANCER.ORG		H(c) Group exemption	
κF	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2004 N	State of legal domicile: CA
	rt I	Summary			
۵	1	Briefly describe the organization's mission or most significant activities: RAISI	NG CA	NCER AWARNE	SS,
Governance		COUNSELING, TRANSLATION & TRANSPORTATION.			
srna	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.
Ň	3	Number of voting members of the governing body (Part VI, line 1a)		3	6
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b) \dots			6
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	0
viti	6	Total number of volunteers (estimate if necessary)		6	0
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		147,343.	441,051.
enu	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		43.	63.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		147,386.	441,114.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots}$		155,854.	136,776.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	····· –	0.	0.
ц.		Total fundraising expenses (Part IX, column (D), line 25) 24,82		1 (2 , 0 1 0	0.61 2.71
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		163,210.	261,371.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		319,064.	398,147.
	19	Revenue less expenses. Subtract line 18 from line 12		-171,678.	42,967.
ts or				ginning of Current Year	End of Year
Sset Bala	20	Total assets (Part X, line 16)		84,573.	151,386.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		2,486.	26,332. 125,054.
	22 Irt II	Net assets or fund balances. Subtract line 21 from line 20		82,087.	143,034.
_		Signature Block alties of perjury, I declare that I have examined this return, including accompanying schedules a	and atatam	anta and to the heat of m	/knowledge and belief it is
		aties of perjury, I declare that I have examined this return, including accompanying schedules a ct, and complete. Declaration of preparer (other than officer) is based on all information of whic			v knowledge and beller, it is
แนช,	COLLE	si, and complete. Declaration of preparer (ouner that onloer) is based on all information of whic	un preparer	nas any knowledge.	

Sign	Signature of officer		Date	
Here	▶ DARCIE GREEN, CEO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	JOSE A. PALMA			^{IT} self-employed P00044633
Preparer	Firm's name 🕨 JOSE A. PALMA AC	COUNTANCY CORP.	Firm's	EIN **_*****
Use Only	Firm's address 111 RACE STREET			
	SAN JOSE, CA 951	.26	Phone	no.(408)998-4920
May the II	RS discuss this return with the preparer shown abo	ove? See instructions		Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2020)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2020) LATINAS CONTRA CANCER	**_*****	Page 2
	rt III Statement of Program Service Accomplishments		·9-
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
•	TO CREATE AN INCLUSIVE HEALTH CARE SYSTEM THAT PROVIDES	SEBVICES TO	
	THE UNSERVED LATINO POPULATION AROUND ISSUES OF BREAST		
	CANCERS.	AND OTHER	
	CANCERS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		37
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$309,129. including grants of \$) (Reven	ue \$)
	INFORMATIONAL WEB SITE, EDUCATIONAL PROGRAMS, ORGANIZED	WALK-A-THON	IS (
	AND COUNSELING OF CANCER PATIENTS.		
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$)
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
<u></u>			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 309,129.		
		Form 9	90 (2020)
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	3	_	_
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Part IV Checklist of Required Schedules

LATINAS CONTRA CANCER

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		<u> </u>
U	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			
	similar amounts as defined in Revenue Procedure 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			
	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	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		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		
IZd	• • • • • • • • •	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		- 23
b	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		х
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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
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	Form 990 (2	2020)	LATINAS	CONTRA	CAN
Ì	Part IV	Checklist	of Required Sch	edules (cont	inued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	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? <i>If</i> " <i>Yes</i> ," <i>answer lines 24b through 24d and complete</i>	04-		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
0	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
)E a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	t 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	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a 1b 1b	Ś		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4		
C	(gambling) winnings to prize winners?	1c		
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Form	990 (2020) LATINAS CONTRA CANCER **-***	* * *	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a h	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1			
b				
122	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12.0		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	104		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
-	If "Yes," complete Form 4720, Schedule O.			
		_	000	(0000)

Form **990** (2020)

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Form 990) (2020)
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LATINAS CONTRA CANCER

Check if Schedule O contains a response or note to any line in this Part VI

X

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

		I.I	-	Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a (5		
	If there are material differences in voting rights among members of the governing body, or if the governing				
h	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	16	5		
ь 2	Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationshi				
2	officer, director, trustee, or key employee?		2		x
3	Did the organization delegate control over management duties customarily performed by or under th				
0	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 9		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		X
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				
	more members of the governing body?	-	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			
				Yes	No
0a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \hdots		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				
	in Schedule O how this was done		12c		X
3	Did the organization have a written whistleblower policy?		13		X
4	Did the organization have a written document retention and destruction policy?		14		X
5	Did the process for determining compensation of the following persons include a review and approva	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v
a	The organization's CEO, Executive Director, or top management official		15a		X X
b	Other officers or key employees of the organization		15b		_ <u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger				v
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		401		
200	exempt status with respect to such arrangements?		16b		
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA	ad 000 T (Caption E01(a))		A	
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	10 990-1 (Section 501(c)(sis oni	/) avai	able
		on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	nd fina	ncial	
	statements available to the public during the tax year.	ninot of interest policy, a	nu iiid	nual	
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records			
.0	DARCIE GREEN - (408) 280-0811				
	255 N. MARKET ST. SUITE 175, SAN JOSE, CA 95110				
3200	5 12-23-20		Form	1 990	(2020
	7				
31	109 133563 7128 2020.05010 LATINAS CONTRA	CANCER	712	28	1

Part VII	Compensation of Officers,	Directors, Truste	es, Key Employees	, Highest Compensated
	Employees, and Independe	ent 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 instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

т

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one) than	one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week					1/		from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(1099-10130)	organization
	organizations	ruste	ll trus		/ee	mpen		(** 2/1000 10100)		and related
	below	Individual trustee or director	Institutional trustee	5	Key employee	est co oyee	er			organizations
	line)	Indivi	Instit	Officer	Keye	Highest compensated employee	Former			-
(1) DARCIE GREEN	40.00									
CEO				Х				70,101.	0.	0.
(2) SANDRA MADRIGAL	10.00									
CO-CHAIR		X						0.	0.	0.
(3) LORI CONSTANZO	10.00									
CO-CHAIR		X						0.	0.	Ο.
(4) JOSE LUIS H. PACHECO	10.00					1				
TREASURER		X						0.	0.	0.
(5) ALEJANDRO ESPINOZA	10.00									
SECRETARY		X						0.	0.	0.
(6) DR. ROBERT BELTRAN	10.00									
BOARD MEMBER		X						0.	0.	0.
(7) CARLA PEREZ	10.00									
BOARD MEMBER		X						0.	0.	0.
		l								
032007 12-23-20						~				Form 990 (2020)

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	990 (2020) LATINAS (**_*:	* * *	* * *	Pa	age 8
Par						C) ition more rson i		one h an	Compensated Employe (D) Reportable compensation from	es (continued) (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)	organization: (W-2/1099-MIS		fr org an	pensa rom the anizati d relate anizatio	e ion ed
	Subtotal Total from continuation sheets to Part VI								70,101.		0.			0.
d	Total (add lines 1b and 1c)								70,101.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100	0,000 of reportabl	e			0
3	Did the organization list any former officer,	•		-	•	•		Ŭ					Yes	No
4	line 1a? <i>If "Yes," complete Schedule J for su</i> For any individual listed on line 1a, is the su	im of reportabl	le co	omp	ensa	atior	n and	d otl		the organization		3		X X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	accrue comper	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv			4 5		X
-	tion B. Independent Contractors												I	
1	Complete this table for your five highest co the organization. Report compensation for	-	-						n the organization's tax		ipens			
	(A) (B) Name and business address NONE Description of services								C	(C) Compensation				
2	Total number of independent contractors (i	-	ot lii	mite	d to	tho	se lis	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organiz						<u> </u>					Form	990 (2	2020)

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Par				INAS CON					
		/111	Statement of Re	venue					*** Page S
			_		nco or noto to onv lin	o in this Dort VIII			
			Check if Schedule O	contains a respo	rise of note to any li	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
5 S	1	а	Federated campaigns	1a					
			Membership dues						
contributions, Gifts, Grants and Other Similar Amounts			Fundraising events						
			Related organizations						
5.9			Government grants (contr		44,555.				
ŝ			All other contributions, gifts,	· · · · · · · · · · · · · · · · · · ·	41,555.				
ju je					396,496.				
₿₹∣			similar amounts not included						
		-	Noncash contributions included in			441,051.			
		n	Total. Add lines 1a-1f		Business Code	441,031.			
	-				Business Code				
2		а							
Program Service Revenue		b							
ű		C							
Be		d							
Š		е							
-			All other program service						
			Total. Add lines 2a-2f						
	3		Investment income (includ			C 2	6.2		
			other similar amounts)			63.	63.		
	4		Income from investment of		-				
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents	6a					
		b	Less: rental expenses	6b					
		С	Rental income or (loss)	6c					
		d	Net rental income or (loss)		►				
	7	а	Gross amount from sales of	(i) Securiti	es (ii) Other				
			assets other than inventory	7a					
		b	Less: cost or other basis						
an			and sales expenses	7b					
evenue		С	Gain or (loss)	7c					
۳,		d	Net gain or (loss)		►				
Other R	8	а	Gross income from fundraising	ng events (not					
δļ			including \$	of					
			contributions reported on	line 1c). See					
			Part IV, line 18		8a				
		b	Less: direct expenses		8b				
		с	Net income or (loss) from	fundraising ever	ts 🕨				
	9	а	Gross income from gamin	ig activities. See					
			Part IV, line 19		9a				
		b	Less: direct expenses		9b				
		с	Net income or (loss) from	gaming activities	s ►				
	10	а	Gross sales of inventory, I	less returns					
			and allowances		10a				
		b	Less: cost of goods sold		10b				
		с	Net income or (loss) from	sales of inventor	y 🕨				
<u> </u>					Business Code				
Revenue	11	а							
n n		b			-				
eve a		С			-				
			All other revenue		-				
2			Total. Add lines 11a-11d						
	12		Total revenue. See instruction			441,114.	63.	0.	0.
			20		F	-		•	Form 990 (2020

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Page **9**

	t IX Statement of Functional Expense on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must og	molete column (A)	
	Chook if Schedule O contains a reason		this Dort IX		X
	Check if Schedule O contains a respons ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service	Management and	(D) Fundraising
	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	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,				
	trustees, and key employees	70,101.	52,576.	10,515.	7,010
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	40,668.	32,947.	7,371.	350
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	15,083.	7,221.	7,862.	
0	Payroll taxes	10,924.	7,301.	2,767.	856
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	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 0.)				
	Advertising and promotion				
	Office expenses				
	Information technology				
	Royalties	41,263.	27,837.	10,316.	3,110
		41,203.	41,051.	10,310.	3,110
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest				

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

032010 12-23-20

e All other expenses

21

22 23

24

а

b

С

d

25

26

Insurance

Payments to affiliates _____

Depreciation, depletion, and amortization

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 0.)

PROGRAM SUPPORT & SERVI

Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization

SEE SCH O

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

OTHER ADMIN EXPENSES

PATIENT ADVOCATE

PATIENT NAVIGATORS

..... Other expenses. Itemize expenses not covered

Form **990** (2020)

1,239.

1,819.

10,442.

24,826.

11

653.

126,945.

17,267.

17,050.

15,525

42,668.

398,147.

653.

-111.

10,610.

14,862.

64,192.

125,817.

4,838.

17,050.

15,525.

17,364.

309,129.

13231109 133563 7128

12

га							
		Check if Schedule O contains a response or n	ote to ar	iy line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			58,692.	1	125,993.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	25,881.	4	15,000.		
	5	Loans and other receivables from any current	•	-	,		
	_	trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua				-	
		under section 4958(f)(1)), and persons describ				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	1,000.
		Land, buildings, and equipment: cost or other				Ŭ	
	104	basis. Complete Part VI of Schedule D		24,544.			
	ь		100		0.	10c	7,543.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	0.	15	1,850.		
	16	Total assets. Add lines 1 through 15 (must ec	84,573.	16	151,386.		
	17	Accounts payable and accrued expenses	2,486.	17	26,332.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		21			
s	22	Loans and other payables to any current or fo					
itie		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of th				22	
Ľ	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat		24			
	25	Other liabilities (including federal income tax, p		-			
		parties, and other liabilities not included on lin					
		of Schodulo D				25	
	26	Total liabilities. Add lines 17 through 25			2,486.	26	26,332.
		Organizations that follow FASB ASC 958, cl	heck her	e 🕨	,		
Sec		and complete lines 27, 28, 32, and 33.					
anc	27					27	
Bal	28	Net assets with donor restrictions		28			
pu		Organizations that do not follow FASB ASC					
μ		and complete lines 29 through 33.	,				
s or	29	Capital stock or trust principal, or current fund	ls		0.	29	0.
set	30	Paid-in or capital surplus, or land, building, or			0.	30	0.
As	31	Retained earnings, endowment, accumulated			82,087.	31	125,054.
Net Assets or Fund Balances	32	Total net assets or fund balances		E E E E E E E E E E E E E E E E E E E	82,087.	32	125,054.
~	33	Total liabilities and net assets/fund balances			84,573.	33	151,386.
					,		- ,

LATINAS CONTRA CANCER

_* Page **11**

Form **990** (2020)

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Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI I 1 Total revenue (must equal Part VIII, column (A), line 12) 1 441,114. 2 3398,147. 3 42,967. 3 Revenue less expenses. Subtract line 2 from line 1 3 42,967. 4 Base on investments 5 6 5 Net unrealized gains (losses) on investments 6 7 6 Donated services and use of facilities 7 6 7 Investment expenses 7 7 8 0 0. 0 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 125,054. Part XII Financial Statements and Reporting 1 Yes No 1 Accounting method used to prepare the Form 900: Casi X Accrual Other 1 1 Accounting method used to prepare the Form 900: Casi X Accrual Other 1 2a X	Form	1990 (2020) LATINAS CONTRA CANCER	**_***	* * *	Page 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 441,114. 2 Total expenses (must equal Part IX, column (A), line 25) 2 398,147. 3 Revenue less expenses. Subtract line 2 from line 1 3 42,967. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 82,087. 5 6 6 7 8 7 6 7 8 9 0. 6 7 8 9 0. 9 0. 9 0.ther changes in net assets or fund balances (explain on Schedule O) 9 0. 1 1 Accounting method used to gear. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 125,054. Part XIII Financial Statements and Reporting 1 1 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare t	Pa	rt XI Reconciliation of Net Assets			
2 Total expenses (must equal Part IX, column (A), line 25) 2 398, 147. 3 Revenue less expenses. Subtract line 2 from line 1 3 42, 967. 4 Het assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 82, 087. 5 Net uneralized gains (losses) on investments 6 7 6 7 Investment expenses 7 7 8 6 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 125, 054. Part XII Financial Statements and Reporting 7 10 125, 054. Part XII Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolida		Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	
2 Total expenses (must equal Part IX, column (A), line 25) 2 398, 147. 3 Revenue less expenses. Subtract line 2 from line 1 3 42, 967. 4 Het assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 82, 087. 5 Net uneralized gains (losses) on investments 6 7 6 7 Investment expenses 7 7 8 6 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 125, 054. Part XII Financial Statements and Reporting 7 10 125, 054. Part XII Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolida					
3 Revenue less expenses. Subtract line 2 from line 1 3 42,967. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 82,087. 5 Net unrealized gains (losses) on investments 5 5 6 0onated services and use of facilities 7 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 125,054. Part XII Financial Statements and Reporting 1 2 Check if Schedule O contains a response or note to any line in this Part XII 125,054. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2 X 2 1 Yes, check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis or both: 2	1		-		
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 82,087. 5 Net unrealized gains (losses) on investments 5 6 6 0 7 6 7 1 8 0 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 125,054. Part XII Financial Statements and Reporting 10 125,054. Check if Schedule O contains a response or note to any line in this Part XII 1 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis Both consolidated and separate basis, consolidated basis Both consolidated and separate basis, consolidated basis Consolidated basis, or both: 2b X Separate basis Consolidated basis<	2				
5 Net unrealized gains (losses) on investments 5 6 0onated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 125 , 054 . Part XII Financial Statements and Reporting	3		-		
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 125,054. Part XII Financial Statements and Reporting 10 125,054. Part XII Financial statements complex on to to any line in this Part XII 1 125,054. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis, consolidated basis Both consolidated and separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis Both consolidated and separate basis. b Were the organization's financial statements audited by an independent acco	4			82	,087.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 125, 054. Part XII Financial Statements and Reporting 10 125, 054. Check if Schedule O contains a response or note to any line in this Part XII 1 125, 054. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization s financial statements compiled or reviewed by an independent accountant? Yes No 2a X X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis is Both consolidated and separate basis 2b X If "Yes," to ke k a box below to indicate whether the financial statements for the year we	5				
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 125,054. Part XII Financial Statements and Reporting 10 125,054. Check if Schedule O contains a response or note to any line in this Part XII 1 125,054. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Dother consolidated basis or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or a separate basis. Dosolidated basis. Both consolidated and separate basis. Dosolidated basis. Dosolidated basis. Zb X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. Both consolidated and separate basis. Consolidated basis. Dosolidated basis. Consolidated basis. Zb<	6	Donated services and use of facilities			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 125,054. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash A Accounting method used to prepare the Form 990: Cash Cash A Accounting method used to prepare the Form 990: Cash Cash A Accounting method used to prepare the Form 990: Cash Cash A Accounting method used to prepare the Form 990: Cash Cash A Accounting method used to prepare the Form 990: Cash Cash A Accounting method used to prepare the Form 990: Cash Cash A Accounting method used to prepare the Form 990: Cash Cash A Accounting method used to prepare the Form 990: Cash Cash A Accounting method used to prepare the Form 990: Cash Cash A Account Other If the organization's financial statements compiled or reviewed by an independent accountant? Part XII If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate ba	7	Investment expenses	7		
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Form **990** (2020)

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