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Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

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

Open to Public Inspection

Α	For the	2012 calendar year, or tax year beginning	and	<u>endi</u> ng		
В	Check if applicable	C Name of organization			D Employer identifi	cation number
Г	Addres	LATINAS CONTRA CANCER			1	
F	Name change	Doing Business As NOT FOR PRO	יידק(		56-2	412069
F	Initial return	Number and street (or P.O. box if mail is not de		Room/suite	E Telephone numbe	
F	Termin-	255 N. MARKET STREET S	•	1100111/30110	1 T	280-0811
⊢	ated Amend			L	G Gross receipts \$	550,797.
F	—lreturn — Applica				H(a) Is this a group re	
_	Lition pending	F Name and address of principal officer YSA	BET. DIRON		for affiliates?	Yes X No
		255 N. MARKET STREET SU		SE CA	H(b) Are all affiliates inc	
_	Toy ove		✓ (insert no.) 4947(a)(1)		7	list (see instructions)
		:: ► WWW.LATINASCONTRACANCE		01 321	H(c) Group exemptio	
				(3) Vear		State of legal domicile: CA
_		Summary	A one 501	( J) L Teal	oriorination. 2003 N	Jointe of legal dofficile. CA
	T .	Briefly describe the organization's mission or mos	t conficent activities: PATS	TNG CA	NCER AWARNE	99
REVENUEN NETACTIONES & Sovery Bance	' ;		TRANSPORTATION		MCDI WMAKNE	00,
H	2		ntinued its operations or dispo		than 25% of its not as	reate
<u>چې</u>	2	lumber of voting members of the governing body	·	Sea of filore	3	6
⊂છે	3 1	•	•		4	6
4-00	, T	lumber of independent voting members of the go otal number of individuals employed in calendar	,		<u> </u>	7
فق	5 1	• •	, , ,		5	
Ċξ	6	otal number of volunteers (estimate if necessary)			6	0.
٧	/a t	otal unrelated business revenue from Part VIII, co			7a	0.
빌	<u> </u>	let unrelated business taxable income from Form	990-1, line 34		7b	
2	ر م	Annabet Anna and annabe (Dept.) (III loss 41s)			Prior Year	Current Year 550,720.
Se S	8 6	Contributions and grants (Part VIII, line 1h)			244,804. 0.	
Sell Sell	9 F	rogram service revenue (Part VIII, line 2g)	17.1	-		<u>0.</u> 77.
Re	10 1	nvestment income (Part VIII, column (A), lines 3, 4	*	-	106.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8d		-	0.	<u>0.</u>
_		otal revenue - add lines 8 through 11 (must equa			244,910.	550,797.
	1	Grants and similar amounts paid (Part IX, column	• • • •		2,800.	4,489.
	1	Benefits paid to or for members (Part IX, column (			140 159	130 906
Expenses	15 8	salaries, other compensation, employee benefits			140,158.	138,896.
ë	16a F	Professional fundraising fees (Part IX, column (A),		<u> </u>	0.	0.
Ä	_b	otal fundraising expenses (Part IX, column (D), lir	11(240)	0.	124 050	221 004
	17 (	ntner expenses (Part IX, column (A), lines [La] i To	i, 1 IT·24e)	-	134,858.	231,084.
	18 1	otal expenses Add lines 13-17 (must equal Part	À, Ġ၍uṃ̂n (A),Ziŋ̈́ę'35)   Ο	<del>                                     </del>	277,816.	374,469.
	19 F	Revenue less expenses Subtract line 18 from line	12	- I D.	<32,906.	
tso	<u> </u>		GDEN, UT	Ве	ginning of Current Year 192,968.	End of Year
SSE	20 1	The state of the s	33L14, 01		76,298.	300,455.
Net Assets or	21 ]	otal liabilities (Part X, line 26)		-	116,670.	7, <u>457.</u> 292,998.
		let assets or fund balances Subtract line 21 from Signature Block	1 line 20		110,070.	434,330.
	art II	lies of perjury, I declare that I have examined this return	and the day of the day	o and atatam	anta and to the heat of m	u knowledge and helief it is
		ies of perjury, I declare that I have examined this return , and complete. Declaration of preparen(other than offic				y kilowieuge aliu bellet, it is
true	e, correct	, and complete. Declaration of preparet (other than onic	er) is based on all information of w	ilicii preparei	lias any knowledge.	11/2
		Signature of officer			Date	11-2
Sig	1	y	na ny		54.0	
He	re	YSABEL DURON, CEO/SECR Type or print name and title	EIARI			
_		<u></u>	Bussels		Date Check	PTIN
	I .	Print/Type preparer's name	Preparer's signature	1	01/	<b>-</b> 7∤
Pai	<u> </u>	JOSE A. PALMA	Gre a falm		<del></del>	
			COUNTANCY CORP.		/ Firm's EIN	72-1557137
USE	Only	Firm's address 111 RACE STREET	26		Dhan /	4001000 4000
		SAN JOSE, CA 951			Phone no. (	408)998-4920
		S discuss this return with the preparer shown ab				Yes No
232	001 12-10	-12 LHA For Paperwork Reduction Act Notice	ce, see tne separate instructi	ons.		Form <b>990</b> (2012)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

916-23

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
	Briefly describe the organization's mission
	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-EZ?
	If "Yes," describe these new services on Schedule O
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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
	(Code) (Expenses \$ 343,793. including grants of \$
	INFORMATIONAL WEB SITE, EDUCATIONAL PROGRAMS, ORGANIZED WALK-A-THONS,
	CHRISTMAS CANCER EVENTS AND COUNSELING OF CANCER PATIENTS. NATIONAL
	LATINO CANCER SUMMIT.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$) (Revenue \$)
A ~I	Other program services (Describe in Schedule O)
4d	(Expenses \$ including grants of \$ ) (Revenue \$ )
	Total program service expenses ► 343,793.
40	Form <b>990</b> (2012)

		<u> 2412069</u>	P	age 3
Pa	rt IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	<u> </u>	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right	to		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,	Part I 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		ŀ	
	Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	or		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	?	1	
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, perma	anent		
	endowments, or 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	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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	İ		
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	١		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	· · · · · · · · · · · · · · · · · · ·	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			
	Schedule D, Parts XI and XII	12a	-	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠,,
	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		14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,	9		<b>.</b>
	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 assistance to any organization		Ì	- T
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individu	l l		\ <b>v</b>
	located outside the United States? 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	17	<b> </b>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lin			
	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,"			<b>.</b>
	complete Schedule G, Part III	19	<b></b>	<u> </u>

Form **990** (2012)

20a

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

56-2412069 Page 4 LATINAS CONTRA CANCER Form 990 (2012) Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the Х United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, Х 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 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? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х 25a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified 26 X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х 27 of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? X 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V. line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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

> X Form 990 (2012)

X

37

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Part V

Check if Schedule O contains a response to any question in this Part V Yes 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 X 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) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Х a 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 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7c to file Form 8282? 7d d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? **7g** If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting 8 organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 9a a Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter-10 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 b Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes." enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 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 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c Х 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Form 990 (2012)

232005 12-10-12

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No	" respor	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		( <b>.</b>
<u> </u>	Check if Schedule O contains a response to any question in this Part VI	· · · · · ·	X
Sec	tion A. Governing Body and Management	Tv .	
4	Enter the number of voting members of the governing body at the end of the tax year	Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		ĺ
ь	Enter the number of voting members included in 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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1	
	of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?	4	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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
а	The governing body?		
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	}	٠,,
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	V	No.
10-	Did the organization have local chapters, branches, or affiliates?	Yes	No X
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	d	
U	and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	<u> </u>	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	a	X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		
	in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		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?		
а	The organization's CEO, Executive Director, or top management official	a	X
b	Other officers or key employees of the organization	<u> </u>	х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		v
	taxable entity during the year?	a	<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's  exempt status with respect to such arrangements?  16		
Sec	exempt status with respect to such arrangements? 16	<u> </u>	
<u> </u>	List the states with which a copy of this Form 990 is required to be filed ►CA		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) avail	able	
	for public inspection. Indicate how you made these available. Check all that apply		
	Own website Another's website X Upon request Other (explain in Schedule O)		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and fir	ancial	
-	statements available to the public during the tax year		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	▶	
	YSABEL DURON - (408) 280-0811		
****	255 N. MARKET ST. SUITE 175, SAN JOSE, CA 95110		
232000 12-10-		rm <b>990</b>	(2012)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order, individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees; and former such persons

(A)	(B)	(C) Position						(D)	(E)	(F)	
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated	
	hours per week		box, unless person is both an officer and a director/trustee					compensation from	compensation from related	amount of other	
	(list any	ă			<u> </u>			the	organizations	compensation	
	hours for	ge			l	ם		organization	(W-2/1099-MISC)	from the	
	related	stee 0	rustee			en Sa		(W·2/1099·MISC)		organization	
	organizations	nal fru	onalt		ploye	E 8				and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) YSABEL DURON	40.00		_				_	<u></u>			
FOUNDER/CEO/SECRETARY		X		X		ļ		0.	49,300.	0.	
(2) JOE TIRADO	15.00	]									
CO-CHAIR		X		X				0.	0.	0.	
(3) HERMELINDA SAPIEN	15.00										
CO-CHAIR		X		X				0.	0.	0.	
(4) ROBERT BELTRAN	10.00										
OFFICER		X		Х				0.	0.	0.	
(5) ALCARIO CASTELLANO	15.00	ļ						_	_		
OFFICER		X		X				0.	0.	0.	
(6) LORENA MONTES	10.00	l						•	•	_	
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Form 990 (2012)

(A) Name and title    Average   Pours per   Vest	Part '	VII Section A: Officers, Directors, Trus	stees, Key Em	ploy	ees	ane	d Hi	ghe	st C	ompensated Employe	es (continued)			
Sub-total   Sub-total   Sub-total   Sub-total   Sub-total   Total number of index sub-total   Sub-to						(0	C)						(F)	
16   Sub-total		Name and title	_	(do					one	Reportable	Reportable	1	Estimat	ed
Sub-total			1	box	, unle	ss pe	rson	ıs bot	h an	1 '	•	4		
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\$100,000 of compensation from the organization				iUL II	mie	u 10		_	ol <del>U</del> C	above) who received if	IOI O III III			
	\$	100,000 of compensation from the organ	ızanılı -					<del>-</del>		· · · · · · · · · · · · · · · · · · ·		For	n <b>990</b>	(2012)

				LA CANCER		<u>_</u>	<u> 56-2412</u>	069 Page <b>9</b>
Pai	rt VII	Statement of Rever	nue					
		* Check if Schedule O cont	ains a response	to any question in	n this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nce Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	ots, and ove of the standard s	550,720. 500. Business Code	550,720.			
Program Service Revenue	b c d e f			<b>•</b>				
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties		<b>&gt;</b>	77.	77.		
	6 a b c d	1.1	Write	(ii) i cisoriai				
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities	(II) Other				
Other Revenue		Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	of					
Other	с 9 а b	Less direct expenses  Net income or (loss) from fund Gross income from gaming ad Part IV, line 19 Less direct expenses  Net income or (loss) from gan	ctivities See a b					
	10 a b	Gross sales of inventory, less and allowances Less. cost of goods sold Net income or (loss) from sale	returns a b es of inventory					
	11 a b c			BUSITIESS CODE				
	е	Total. Add lines 11a-11d Total revenue See instructions.		<b>&gt;</b>	550,797.	77.	0.	0.

Form **990** (2012)

# Form 990 (2012) LATINAS CONTRA CANCER Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mplete column (A)	
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
_	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	1,000.	1,000.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	3,489.	3,489.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	49,300.	49,300.		
6	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	78,043.	60,193.	17,850.	
8	Pension plan accruals and contributions (include	,	,2551		
o	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
-	Payroll taxes	11,553.	11,553.		
10	Fees for services (non-employees)	11,000			
11					
a					
b	Legal	7,000.	7,000.		
C	Accounting	7,000.	7,000.		
d	, ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	2 224	1 600	1 601	
13	Office expenses	3,201.	1,600.	1,601.	
14	Information technology		·		
15	Royalties				
16	Occupancy	25,887.	25,887.		
17	Travel	20,088.	10,044.	10,044.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				<u>-</u> .
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,181.		1,181.	
23	Insurance	869.	869.		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CITED CONTEND & CENOD C	67,532.	67,532.		
b	COMPRESSION CONTRACTON M	58,681.	58,681.		
C	DDOGDAM DIDEOM EVD	21,671.	21,671.		
d	DESTRUCTION OF DUDI TONIC	7,617.	7,617.		
_	All other expenses	17,357.	17,357.		
	Total functional expenses. Add lines 1 through 24e	374,469.	343,793.	30,676.	0
25	Joint costs Complete this line only if the organization		3 20 , 1 3 3 1	30,000	
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2012

Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) Beginning of year (B) End of year 142,621 279,373. 1 Cash · non-interest-bearing 2 Savings and temporary cash investments 2 33,333. 3 3 Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 8 Inventories for sale or use g Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 12,264. basis Complete Part VI of Schedule D 10a 10,152. 2,014. 2,112. 10c 10b b Less accumulated depreciation 11 Investments - publicly traded securities 11 15,000. 15,000. Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 3,970. 15 Other assets See Part IV, line 11 15 192,968 300,455. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 1,457. 1,131 Accounts payable and accrued expenses 17 17 18 Grants payable 18 75,167 6,000. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 0. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 7,457. 76,298. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 30 through 34. 0. 0. Capital stock or trust principal, or current funds 30 30 0. 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 116,670. 32 292,998. Retained earnings, endowment, accumulated income, or other funds 32 292,998. 116,670. 33 Total net assets or fund balances 33 300,455. 192,968 Total liabilities and net assets/fund balances Form 990 (2012)

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-orm	1 990 (2012) LATINAS CONTRA CANCER	56-241	2069	Pag	<sub>1e</sub> 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
	·	1		_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	550		
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>69.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			28.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> 116</u>	, 6	<u>70.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	292	, 9	<u>98.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		-		ᆜ
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			Yes	No
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	U	2a		x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	l on a	28		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	iona			
	separate basis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis				ļ
_	Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?		2b	- 1	х
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e hasis	-20		
	consolidated basis, or both	c basis,	1 1		
	Separate basis Consolidated basis Both consolidated and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			
C	review, or compilation of its financial statements and selection of an independent accountant?	,	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
Ų.	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	90	(2012)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

2012

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

Name of the organization

Employer identification number

		_	LATINAS	CONTRA CANC	ER					5	6-2412	069	
Part	: <b>I</b> ]	Reason	for Public Cha	rity Status (All organiz	ations mu	st comple	te this par	t) See ins	tructions				
The or	gan	zation is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox)					
1 🛓	ᆜ	A church, co	nvention of churche	es, or association of chur	ches desc	ribed in se	ection 170	X(b)(1)(A)(i	).				
2 _	닠	A school des	cribed in section 1	<b>70(b)(1)(A)(ii).</b> (Attach Sc	hedule E)								
3 <u> </u>	ᆜ	A hospital or	a cooperative hosp	ital service organization	described	ın section	170(b)(1)	(A)(iii).					
4 _		A medical res	search organization	operated in conjunction	with a hos	spital desc	ribed in <b>s</b> e	ection 170	(b)(1)(A)(i	ii). Enter	the hospital	l's name,	
_		city, and stat											
5 L		=	ion operated for the (b)(1)(A)(iv). (Comp	benefit of a college or ui lete Part II.)	niversity o	wned or op	perated by	/ a govern	mental uni	it describ	ed in		
6		A federal, sta	ate, or local governn	nent or governmental uni	t describe	d in <b>sectio</b>	n 170(b)(	1)(A)(v).					
7				ceives a substantial part					or from the	general	public desc	ribed in	
		section 1700	(b)(1)(A)(vi). (Compl	ete Part II)			•			_	•		
8 [				section 170(b)(1)(A)(vi).	(Complete	Part II)							
9	X	An organizati	on that normally re	ceives (1) more than 33	1/3% of its	support f	rom contr	ibutions, n	nembershi	p fees, a	nd gross re	ceipts fro	m
		activities rela	ited to its exempt fu	inctions - subject to certa	aın exceptı	ons, and (	2) no more	than 33 1	1/3% of its	s support	from gross	investme	ent
		income and i	unrelated business	taxable income (less sect	tion 511 ta	x) from bu	sinesses	acquired b	y the orga	anization	after June 3	30, 1975	
		See section	509(a)(2). (Complet	e Part III)									
10 [		An organizati	on organized and o	perated exclusively to te	st for publ	ic safety S	See <b>sectio</b>	on 509(a)(4	4).				
11		An organizati	ion organized and o	perated exclusively for th	ne benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the	purposes o	of one or	
		more publicly	supported organiz	ations described in secti	on 509(a)(	1) or section	on 509(a)(2	2) See sec	ction 509(	(a)(3). Ch	eck the box	that	
		describes the	e type of supporting	organization and compl	ete lines 1	1e through	n 11h.						
		a Type I	I <b>b</b> 🗔 Т	ype II c 🔲 T	ype III - Fu	nctionally	ıntegrated	ا	ј 🔲 Тур	e III - No	n-functional	ly integra	ted
e		By checking	this box, I certify th	at the organization is not	controlled	durectly o	r indirectly	by one o	r more dis	qualified	persons oth	ner than	
		foundation m	nanagers and other	than one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509	)(a)(2)	
f		If the organiz	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			-	
		supporting of	rganization, check t	his box								L	
g		_		organization accepted ar			-						
		(i) A perso	n who directly or inc	directly controls, either al	one or tog	ether with	persons of	described	ın (ıı) and (	(III) below	'	Yes N	10
		the gove	erning body of the s	supported organization?							11g(i)	<del></del>	
		(ii) A family	member of a perso	n described in (i) above?							11g(i <u>i</u> )	<del>                                     </del>	
		(iii) A 35% (	controlled entity of a	a person described in (i) o	or (II) above	e?					11g(iii)		
h		Provide the f	ollowing information	about the supported or	ganızatıon	(s)							
(i) N:	ame	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did yo	u notify the	(vi) ls	s the	(vii) Amoun	t of monet	arv
		nization	(11) C.11	(described on lines 1-9		sted in your		tion in col.	organizati (i) organiz	on in col. ed in the	, <i>,</i>	port	,
	-			above or IRC section		document?	(i) of you	r support?	, , , , , u.s	5.2			
				(see instructions))	Yes	No	Yes	No	Yes	No			
							·						
		<del></del>				_							
					1	1							
							<u>-</u>		_		_		
								-	-	-			
		<del>-</del>	ļ							_			
Total													

232021

Schedule A (Form 990 or 990-EZ) 2012

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

P	art II Support Schedule for	_						
	(Gomplete only if you checked fails to qualify under the tests			_	on falled to qualify	under Par	t III II the	organization
Sa	ction A. Public Support	, listed below, piec		···.,	-			<del></del>
	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	012	(f) Total
	Gifts, grants, contributions, and	(a) 2000	(b) 2003	(6) 2010	(d) 2011	(6) 2	012	(i) rotai
•	membership fees received (Do not							
	include any "unusual grants ")					1		
2	Tax revenues levied for the organ-				· · · · · · · · · · · · · · · · · · ·			
~	ization's benefit and either paid to							
	or expended on its behalf							
3			-		_			
Ū	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions							
_	by each person (other than a						1	
	governmental unit or publicly					1	İ	
	supported organization) included						1	
	on line 1 that exceeds 2% of the							
	amount shown on line 11,						İ	
	column (f)						ŀ	
6	Public support. Subtract line 5 from line 4							
Se	ction B. Total Support		,	· · · · · · · · · · · · · · · · · · ·		,		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	012	(f) Total
7	Amounts from line 4					<u> </u>		
8	Gross income from interest,						[	
	dividends, payments received on						{	
	securities loans, rents, royalties						İ	
	and income from similar sources				ļ			
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on					<del></del>		
10	Other income Do not include gain							
	or loss from the sale of capital	ļ						
	assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,					12		
13	First five years. If the Form 990 is for		s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(	3)	_
50	organization, check this box and stor ction C. Computation of Publ	here ic Support Pe	rcentage			-		
				column (fl)		14		
14	5.11			Column (i))		15		
15	2012. If the c			on line 13, and line	14 is 33 1/3% or	L	ck this how	·
168					14 13 00 17070 01	more, cne	ok tina bo	\ and
	stop here. The organization qualifies 33 1/3% support test - 2011. If the organization are stop here.				1 line 15 is 33 1/30	% or more	check the	s box
	and stop here. The organization qual				210 10 13 00 1707	J JI MOIG	, 5.100K till	<b>▶</b> □
47.	a 10% -facts-and-circumstances tes				e 13 16a or 16h	and line 1	4 is 10% (	or more
1/8	and if the organization meets the "fac							
	meets the "facts-and-circumstances"						o organi	<b>▶</b>
	10% -facts-and-circumstances tes					17a, and	line 15 is 1	0% or
	more, and if the organization meets the							
	organization meets the "facts-and-cire							<b>▶</b> □

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

232022 12-04-12

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Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 LATINAS CONTRA CANCER

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	olow, picade comp	note i dit ii j				
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	405,937.	109,163.	437,392.	244,910.		1197402.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 a Amounts included on lines 1, 2, and 3 received from disqualified persons	405,937.	109,163.	437,392.	244,910.		1197402.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6) ction B. Total Support					<u> </u>	1197402.
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	405,937.	109,163.	437,392.		(e) 2012	1197402.
-	i Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	203,337.	103,103.	437,332.	244,510.		1137402.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)		109,163.			- 504( )(0)	1197402.
14	First five years. If the Form 990 is for check this box and stop here	the organization's	first, second, thire	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organ	ization,
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2012 (I	line 8, column (f) di	vided by line 13, c	olumn (f))		15	100.00 %
16	Public support percentage from 2011	Schedule A, Part	III, line 15			16	100.00 %
Sec	ction D. Computation of Inves	stment Income	e Percentage			·	
	Investment income percentage for 20			e 13, column (f))		17	<u>.00 %</u>
	Investment income percentage from					18	%
192	33 1/3% support tests - 2012. If the						
	more than 33 1/3%, check this box a	•	_				►LX
Ł	33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	<u>in did not check a l</u>	box on line 14, 19	a, or 19b, check th			00 000 571 00 11
2220	23 12-04-12				Sch	equie A (Form 9	90 or 990-EZ) 2012

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#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** LATINAS CONTRA CANCER 56-2412069 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure 2d listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2012

									-2412069 Page 2				
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, e	or Other	Similar	r Asset	<b>S</b> (continu	ied)			
3	Using the organization's acquisition, accession	on, and other record	ds, check	k any of the	following that	it are a sigi	nificant us	se of its o	ollection	ıtems			
	(check all that apply)												
а	Public exhibition	c	ı 🗀 ı	Loan or exc	hange progra	ams							
b	Scholarly research	e	, 🗀	Other									
C	Preservation for future generations												
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII												
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets												
	to be sold to raise funds rather than to be ma	untained as part of	the orga	nization's co	ollection?			🗀	Yes	No_			
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if the	organizatio	n answered	"Yes" to Fo	orm 990, F	Part IV, II	ne 9, or				
	reported an amount on Form 990, Par	t X, line 21											
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	s or other as	sets not in	cluded						
	on Form 990, Part X?												
b	b If "Yes," explain the arrangement in Part XIII and complete the following table												
_	3	,	ŭ					Amount					
С	Beginning balance						1c						
	Additions during the year						1d						
-	Distributions during the year						1e						
f	Ending balance						1f						
	Did the organization include an amount on Fo	orm 990. Part X. line	21?						Yes	No			
	If "Yes," explain the arrangement in Part XIII			n has been	provided in	Part XIII							
Par													
l		(a) Current year		rior year	(c) Two year		) Three vea	ars back	(e) Four v	ears back			
1a	Beginning of year balance	(4)	1-7-	7,000	(5)	(4	,						
b	Contributions									*			
~	Net investment earnings, gains, and losses						·· <u>·</u>	İ					
٦	Grants or scholarships	<del></del>		····									
	Other expenditures for facilities												
-	and programs												
f	Administrative expenses												
-	End of year balance												
g 2	Provide the estimated percentage of the curr	ent year end haland	re (line 1	a column (a	al) held as			ı					
	Board designated or quasi-endowment		%	g, colaiiii (t	ajj riola ao								
a b	Permanent endowment	%											
	Temporarily restricted endowment	% %											
C	The percentages in lines 2a, 2b, and 2c shou												
2-	Are there endowment funds not in the posses	-	ation the	at are held a	nd administe	ered for the	organiza	tion					
Ja		33ion of the organiz	ation the	at are ricid a	aria aariiiriiste	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. Organiza		- G	res No			
	(i) unrelated organizations								3a(ı)				
	(i) unrelated organizations (ii) related organizations								3a(iı)				
_	If "Yes" to 3a(ii), are the related organizations	lieted as required (	on Scher	dula B2					3b				
_	Describe in Part XIII the intended uses of the								95	<u> </u>			
Par	t VI Land, Buildings, and Equipm						-						
- 41	Description of property	- ***					umulated		(d) Book	value			
	Description of property	basis (investi				reciation (a) E		(4) 5000	OUR VAILLE				
	Land	2230 (1110011			·/	256.		$\dashv$					
	Land							-					
D	Buildings												
С	Leasehold improvements	-											
d	Equipment			1	2,264.		10,15	2.	2	,112.			
	Other  Add lines 1a through 1e. (Column (d) must ea	gual Form 990 Part	X colur				<u> </u>	<u> </u>		,112.			

Schedule D (Form 990) 2012

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hedule D (Form 990) 2012 LATINAS CONTRA CANCER	1 10001	56-2412069 Page
art XI Reconciliation of Revenue per Audited Financial State	ements With Rever	nue per Return
Total revenue, gains, and other support per audited financial statements		1
Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e
Subtract line 2e from line 1		3
Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
art XII Reconciliation of Expenses per Audited Financial State	tements With Expe	nses per Return
Total expenses and losses per audited financial statements		1
Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
<b>b</b> Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e
Subtract line 2e from line 1	3	
Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII )	4b	
c Add lines 4a and 4b		4c
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
art XIII Supplemental Information		
mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, F ine 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part XII.		
	<u>,</u>	

Schedule D (Form 990) 2012

### SCHEDULE O

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 56-2412069 LATINAS CONTRA CANCER FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE: 501(3) FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO CREATE AN INCLUSIVE HEALTH CARE SYSTEM THAT PROVIDES SERVICES TO THE UNDERSERVED LATINO POPULATION AROUND ISSUES OF BREAST AND OTHER CANCERS. FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR AND THE ACCOUNTING MANAGER REVIEWED FORM 990 AFTER DELIVERY FROM THE CPA. AFTER THEIR REVIEW THE ACCOUNTING MANAGER COMMUNICATES TO THE REST OF THE BOARD THAT THE RETURN IS AVAILABLE FOR REVIEW BEFORE MAILING. ALL RETURNS AND FINANCIAL DATA ARE OPEN TO THE PUBLIC DURING REGULAR BUSINESS HOURS. FORM 990, PART VI, SECTION C, LINE 19: SCHEDULE O IS USED TO DESCRIBE THE AVAILABILITY OF THE FINANCIAL INFORMATION AND FORM 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Department of the Treasury Internal Revenue Service (99)

**Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

Name(s) shown on return

➤ See separate instructions. Business or activity to which this form relates

Identifying number

990

LA'	TINAS CONTRA CANCER			FOR	м 990	PA	GE 10		56-241	2069
Pa	rt   Election To Expense Certain Prop	erty Under Section 1	79 Note: If you have	e any list	ted propert	y, co	mplete Part	V before y	ou complete Part	1
1 1	Maximum amount (see instructions)			-			-	1	500	,000.
2 1	otal cost of section 179 property place	ced in service (see	instructions)					2		
3 1	hreshold cost of section 179 propert	y before reduction	in limitation					3	2,000	,000.
	Reduction in limitation Subtract line 3	4								
<b>5</b> c	ollar limitation for tax year Subtract line 4 from lin	5								
6	(a) Description of p	d cost								
								·		
						1				
7 L	isted property. Enter the amount from	n line 29			7	$\top$				
	otal elected cost of section 179 prop		s in column (c) line	s 6 and				8		
	entative deduction Enter the smalle	•	3 II. 00.a.ii.i (0), iii.0		•			9		
	Carryover of disallowed deduction from		011 Form 4562					10		
	Business income limitation. Enter the	•		than zor	o) or line 5			11		
	Section 179 expense deduction Add		- •		'			12		
	• • • • • • • • • • • • • • • • • • • •	- •			▶ 13	Т				
	Carryover of disallowed deduction to a : Do not use Part II or Part III below for				13	<u> </u>			<del></del>	
Pai	<del></del>				le listed pr	oport			<del></del>	
ш.			<del></del>					[		
	Special depreciation allowance for qua	alified property (ot	ner than listed prop	эепу) ріг	icea in ser	vice o	luring			
	he tax year							14		
	Property subject to section 168(f)(1) el	lection						15		
_	other depreciation (including ACRS)							16	·	
Fai	t III MACRS Depreciation (Do n	ot include listed p	Section			_				
18 If	you are electing to group any assets placed in se  Section B - Assets  (a) Classification of property			x Year L		ener	ral Depreci		em (g) Depreciation de	eduction
102	3-year property		<u> </u>					1		
<u>19a</u>	5-year property	-	1	279.	5 YRS		HY	200DB		256.
<u>b</u>		-		<u> </u>	JIN	•	11.1	20000		230.
<u>c</u> _	7-year property		<del>-</del>						<del></del>	
d_	10-year property							-		
_ <u>e</u> _	15-year property					_				
<u>f</u>	20-year property				05					
<u>g</u>	25-year property				25 yrs			S/L		
h	Residential rental property	/			27 5 yr		MM	S/L	<del></del>	
					'		MM	S/L		
i	Nonresidential real property	/	,		<del>                                     </del>		MM	S/L		
		/	/   MM   S							
	Section C - Assets	Placed in Service	During 2012 Tax	Year Us	ing the Al	terna	tive Depre	ciation Sys	tem	
<u>20a</u>	Class life							S/L		
b	12-year				12 yrs			S/L		
С	40-year				40 yrs MM S		S/L			
Pa	t IV Summary (See instructions.)				_				<del></del>	
21 L	isted property Enter amount from lin	e 28						21		
22 1	otal. Add amounts from line 12, lines	14 through 17, lir	ies 19 and 20 in co	olumn (g)	, and line 2	!1				
	Enter here and on the appropriate line							22	1.	,181.
	or assets shown above and placed in									
	portion of the basis attributable to sec				23					
21625 12-28	1 LUA For Donomicorio Bodicatio		separate instruct	tions.					Form <b>45</b>	<b>62</b> (2012)

Part V Listed Proper amusement)	rty (Include a	utomobiles, c	ertaın otl	her vehi	cles, ce	ertain co	mputers	s, and pro	perty us	ed for e	ntertainn	nent, red	creation,	or
<b>Note:</b> For any through (c) of							or dedu	cting leas	e expens	se, comp	lete onl	y 24a, 2	4b, colui	mns (a
		on and Other					ınstruc	tions for li	mits for	passeng	er autor	nobiles	)	
24a Do you have evidence to	support the bu	sıness/investm	ent use cl	aimed?		Yes	No	24b If "Y	'es," ıs t	he evide	nce writ	ten?	Yes	N
(a) Type of property (list vehicles first )	Type of property Date Business			(d) Cost or other basis		(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention		(h) Depreciation deduction		Ele section	(i) cted on 179 ost
25 Special depreciation al	-		property	y placed	ın ser	rice duri	ng the ta	ax year ar	nd					
used more than 50% in							<del></del>			25	L		L	
26 Property used more that	an 50% in a q		ess use						_				T -	
	<b></b>		%			·	_		<del>                                     </del>					
	•		%						<del>                                     </del>					
27 Property used 50% or	less in a quali								·			·		
· · · · · · · · · · · · · · · · · ·	1000 117 4 444.		%						S/L·				Γ -	
			%						S/L ·				1	
	1		%						S/L ·				1	
28 Add amounts in columi	n (h), lines 25	through 27. E	nter her	e and or	n line 2	1, page	1			28			1	
9 Add amounts in columi	n (i), line 26 E	nter here and	on line	7, page	1							29		
			Section	B - Infor	rmatio	n on Us	e of Veh	nicles						
Complete this section for v f you provided vehicles to hose vehicles										•		ing this s	section f	or 
				a)		(b)		(c)	(d)		(e)		(f)	
30 Total business/investment	miles driven d	uring the	Vel	nicle	<u>v</u>	ehicle	<u>v</u>	'ehicle	hicle Vehicle		icle Vehicle		Vehicle	
year (do not include com	• ,												ļ	
•	1 Total commuting miles driven during the year												<b>-</b>	
32 Total other personal (no	oncommuting	) miles												
driven					-									
33 Total miles driven durin							}		ł				}	
Add lines 30 through 32			<u> </u>	Ι	1		\			1				
34 Was the vehicle availab	ole for person	ai use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours? Was the vehicle used p	remortly by a	moro								1		1	-	
than 5% owner or relat		INOIE	i			İ								
36 Is another vehicle avail	•	nal				<del></del>	+		<u> </u>	· · · · · ·	<u> </u>	<u> </u>		
use?	able for perso	····ai												
	Section C	- Questions 1	or Emp	lovers V	Vho Pr	ovide Ve	hicles	for Use b	v Their i	⊥ Employe	es	J	1	l
Answer these questions to			-	-					_			re not m	nore than	ı 5%
owners or related persons		,			,	,			,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
37 Do you maintain a writt	en policy stat	ement that pr	ohibits a	all perso	nal use	of vehic	des, incl	luding cor	nmuting	, by you	r		Yes	No
employees?														<del> </del>
38 Do you maintain a writt										your				
employees? See the in					fficers,	director	s, or 1%	or more	owners					-
39 Do you treat all use of v		. , ,											-	<del> </del>
O Do you provide more the					ınform	ation fro	m your e	employee	s about					
the use of the vehicles,							_							+
11 Do you meet the requir		• .												
Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," do ne	ot comp	lete Se	ction B	or the c	covered ve	hicles					
Part VI Amortization	***		(b)	T	(c)			(d)	Т	(e)	···-		(f)	
(a) Description	of costs	Date	amortization begins				Code section	Code Amortization Amo				mortization or this year		
12 Amortization of costs to	nat begins du	ring your 201	2 tax yea	ar										
				-										
43 Amortization of costs the	nat began bef	fore your 2012	2 tax yea	ar							43			
	I /6 O-		uana fe-	bara A.							144			

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