## EXTENDED TO NOVEMBER 16, 2020

Form **990-EZ** 

## Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Open to Public

Form **990-EZ** (2019)

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form, as it may be made public.
 Go to www.irs.gov/Form990EZ for instructions and the latest information.

For the 2019 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change 81-2450551 THE LATINO CANCER INSTITUTE Name change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return
Final return/
terminated 123 EAST SAN CARLOS STREET 408-287-5661 413 City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return SAN JOSE, CA 95112 Number > Application pending Cash X Accrual Other (specify) **G** Accounting Method: H Check ► L \_\_\_ if the organization is Website: ► WWW.LATINOCANCERINSTITUTE.OTG not required to attach Schedule B Tax-exempt status (check only one) -  $\times$  501(c)(3) 501(c) ( ) **◄**(insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). Form of organization: X Corporation Trust \_\_\_\_ Association \_\_\_\_ Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 106,586. column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 102,540 Program service revenue including government fees and contracts 2 Membership dues and assessments 3 Investment income 4 **5a** Gross amount from sale of assets other than inventory **b** Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than Revenue 6a **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7b **b** Less; cost of goods sold Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7с 4,046. Other revenue (describe in Schedule 0) SEE SCHEDULE O 8 106,586. **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule 0) 10 37,064. Benefits paid to or for members 11 11 Salaries, other compensation, and employee benefits 12 12 33,862. 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 15 15 SEE SCHEDULE O 27,157. 16 Other expenses (describe in Schedule 0) 16 17 98,083. Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (subtract line 17 from line 9) 8,503. 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 78,336. (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule 0) 20 86,839. Net assets or fund balances at end of year. Combine lines 18 through 20 21

932171 12-11-19

For Paperwork Reduction Act Notice, see the separate instructions.

Page 2

Pa	art II	Balance Sheets (see the instructions for Part II)						
		Check if the organization used Schedule O to res	pond to any question	n in this Part II				X
		•		A) Beginning of year		<b>(B)</b> E	nd of year	
22	Cash.	savings, and investments		73,431.	22		86,8	<u> 39.</u>
23		and buildings		•	23		<u> </u>	
24	Other	assets (describe in Schedule 0) SEE SCHEDULE C	)	4,905.				0.
25				78,336			86,8	
26		assets		0.	26		00,0	<u> </u>
		liabilities (describe in Schedule 0)		78,336			86,8	30.
27	Net a	ssets or fund balances (line 27 of column (B) must agree with line 21)  Statement of Program Service Accomplishme	nto /oca the instructi		27			33.
Pa	art III	<u> </u>	`	,	37		<b>(penses</b> for section	
		Check if the organization used Schedule O to res	pond to any question	n in this Part III	X		and 501(c)(	4)
Wha	at is the (	organization's primary exempt purpose? SEE SCHEDULE C	)			organizatio	ons; optiòna	
		rganization's program service accomplishments for each of its three largest program		es. In a clear and concise		others.)		
		ibe the services provided, the number of persons benefited, and other relevant inform	· -					
28	DEVI	ELOPMENT OF HEREDITARY BREAST CA	NCER TOLKIT					
					_			
	(Grants	s \$ ) If this amount includes foreign (	grants check here	•		28a		
29		TNERSHIP WITH STANDFORD FOR A \$3	M. 3YR. GRAI	VT				
20			7 117 0 1177 01111	.,	-			
					—			
	<del></del>	A \\(\text{I(1)}\)			<del></del> ₁	000		
	(Grants	) If this amount includes foreign (	grants, check here	<b>&gt;</b>		29a		
30								
	(Grants	s \$ ) If this amount includes foreign (	grants, check here	<b>&gt;</b>	Ш	30a		
31	Other	orogram services (describe in Schedule O)						
	(Grants	s \$ ) If this amount includes foreign	grants, check here			31a		
32	Total	. ( )			▶	32		0.
Pa	art IV	List of Officers, Directors, Trustees, and Key E	mployees (list each one	even if not compensated - s	ee the	instructions f	or Part IV)	
		Check if the organization used Schedule O to res	pond to any question	n in this Part IV				
		<u> </u>	(b) Average hours		( <b>d)</b> Hea	alth benefits,	(e) Estim	ated
		(a) Name and title	per week devoted to	compensation (Forms	contri	butions to yee benefit	amount of	
		(a) Namo ana dao	position	W-2/1099-MISC) (if not paid, enter -0-)	plans, a	and deferred pensation	compensa	ation
$\overline{\mathbf{v}}$ S	ABEI	L DURON			00,			
		ER/PRESIDENT	20.00	0.		0.		0.
		A NINO	20.00	- 0.1		<u> </u>		<u> </u>
			1 00			^		^
		JRER	1.00	0.		0.		0.
		ERA PACKARD				_		_
		TARY	1.00	0.		0.		0.
		SADOR CARMEN LOMELLIN						
CH	AIR		1.00	0.		0.		0.
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Page 3

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	s Par		X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule 0	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	"		
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a	NT /	X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	Α
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>&gt; 37a 0</b>			
	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9  N/A	-		
	Gross receipts, included on line 9, for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) association for public use of club facilities  Section Folia (N) associa	-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>O</b> •			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization   0 •			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40.		v
44	transaction? If "Yes," complete Form 8886-T	40e		X
	List the states with which a copy of this return is filed ► CA  The organization's books are in care of ► YSABEL DURON  Telephone no. ► 415-27	<u> </u>	022	
42 a	Located at \$\infty\$ 123 EAST SAN CARLOS STREET 3413, SAN JOSE, CA ZIP+4 \$\infty\$			
h	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		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041 -</b> Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u> </u>	
			Voo	No
44 0	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		Yes	140
<del>44</del> a	5 000 57	44a		х
h	Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	7-70		
-	of Form 990-EZ	44b		х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	<u> </u>	<u> </u>
		Lorm (	990-F7	(2010)

4C Did the e	rannization angular directly or indirectly in a	alitical compaign activitie	o on bobolf of o	r in annaaiti	on to condidates for n	ublic office O		Yes	No
	rganization engage, directly or indirectly, in p complete Schedule C, Part I				-		46		х
Part VI	Section 501(c)(3) Organization	s Only					-10		
	All section 501(c)(3) organizations must		49b and 52, a	and comple	te the tables for line	es 50 and 51.			
	Check if the organization used Schedul	e O to respond to any	question in the	his Part VI					
						•		Yes	
	rganization engage in lobbying activities or ha	, ,							X
	ganization a school as described in section 17						48 49a		X
	rganization make any transfers to an exempt was the related organization a section 527 org						49a 49b		
	e this table for the organization's five highest							ceived	more
•	0,000 of compensation from the organization		•	<b>,</b>	· -, · · · - , · · · · · · , ·				
	(a) Name and title of each employed	Э	(b) Avera		(C) Reportable	(d) Health benefit contributions to		e) Estim	
			per week devoted to position		compensation (Forms W-2/1099-MISC)	employee benefit plans, and deferre		ount of impens	
	NO	NE	μυδι	uon		compensation	- 00	ilihelis	<u>aliuii</u>
					1		+		
					1		+		
	mber of other employees paid over \$100,000								
	tion. If there is none, enter "None." NO.  Name and business address of each independ			(b	Type of service	(c)	Comp	ensatio	n
a Tabl	who of Albania days and the								
	nber of other independent contractors each r rganization complete Schedule A? <b>Note:</b> All s								
complete	ed Schedule A  s of perjury, I declare that I have examined th						X Y		No
	nd complete. Declaration of preparer (other t				•		u.۱۱ د د		,
	<u> </u>					05/1	<u>1/2</u>	020	
Sign Here	YSABEL DURON, FOUN Type or print name and title	DER@LATINOC	ANCERIN	ISTITU'	ΓE	Date			
	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
	τι τιπο τγρο ριομαίοι ο παιπο	Troparor 3 Signature		Date	self- emplo	_			
Paid	JOSE A. PALMA					P00	044	633	
Preparer		MA ACCOUNTA	NCY COR	RP.	Firm's EIN				
Use Only	Firm's address ► 111 RACE S				Phone no.	( 4 6 6 ) 6			0
	SAN JOSE,								
May the IRS di	scuss this return with the preparer shown ab	ove? See instructions				<b>&gt;</b> L		es	No
						1	orm §	990-EZ	(2019)

DEPARTMENT OF JUSTICE PAGE 1 of 5

STATE OF CALIFORNIA RRF-1 (Rev. 09/2017)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916)210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored. (For Registry Use Only)

				Check if:					
THE LATING CANCER INSTITUTE					nge of address				
THE LATINO CANCER INSTITUTE  Name of Organization					ended report				
Name of Organization									
List all DBAs and names the organization uses	or has used								
123 EAST SAN CARLOS STREET, NO. 413					with the Descietariation Number 270258715				
Address (Number and Street)					State Charity Registration Number CT 0258715				
SAN JOSE, CA 9513	1 2			Corporation	on or Organization No. 3898772				
SAN JUSE, CA 95112 City or Town, State, and ZIP Code FOUNDER@LATINOCANCERINS					on organization No. 2020.72				
408-287-5661 TITUTE.ORG					mployer ID No. 81-2450551				
400-207-3001									
ANNUAL REGIST	TRATION R	ENEWAL FE	SCHEDULE (11 Cal.	Code Regs	s. sections 301-307, 311, and 312)				
			k Payable to Departm						
Gross Annual Revenue	Fee	Gross Annu	ıal Revenue	Fee	Gross Annual Revenue	Fee	е		
Less than \$25,000	0	Between \$	100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$15	 50		
Between \$25,000 and \$100,000	\$25	Between \$2	250,001 and \$1 million	<b>\$75</b>	Between \$10,000,001 and \$50 million	\$22			
					Greater than \$50 million	\$30	00		
PART A - ACTIVITIES									
For your most recent full ac	counting p	eriod (beginr	<sub>ling_</sub> 01/01/201	19 endi	ing 12/31/2019 ) list:				
	106 5	0.6			0	<i>-</i> 0	20		
Gross Annual Revenue\$		86 Noncash	Contributions\$			6,8	39		
Program Expenses	\$		0	Total Expe	enses \$ 98,083				
PART B - STATEMENTS REGARD	ING ORGA	NIZATION D	URING THE PERIOD C	OF THIS RE	PORT				
Note: All questions must be ans	worod If w								
		OII ODEWOR "W	ac" to any of the gues	tione holos	u vou must attach a congrato nago				
					w, you must attach a separate page 1 instructions for information required.	Yes	No		
providing an explanation	and details	for each "ye	s" response. Please re	view RRF-	1 instructions for information required.	Yes	No		
providing an explanation  1. During this reporting period, w	and details	for each "yes	s" response. Please re oans, leases or other fir	eview RRF- nancial tran	1 instructions for information required. sactions between the organization	Yes	No		
providing an explanation  1. During this reporting period, w	and details	for each "yes	s" response. Please re oans, leases or other fir	eview RRF- nancial tran	1 instructions for information required.	Yes	No X		
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