Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public

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/Form990 for instructions and the latest information.

Inspection

<u>A</u>	For the	2021 calendar year, or tax year beginning JUL I, ∠U∠I and	ending	<u>JUN 30, 2022</u>					
В	Check if applicable:	C Name of organization		D Employer identifi	cation number				
	Address	SOCIEDAD LATINA, INC.							
	Name change	Doing business as		04-2678255					
	Initial return Final		Room/suit						
	return/ termin-	1530 TREMONT STREET		617-442-					
	ated Amende	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,359,611.				
F	return	ROXDORI, MA UZIZU		H(a) Is this a group re					
	tion pending	F Name and address of principal officer: ADEXANDRA ODI VER DE	^ A∨⊥LA						
		1530 TREMONT STREET, ROXBURY, MA UZIZO		H(b) Are all subordinates in					
		mpt status: $X = 501(c)(3)$ $501(c)(0)$ (insert no.) $4947(a)(1)$ 0	or 52	┥,	list. See instructions				
		www.sociedadlatina.org		H(c) Group exemptio					
	-	organization: X Corporation Trust Association Other	L Yea	r of formation: 1968 N	A State of legal domicile: MA				
Р		Summary							
ė	1 5	triefly describe the organization's mission or most significant activities: SOCII	EDAD	LATINA PROMO	TES LATINE				
& Governance	-	EADERSHIP AND CREATES A BOSTON COMMUNITY							
ērn		check this box if the organization discontinued its operations or dispose							
હુ				3	12				
<u>«</u>		lumber of independent voting members of the governing body (Part VI, line 1b)			12				
ijes		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			85				
Activities		otal number of volunteers (estimate if necessary)			88				
Ac		otal unrelated business revenue from Part VIII, column (C), line 12			0.				
	b N	let unrelated business taxable income from Form 990-T, Part I, line 11							
				Prior Year 3,627,790.	Current Year				
ne	1	Contributions and grants (Part VIII, line 1h)		3,627,790.	3,317,066.				
Revenue		Program service revenue (Part VIII, line 2g)			3,000.				
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		44,094.	39,545.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0. 3,671,884.	0.				
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			3,359,611.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	I	denefits paid to or for members (Part IX, column (A), line 4)		954,579.	_				
ses	15 8	dalaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·····	954,579.	0.				
Expenses	16a F	rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25)	L	0.	0.				
ă	D			1,218,714.	1,442,211.				
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,173,293.					
	I	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,498,591.	917,342.				
<u></u>		revenue less expenses. Subtract line 18 from line 12		Beginning of Current Year					
Net Assets or	00 T	otal assets (Part X, line 16)	<u> </u>	9,394,333.	End of Year 10,396,868.				
ASS	20 T	otal liabilities (Part X, line 26)	····	1,233,031.	1,318,224.				
let /	21 T	let assets or fund balances. Subtract line 21 from line 20	·····	8,161,302.	9,078,644.				
	art II	Signature Block		0/101/3021	3,070,0110				
		ies of perjury, I declare that I have examined this return, including accompanying schedules	s and state	ments, and to the best of m	v knowledge and helief it is				
		and complete. Declaration of preparer (other than officer) is based on all information of wh			, interneuge and senen, it is				
	,, 00001,	L	propu						
Sig	_{ın}	Signature of officer		Date					
He		ALEXANDRA OLIVER-DAVILA, EXECUTIVE DI	RECTO	R					
		Type or print name and title							
Print/Type preparer's name Preparer's signature Date Check PTII									
Pai		DAVID KELLEHER, CPA DAVID KELLEHER,	CPA	02/03/23 if self-employ	P01059560				
Pre		Firm's name AAFCPAS, INC.		Firm's EIN	04-2571780				
Use		Firm's address 50 WASHINGTON STREET							
		WESTBOROUGH, MA 01581		Phone no. 50	8-366-9100				
Ма	y the IR	S discuss this return with the preparer shown above? See instructions			X Yes No				

Par	Check if Schedule O contains a response or note to any line in this Part III
_	
1	Briefly describe the organization's mission: SEE 990, PART I, LINE 1.
	BEE 990, TART I, BINE I.
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.
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 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.
4a	(Code:) (Expenses \$ 547,397. including grants of \$) (Revenue \$
	OUR EDUCATION PROGRAMMING ENCOMPASSES OUR MIDDLE SCHOOL STEAM TEAM,
	HIGH SCHOOL MISSION POSSIBLE, AND ACADEMY FOR LATINES ACHIEVING SUCCESS
	PROGRAMS. OUR YOUNG PEOPLE ARE SUPPORTED ON THEIR JOURNEYS FROM MIDDLE SCHOOL, TO HIGH SCHOOL, AND ONTO DIVERSE COLLEGE AND CAREER
	POSTSECONDARY PATHWAYS. OUR CIVIC ENGAGEMENT AND COMMUNITY ORGANIZING
	PROGRAMMING USES ARTIVISM TO CALL ATTENTION TO INEQUITIES CONNECTED TO
	HEALTH, FOOD, CLIMATE, EDUCATION, MENTAL HEALTH, BULLYING PREVENTION,
	LACK OF ACCESS TO ARTS AND A WHOLE HOST OF SERVICES AND RESOURCES
	INCLUDING LACK OF LATINE REPRESENTATION ACROSS ALL FIELDS AND SECTOR.
	OUR WORKFORCE DEVELOPMENT AND STEM PATHWAYS PROGRAMMING FOCUSES ON
	SUPPORTING OUR YOUNG PEOPLE IN EXPLORING CAREER PATHWAYS THAT ARE
	UNDERREPRESENTED BY LATINE INDIVIDUALS AND ACHIEVING THEIR
4b	(Code:) (Expenses \$ 525,826 • including grants of \$) (Revenue \$
	CIVIC ENGAGEMENT: SOCIEDAD LATINA CULTIVATES YOUTH LEADERSHIP SKILLS
	AND ELEVATES THEIR VOICE IN DECISION-MAKING PROCESSES THAT AFFECT
	LATINO LIVES, OPPORTUNITIES AND COMMUNITIES. WE ENGAGED 260 YOUTH
	THROUGH THESE PROGRAMS, WITH 85% UNDERSTANDING HOW TO RUN A GRASSROOTS
	CAMPAIGN, 91% BUILDING A STRONGER CONNECTION TO THEIR COMMUNITY, AND
	91% FEEL LIKE MORE OF A LEADER. IN ADDITION, YOUTH ORGANIZED A
	SUCCESSFUL EDUCATION REFORM CAMPAIGN ON STUDENT-CENTERED LEARNING IN BOSTON PUBLIC SCHOOLS, LAUNCHED THE MISSION HILL RAPID RESPONSE NETWORK
	TO PROTECT THEIR IMMIGRANT NEIGHBORS, AND LED PEER-TO-PEER TRAININGS
	AND OUTREACH ON SEXUAL HEALTH, NUTRITION AND PHYSICAL ACTIVITY.
	THE COURSE ON DENOTE HEREIN, NOTHING THE THIRD THE TOTAL THE
4c	(Code:) (Expenses \$ 187,135 • including grants of \$) (Revenue \$
	ARTS & CULTURE: SOCIEDAD LATINA OFFERS YOUTH A PATHWAY TO MUSIC MASTERY
	AND QUALITY OPPORTUNITIES TO CREATE AND EXPERIENCE ART IN THE
	DISCIPLINES OF VISUAL ART, NEW MEDIA, DANCE, THEATRE AND STEAM WITH A
	FOCUS ON LATINO CULTURAL TRADITIONS. WE ENGAGED 780 YOUTH THROUGH THESE
	PROGRAMS, WITH 91% BUILDING CREATIVITY AND CRITICAL THINKING SKILLS,
	85% INCREASING INTEREST AND ENGAGEMENT IN THE ARTS, AND 75% BUILDING
	CULTURAL PRIDE AND IMPROVING CULTURAL PROFICIENCY. WE HAVE BEEN NAMED
	AS A FINALIST FOR THE NATIONAL ARTS AND HUMANITIES YOUTH PROGRAM AWARD,
	RECOGNIZING OUR HIGH-QUALITY APPROACH TO CREATIVE YOUTH DEVELOPMENT.
4d	Other program services (Describe on Schedule O.) (Expenses \$ 798, 279 • including grants of \$) (Revenue \$)
40	(Expenses \$ 798,279 • including grants of \$) (Revenue \$) Total program service expenses ▶ 2,058,637 •
46	Total program service expenses 2,030,037.

Part 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	\vdash
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
0	Schedule D, Part III	8		
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?	9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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		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 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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
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?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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	112		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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. See instructions	17		Х
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,"			v
	complete Schedule G, Part III	19		X
20a	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	^-		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

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Part IV Checklist of Required Schedules (continued)

			Yes	No
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			.,
0.4	Schedule J	23		Х
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			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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? If "Yes," complete			٠,,
	Schedule L, Part I	25b		Х
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% 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,	20		1
_,	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the 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		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?lf			X
00	"Yes," complete Schedule L, Part IV	28c 29	Х	Α.
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	21	
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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		37	
05	Part V, line 1	34	Х	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		_ ^
ü	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?	335		
	If "Yes," complete Schedule R, Part V, line 2	36		х
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	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pal	rt 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		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 32		162	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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SOCIEDAD LATINA, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					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	85					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	S				.,		
	•			3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		1	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•				_₹		
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a		X		
D	If "Yes," enter the name of the foreign country							
5 -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			E-		Х		
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5a 5b		X		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		Г	5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		Г	30				
ou	any contributions that were not tax deductible as charitable contributions?							
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
-	were not tax deductible?	Ü		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 ser	vices provided to	the payor?	7a		Х		
	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							
	to file Form 8282?	-		7c		Х		
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 of	ontract?		7e		X		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as req	uired?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form	1098-C?	7h				
8	,							
	sponsoring organization have excess business holdings at any time during the year?							
9 Sponsoring organizations maintaining donor advised funds.								
а				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:	ا مه						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	11a						
a h	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	i i a						
b	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			12a				
		12b	ŀ					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?		İ	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune							
	excess parachute payment(s) during the year?			15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?		16		X		
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.							

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.

	Check if Schedule O contains a response or note to any line in this Part VI				X						
Sec	tion A. Governing Body and Management										
			_	Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	a 1	2								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	<u>ь 1</u>	2								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	ith any other									
	officer, director, trustee, or key employee?		2		X						
3	Did the organization delegate control over management duties customarily performed by or under the c	irect supervision									
	of officers, directors, trustees, or key employees to a management company or other person?		3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990	was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's asset	s?	5		X						
6	6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or apport	oint one or									
	more members of the governing body?		7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stoo	kholders, or									
	persons other than the governing body?		7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b	y the following:									
а	The governing body?		8a	Х							
b	Each committee with authority to act on behalf of the governing body?			Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Code.)									
				Yes	No						
10a	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 chap	ters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body by	efore filing the form?	11a	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,	" describe									
	on Schedule O how this was done		12c	Х							
13	Did the organization have a written whistleblower policy?		13	X							
14	Did the organization have a written document retention and destruction policy?		14	X							
15	Did the process for determining compensation of the following persons include a review and approval by	y independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official		15a	Х							
b	Other officers or key employees of the organization		15b	Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nt with a									
	taxable entity during the year?		16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it	ts participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	ation's									
	exempt status with respect to such arrangements?		16b								
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►MA										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.										
	X Own website Another's website X Upon request Other (explain on	Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conf	ict of interest policy,	and fina	ncial							
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's book	s and records 🕨									
	ALEXANDRA OLIVER-DAVILA - 617-442-4299										
	1530 TREMONT STREET, ROXBURY, MA 02120										

132006 12-09-21

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	or any related organization compensate (B) (C)						(D)	(F)	
Name and title	Average	Po			Position			Reportable	(E) Reportable	Estimated
Tame and the	hours per		not c , unle					compensation	compensation	amount of
	week	_	officer and a director/trustee)			or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	يو			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e e	suadi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		yoldı	t con	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ALEXANDRA OLIVER-DAVILA	39.00	 -	_		_	+ 0				
EXECUTIVE DIRECTOR	1.00			Х				115,524.	0.	22,831.
(2) MARTA RIVERA	2.00									
PRESIDENT	0.50	Х		Х				0.	0.	0.
(3) ROCHELLE JIMENEZ	2.00								_	_
TREASURER		X		X				0.	0.	0.
(4) CECILIA MENDEZ-ORTIZ	2.00									
CLERK	4 0 00	Х		Х				0.	0.	0.
(5) PATRICIA FLAHERTY	2.00	ļ.,								•
DIRECTOR	2 00	Х						0.	0.	0.
(6) NOEL TORRES	2.00	X						0.	0.	0.
DIRECTOR (7) ELAINE NG	2.00	Δ	-					0.	0.	0.
DIRECTOR	2.00	X						0.	0.	0.
(8) JAIME LOPEZ	2.00								•	0.
DIRECTOR	2.00	x						0.	0.	0.
(9) JIMMY WYMAN	2.00							-		
DIRECTOR		Х						0.	0.	0.
(10) MARCOS POPOVICH	2.00									
DIRECTOR		Х						0.	0.	0.
(11) TOMAS LEYTON NOLAN	2.00									
DIRECTOR		Х						0.	0.	0.
(12) YANEL DE ANGEL	2.00									
DIRECTOR		Х						0.	0.	0.
(13) SGARDY PENA	2.00								_	_
DIRECTOR		Х						0.	0.	0.
		1								
		<u> </u>								
		-								
		-								
		1								
		\vdash								
		┨								
										F 000 (0004

		AD LATINA	<u>,]</u>	INC						04-26	7825	55	Page 8
Par	t VII Section A. Officers, Directors,	Trustees, Key Em	ploy	ees	, and	d Hi	ghe	st C	compensated Employe	es (continued)			
	(A)	(B)			(0)			(D)	(E)		(F)	
	Name and title	Average	(do		Posi			one	Reportable	Reportable		Estima	ated
		hours per	box,	, unle	ss per	rson i	is bot	h an	compensation	compensation		amour	nt of
		week	\vdash	cer an	nd a di	recto	r/trus	tee)	from	from related		othe	
		(list any hours for	recto						the	organizations		ompen	
		related	or d	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC 1099-NEC)		from t	
		organizations	rustee	l trust		ee	ubeu		1099-NEC)	1099-NEC)		organiz and rel	
		below	dual t	ıtiona	L	nploy	st cor	5	1033 1420)			rganiza	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				J	
			$\vdash\vdash$								-		
											-		
			$\vdash\vdash$		Н						-		
			$\vdash \vdash$			4					$-\!\!\!\!+\!\!\!\!\!-$		
1b	Subtotal								115,524.		0.	22,	831.
	Total from continuation sheets to Pa								0.		0.		0.
	Total (add lines 1b and 1c)							•	115,524.		0.	22,	831.
2	Total number of individuals (including						e) wh	no r	eceived more than \$100	,000 of reportable			
	compensation from the organization	•				4							1
			4									Yes	s No
3	Did the organization list any former of			еу е	empl	oye	e, or	hig	phest compensated emp	oloyee on			v
	line 1a? If "Yes," complete Schedule J										3	3	X
4	For any individual listed on line 1a, is t and related organizations greater than										4		X
5	Did any person listed on line 1a receiv									idual for services	📑	•	
•	rendered to the organization? If "Yes,"					-					5	5	Х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highe										ensatio	on from	
	the organization. Report compensatio		ear e	endi	ng w	/ith	or w	ithir T		year.		(0)	
	(A Name and bus		NC	NI	3				(B) Description of s	services	Com	(C) pensat	ion
								\dashv					
								_					
	Total number of independent contract	ors (including but n	Ot liv	mite	d to	tho	م اند	stec	d ahove) who received m	ore than			
~	\$100,000 of compensation from the o	•	Jt III	ııııe	u 10))	, , , ,	above, who received it	IOIG IIIAII			
	,	<u> </u>									For	rm 990	(2021)

Pa	rt VI			5			
		Check if Schedule O contains a response of	or note to any lin	ie in this Part VIII (A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
S S		- F-dt-d	77,280.				300000113 0 12 0 14
ant		Federated campaigns 1a	11,200.				
عَ ق		Membership dues 1b1c					
īfts, r A							
Contributions, Gifts, Grants and Other Similar Amounts			753,547.				
Sir		Government grants (contributions) All other contributions, gifts, grants, and	755,547.				
e ti	'		486,239.				
를			44,722.				
S E	-			3,317,066.			
<u> </u>		Total. Add lines 1a-1f	Business Code	3,317,000.			
ø.		CLASS FEES	711300	3,000.	3,000.		
<u>Š</u>			711500	3,000.	3,000.		
Ser	ŀ						
ΕŽ	(
gra Re	(
Program Service Revenue		All other program service revenue					
	' ا	Total. Add lines 2a-2f		3,000.			
	3	Investment income (including dividends, intere		370001			
		other similar amounts)	·	39,545.			39,545.
	4	Income from investment of tax-exempt bond p					70 20 1
	5	Royalties	-				
		(i) Real	(ii) Personal				
	6 :	Gross rents 6a	()				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	ŀ	Less: cost or other basis					
e		and sales expenses 7b					
Revenue		Gain or (loss) 7c					
Вè		Net gain or (loss)					
ē		Gross income from fundraising events (not	,				
퉏		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	ŀ	Less: direct expenses 8b					
		No. 1					
		Gross income from gaming activities. See					
		Part IV, line 199a					
	ŀ	Less: direct expenses 9b					
		NI-t because out the and the second of the s					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	Less: cost of goods sold10b					
		Net income or (loss) from sales of inventory	<u> </u>				
<u>0</u>			Business Code				
eon Ie	11 a	·					
lan enu	ł						
Miscellaneous Revenue	(
Mis	(All other revenue					
		Total. Add lines 11a-11d	-	250 515	2 222		20 5 4 5
	12	Total revenue. See instructions		3,359,611.	3,000.	0.	39,545.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

_	Check if Schedule O contains a respon				(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	· · · · · · · · · · · · · · · · · · ·	156,699.	120,659.	20,370.	15,670
6	trustees, and key employees	130,033.	120,033.	20,5700	13,070
6	· · · · · · · · · · · · · · · · · · ·				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	735,720.	646,124.	12,799.	76,797
7	Other salaries and wages	755,720•	040,124.	12,199.	10,131
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	29,284.	24,181.	35.	5,068
9	Other employee benefits	78,355.	62,714.	4,684.	10,957
10	Payroll taxes	70,333.	02,714.	4,004.	10,957
11	Fees for services (nonemployees):				
а	Management	268.		260	
b	Legal		40 164	268.	0 400
С	Accounting	59,931.	48,164.	3,338.	8,429
d	, o F				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	T02 00F	656 666	02 052	42 400
	column (A), amount, list line 11g expenses on Sch 0.)	723,027.	656,666.	23,253.	43,108
12	Advertising and promotion	005 045	100 545	10 000	10 200
13	Office expenses	225,345.	193,747.	19,278.	12,320
14	Information technology				
15	Royalties	400 750	00 616	6 005	4 4 4 6 6
16	Occupancy	100,750.	80,616.	6,025.	14,109
17	Travel	3,090.	3,063.	27.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	45,111.	36,096.	2,698.	6,317
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	17,456.	13,907.	1,047.	2,502
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	YOUTH LEADER STIPENDS	147,159.	146,759.	400.	
b	PROGRAM SUPPORT	67,852.	25,941.	38,653.	3,258
С	DONATED FURNITURE	44,722.		44,722.	
d	BAD DEBTS	7,500.		7,500.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,442,269.	2,058,637.	185,097.	198,53
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	, 5				

Form 990 (2021) Part X | Balance Sheet

Par	rt X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		2,559,297.	1	2,796,811
	2	Savings and temporary cash investments		2,635,515.	2	3,396,340
	3	Pledges and grants receivable, net		575,253.	3	602,275
	4	Accounts receivable, net		9,582.	4	
	5	Loans and other receivables from any current	or former officer, director,			
		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons descri			6	
şţs	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		44,186.	9	30,942
	10a	Land, buildings, and equipment: cost or othe				
		basis. Complete Part VI of Schedule D	_ 			
	b	Less: accumulated depreciation	-		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin		2 550 500	12	2 550 500
	13	Investments - program-related. See Part IV, lin	3,570,500.	13	3,570,500	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		0.204.222	15	10 200 000
	16	Total assets. Add lines 1 through 15 (must e		9,394,333.	16	10,396,868
	17	Accounts payable and accrued expenses		37,424.	17	127,066
	18	Grants payable	50,000.	18	104,167	
	19	Deferred revenue		50,000.	19	104,107
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
Liabilities	22	Loans and other payables to any current or fo				
iliqi		trustee, key employee, creator or founder, su controlled entity or family member of any of the		*	22	
Lia	23			935,000.	23	923,478
	24	Secured mortgages and notes payable to unrule Unsecured notes and loans payable to unrelated to unrule which is a secured mortgage.		210,607.	24	163,513
	25	Other liabilities (including federal income tax,		220,007		100,010
	20	parties, and other liabilities not included on lin				
			100 17 24). Complete Fair A		25	
	26	Total liabilities. Add lines 17 through 25		1,233,031.	26	1,318,224
		Organizations that follow FASB ASC 958, o		, , , , , ,		, ,
Ses		and complete lines 27, 28, 32, and 33.				
au	27	Net assets without donor restrictions		6,365,639.	27	7,244,819
Ва	28	Net assets with donor restrictions		1,795,663.	28	1,833,825
pu		Organizations that do not follow FASB ASC				
년		and complete lines 29 through 33.	•			
ō	29	Capital stock or trust principal, or current fun	ds		29	
set	30	Paid-in or capital surplus, or land, building, or			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			31	
Net	32	Total net assets or fund balances		8,161,302.	32	9,078,644
	33	Total liabilities and net assets/fund balances		9,394,333.	33	10,396,868.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)		,35			
3	Revenue less expenses. Subtract line 2 from line 1	3	91	7,3	<u>42.</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 8	,16			
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 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 9	,07	8,6	44.	
Pa	rt XII Financial Statements and Reporting	•				
	Check if Schedule O contains a response or note to any line in this Part XII				X	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No	
_	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a			2a		<u>X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		3a		_X_	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990 (2021)	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** SOCIEDAD LATINA, INC. 04-2678255 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		ioo oompioto i arri	,					
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Gifts, grants, contributions, and	,	, ,	()	. ,	, ,	()		
	membership fees received. (Do not								
	include any "unusual grants.")	3,416,059.	2,565,235.	3,615,762.	3,627,790.	3,317,066.	16,541,912.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	3,416,059.	2,565,235.	3,615,762.	3,627,790.	3,317,066.	16,541,912.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						1,392,504.		
_6	Public support. Subtract line 5 from line 4.						15,149,408.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	3,416,059.	2,565,235.	3,615,762.	3,627,790.	3,317,066.	16,541,912.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	2,205.	3,493.	24,964.	44,094.	39,545.	114,301.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						16,656,213.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	10,319.		
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	fourth, or fifth tax y	year as a section 5	501(c)(3)			
_	organization, check this box and stop						<u></u>		
	ction C. Computation of Publ						00.05		
	Public support percentage for 2021 (14	90.95 %		
	Public support percentage from 2020					15	89.84 %		
16a	33 1/3% support test - 2021. If the o	•		•		•			
	stop here. The organization qualifies								
b	33 1/3% support test - 2020. If the o	•		•		•			
	and stop here. The organization qual								
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation		
	meets the facts-and-circumstances to	-	•	*	-				
b	10% -facts-and-circumstances tes	_					10% or		
	more, and if the organization meets the				-		. —		
	organization meets the facts-and-circ		-				>		
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								

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 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.)

Galendary part (or fileat lysar beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total membership lose received. (Do not include any "unusual grants.") Galendary part (or fileat lysar beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total membership lose received. (Do not include any "unusual grants.") Gross received from activities of the organization state section 513 (a) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total organization's tax-exempl purpose of gross received from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization in state organization without change of the organization without change of the organization without change of Total Acid inest 1 through 5 7 a A mounts included on lines 1, 2, and 3 received from disqualified persons A maints included on inset 1, 2, and 3 received from disqualified persons A maints included on inset 1, 2, and 3 received from disqualified persons A maints included on inset 1, 2, and 3 received from disqualified persons A maints included on inset 1, 2, and 3 received from disqualified persons A maints included on inset 1, 2, and 3 received from disqualified persons A maints included on inset 1, 2, and 3 received from disqualified persons A maints included on inset 1, 2, and 3 received from disqualified persons A maints included on inset 1, 2, and 3 received from disqualified persons B Abilities support, signatural intentions of the organization or line 1 (1, and 1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	50	qualify under the tests listed beating the cition A. Public Support	elow, please comp	plete Part II.)				
I Giffs, grants, contributions, and membership less received. (Dr not include any "unusual grants,") Grass necipits from admission, more contributed in any activity that is related to the organizations tax exempt purpose 3 Gross necipits from admission, more contributed in any activity that is related to the organizations tax exempt purpose 3 Gross necepts from activities that are not an ununlated trade or business under section 513. 4 Tax revenues level for the organization of interest in the part to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without change of Total, additions through 5 7 a Amounts included on lines 1, 2, and 5 received from disqualified persons but caused the part of the part o		• • •	(a) 2017	(b) 2019	(6) 2010	(4) 2020	(a) 2021	(f) Total
membership fees received. (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of Gross receipts from admissions that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's tax-exempt purpose of the organization's tax-exempt purpose of the organization's benefit and either paid to or expended on its behalf or expended on its behalf or expended on the behalf of the organization without charge the organization without charge of the organization without charge the organization without organization of the organization organization without organization organization without organization organization provided by ine 13, column (f) the symport percentage for 2021 (fire 10, partition of production of Investment Income Percentage 15 Public support percentage for 2021 (fire 10, partition of programization organization organization organization organization organization organization			(a) 2017	(b) 2016	(6) 2019	(a) 2020	(e) 2021	(I) Total
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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	_		
	1		
	2		
	За		
	- Ou		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	3C		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	9с		
	10a		
	401-		
_	10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	-		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	non C. Type it Supporting Organizations		,, l	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	-		
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec ⁻	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust c	on Nov. 20, 1970 (e <i>xplain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	Gee instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

SOCIEDAD LATINA, INC.

Employer identification number 04 - 2678255

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other S	Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advised fur	nds
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Pa				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea		Preservation of a hist	orically important land area
	Protection of natural habitat	,	Preservation of a cert	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contrib	ution in the form of a c	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
c	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired			
-	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re			
•	year >	noused, extilligationsu, er	ionnimated by the erga	meaning the tax
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe	_	tion handling of	
J	violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
Ū		, riarraning or violationio, at	ia omoromy concorvat	ion sussinionis dannig the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and er	forcing conservation e	asements during the year
-	▶ \$		g	
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requiremen	ts of section 170(h)(4)(l	B)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot		· ·	
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	f Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	·	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education	, or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its fina	•		·
b	If the organization elected, as permitted under FASB ASC 95			ce sheet works of
-	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			<u> </u>
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			
_	the following amounts required to be reported under FASB A			, p. 51.46
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2021

	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tr	easures,	or Other	Similar	Asse	ts (continue	ed)
3	Using the organization's acquisition, accession	on, and other record	s, checl	any of the	following the	at make sigr	nificant us	e of its		
	collection items (check all that apply):									
а	Public exhibition	d		_oan or exc	hange progr	am				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further t	he organizat	ion's exemp	t purpose	e in Part	XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma							\square	Yes	No
Pai	t IV Escrow and Custodial Arrang								ine 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	liary for	contribution	ns or other a	ssets not inc	cluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII									
		•	· ·						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990. Part X. line	21. for 6	escrow or c	ustodial acc	ount liability	?		Yes	No
	If "Yes," explain the arrangement in Part XIII.					•				
Pai										
	·	(a) Current year		rior year		irs back (d)		rs back	(e) Four ye	ars back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	a column (:	a)) held as:					
	Board designated or quasi-endowment	one your one building	%	g, colamin (a)) Hold do.					
	Permanent endowment	%								
		/ 6								
·	The percentages on lines 2a, 2b, and 2c should be a sh	-								
32	Are there endowment funds not in the posses		ation the	t are hold a	and administ	orad for the	organizat	ion		
Ja	by:	33ion of the organiza	ation the	it are rield a	ina aaniinist	ered for the	organizat	1011	Y	s No
	•								3a(i)	+
	•								3a(ii)	+-
h	(ii) Related organizations	tions listed as requir	od on S	chodulo P2					<u> </u>	+-
4	Describe in Part XIII the intended uses of the								30	
÷	t VI Land, Buildings, and Equipm		WITIETT	urius.						
	Complete if the organization answered) Part I\	/ line 11a 9	See Form 99	0 Part X lin	e 10			
-	Description of property	(a) Cost or of			or other	<u> </u>	umulated		(d) Book v	alue ————
	Description of property	basis (investn			(other)		ciation		(u) BOOK V	alue
-10	Land	- ` ` 	iorit)	Dasis	(Guiloi)	depre	GIGUOTI			
	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other		Y colum	an (P) line i	100)	l		+		0.
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Schedule D (Form 990) 2021

Part VII	Investments - 0	Other Securities.

(a) Bescription of security or category (nobuding name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Financial derivatives (g) Closely held equity interests (g) Other (h) (G) (h) (C) (h) (F) (G) (h) (F) (G) (P) (Part VIII) Investments - Program Related. (a) Description of investment (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) NOTE RECEIVABLE (g) Bescription of investment (g) Book value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year mark	Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part X line 12	
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B				of-vear market value
(2) Closely held equity interests		(a) zeek talae	(0)	
(3) Other (4) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
(B) (B) (C) (C) (D) (E) (F) (G) (G) (H) (F) (G) (G) (H) (F) (G) (G) (H) (F) (G) (G) (F) (G) (G) (G) (H) (F) (G) (G) (G) (F) (F) (G) (G) (G) (F) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G				
(B)	•			
C C C C C C C C				
(C) (E) (F) (G) (G) (H) (Total. (Col. li) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIIII Investments - Program Related.				
(E) (F) (G) (H) (F) (F) (G) (H) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(F) (B) (C)				
(G) (H) (Pt) (Total. (Col. (b) must equal form 990, Part X, col. (B) line 12.) ▶ Part VIII] Investments - Program Related. Compete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value				
Contable (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Part VIII Investments - Program Related.				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) MOTE RECEIVABLE (d) 3 , 570 , 500 . COST (d)				
(1) NOTE RECEIVABLE 3,570,500. COST (2) (3) (4) (6) (6) (7) (8) (9) (9) (7) (8) (9) (9) (7) (10) (10) (10) (10) (10) (10) (10) (10	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
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(3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal form 990, Part X, col. (B) line 13.) ▶ 3 , 5 7 0 , 5 0 0 • Part IX, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1, (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(1) NOTE RECEIVABLE	3,570,500.	COST	
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(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(6)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(7)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(8)			
·	(9)			
·	Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	>	
	2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements the	nat reports the

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 SOCIEDAD LATINA, INC.		04-26/8255	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With Expense	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	, , , , , , , , , , , , , , , , , , , ,		5	
	t XIII Supplemental Information.			
	de the descriptions were head for Doubli Bross O. F. and O. Doubli Bross de and de Doubli	4 IV 15 4 b 1 Ob . D 4	V 15 4: D4-V 15 0: D4	1/1

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT JUNE 30, 2022.

Schedule D (Form 990) 2021

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service Noncash Contributions

OMB No. 1545-0047

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

SOCIEDAD LATINA,

► Go to www.irs.gov/Form990 for instructions and the latest information.

INC.

Open to Public Inspection

Name of the organization

Employer identification number

04 - 2678255

Pa	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		-	_
		applicable		Form 990, Part VIII, line 1	noncash contribu	ition a	mount	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8								
	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential				4			
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy	-						
22	Historical artifacts							
23	Scientific specimens	· ·						
24	Archeological artifacts							
25	Other (FURNITURE AND)	X	6	44,722	• FMV			
26	Other (
27	Other (
28	Other ()							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	contributions	•			
	for which the organization completed Form 82	83, Part V, [Donee Acknowledg	gement 29				
	•						Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	oorted in Part I, lines 1 thro	ugh 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period		•	•		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contri	outions?	31		Х
	Does the organization hire or use third parties					<u> </u>		
JZU			•		•••	32a		х
h	If "Yes," describe in Part II.					OZ.a		
33	If the organization didn't report an amount in c	olumn (c) fo	or a type of propert	y for which column (a) is al	necked			
33	·	oum (c) IC	, a type of propert	y for without column (a) is ci	iconcu,			
1 1 1 4	describe in Part II. For Paperwork Reduction Act Notice, see	the Instance	tions for Form 00	<u> </u>	Cahadula B	A /Ear	m 000	2024
LHA	FOI Papel WOLK NEUUCIION ACLINOLICE, SEE	uie iiistruc		u.	Schedule N	יו (רטוו	11 330)	, 202 I

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public Inspection

Name of the organization

SOCIEDAD LATINA, INC.

Employer identification number 04-2678255

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUCCESS THROUGH OUR HOLISTIC "PATHWAYS TO SUCCESS" POSITIVE YOUTH

DEVELOPMENT MODEL, WHICH CONNECTS YOUTH AGES 11-21 TO NINE YEARS OF

INTENSIVE, FREE, YEAR-ROUND PROGRAMMING THAT USES CULTURALLY AND

LINGUISTICALLY RESPONSIVE AND SUSTAINING PRACTICES TO CAPITALIZE ON

STRENGTHS AND ASSETS, SUCH AS BILINGUALISM, HIGH ASPIRATIONS,

RESILIENCY AND STRONG FAMILY AND COMMUNITY TIES. OUR APPROACH WORKS IN

PARTNERSHIP WITH FAMILIES AND A WIDE NETWORK OF CROSS-SECTOR PARTNERS

TO BUILD YOUNG PEOPLE'S SKILLS AND KNOWLEDGE IN FOUR KEY AREAS:

EDUCATION, CIVIC ENGAGEMENT, WORKFORCE DEVELOPMENT, ARTS & CULTURE AND

STEM.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

POSTSECONDARY CAREER GOALS THROUGH WORK READINESS TRAINING AND

INTERNSHIPS, AND HYDROPONIC GARDENING AND ENTREPRENEURSHIP. OUR ARTS &

CULTURE PROGRAMMING OFFERS OUR YOUNG PEOPLE THE OPPORTUNITY TO

PARTICIPATE IN THE ARTS, CELEBRATE DIVERSE LATINE CULTURAL TRADITIONS,

AND BE GUIDED ON A PATHWAY TO MUSIC MASTERY THROUGH OUR WEEKEND

COMMUNITY CLASSES, HIGH SCHOOL YOUTH ARTISTS MASTERY PROGRAM, AND ARTS

AND CULTURAL EVENTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

LATINO NETWORK

FORMED IN 2013 BY LATINO-LED ORGANIZATIONS IN BOSTON, THE GREATER

BOSTON LATINO NETWORK (GBLN) IS A COLLECTIVE EFFORT TO ADDRESS THE

HISTORICAL UNDERREPRESENTATION OF LATINOS IN LEADERSHIP ROLES ACROSS

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization

SOCIEDAD LATINA, INC.

Employer identification number 04-2678255

THESE CITIES AND THE COMMONWEALTH OF MASSACHUSETTS. SOCIEDAD LATINA IS

A FOUNDING MEMBER AND SERVES AS THE FISCAL CONDUIT FOR GBLN.

EXPENSES \$ 702,230. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

COLLEGE & CAREER PATHWAYS: SOCIEDAD LATINA GUIDES YOUTH AND THEIR

FAMILIES ON THEIR ACADEMIC JOURNEY FROM MIDDLE SCHOOL THROUGH HIGH

SCHOOL AND ON TO COLLEGE, WITH EXPERTISE WORKING WITH ENGLISH LEARNERS.

WE ALSO LEVERAGE A NETWORK OF CROSS-SECTOR PARTNERS TO PREPARE YOUTH

FOR CAREERS IN BOSTON'S ROBUST INNOVATION ECONOMY, INCLUDING HEALTH

SCIENCES, STEM, ENTREPRENEURSHIP, DIGITAL COMMUNICATIONS AND THE ARTS

EXPENSES \$ 96,049. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS GIVEN TO THE BOARD OF DIRECTORS FOR APPROVAL DURING A BOARD MEETING PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS REVIEWS AND SIGNS OFF ON THE CONFLICT OF INTEREST POLICY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

OFFICER COMPENSATION IS REVIEWED AND EVALUATED BY THE BOARD OF DIRECTORS

ANNUALLY. ANY POTENTIAL RAISE IS PLACED IN THE BUDGET DURING THE ANNUAL

BUDGET PROCESS BUT NOT RELEASED UNTIL THE REVIEW IS APPROVED. THE SALARY

CONSTRUCT FOR ALL EMPLOYEES IS BASED ON SALARY RANGES IN PRACTICE BY AREA

NONPROFITS AS WELL AS THE NEED TO REMAIN COMPETITIVE WITHIN THE JOB MARKET.

THE BOARD AND EXECUTIVE DIRECTOR REVIEW THE RATES ANNUALLY THROUGH THE

BUDGET PROCESS.

Schedule O (Form 990) 2021

74030 1

Schedule O (Form 990) 2021 Page **2**

Name of the organization SOCIEDAD LATINA, INC.	Employer identification number 04-2678255				
FORM 990, PART VI, SECTION C, LINE 19:					
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE	TO THE PUBLIC UPON				
REQUEST.					
FORM 990, PART IX, LINE 11G, OTHER FEES:					
OTHER PROFESSIONAL FEES:					
PROGRAM SERVICE EXPENSES	656,666.				
MANAGEMENT AND GENERAL EXPENSES	23,253.				
FUNDRAISING EXPENSES	43,108.				
TOTAL EXPENSES	723,027.				
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	723,027.				
THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGNATION.	GHT OF THE				
	_				

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

2021 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SOCIEDAD LATIN	NA, INC.				Eı	mployer identific	ation no	umber
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes'	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-yea		Direct c	(f) ontrolling ntity	3
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990	O, Part IV, line 34, l	pecause it had one	e or mor	re related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ect controlling entity	contr ent	g) 512(b)(13) rolled tity?
SOCIEDAD REAL ESTATE HOLDINGS, INC				501(c)(3))			Yes	No
84-2159315, 1530 TREMONT STREET, ROXBURY, MA 02120	REAL ESTATE HOLDINGS FOR SOCIEDAD LATINA	MASSACHUSETTS	501(C)(3)	LINE 12A, I	SOCIE	DAD LATINA,		х
	_							
	-							

Pari III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.
	organizations trouted us a partitioning the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No		Disproportionate allocations?		Disproportionate allocations?		amount in box 20 of Schedule	mana	ral or ling ner?	(k) Percentage ownership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		country)		,				Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with one of	or more	related organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
	d Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
	g Sale of assets to related organization(s)				1g		X
h	n Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	C Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
n	n Performance of services or membership or fundraising solicitations by related organization(s)	<u></u>			1m		X
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
0	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must co	omplete	this line, including covered	relationships and transaction thresholds.			
	(a) Name of related organization (b) Transactype (c)	ction	(c) Amount involved	(d) Method of determining amount inv	olved		
1)	SOCIEDAD REAL ESTATE HOLDINGS, INC. K		100,750.	FMV			
2)							
3)							
4)							
4)			+				
5)							
<u>√,</u>			 				
6)							
	63 11-17-21	52	.1	Schedule F	R (Forr	n 990)	2021

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all partners se 501(c)(3) orgs.?	(f)	(g)	(h)	(i)		(j)	(k)	
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners se	Share of	Share of	Disprop	or- Code V-UBI	Gen	eral or	Percentage	
of entity		(state or foreign	lexcluded from tax under	501(c)(3) orgs.?	total	end-of-year	allocatio	ns? of Schedule K	-1 pai	tner?	ownership	
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes No	income	assets	Yes I	or- e amount in box of Schedule K lo (Form 1065	Ye	ОИ		
							+					
							\dagger					
-												
							$\perp \perp$					
							+		+	+		
							++		-	+		
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Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print SOCIEDAD LATINA, INC. 04-2678255 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1530 TREMONT STREET return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 02120 ROXBURY, MA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) ALEXANDRA OLIVER-DAVILA The books are in the care of ► 1530 TREMONT STREET - ROXBURY, MA 02120 Fax No. ▶ 617-442-4087 Telephone No. ► 617-442-4299 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ▶ X tax year beginning JUL 1, 2021 , and ending JUN 30, 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment