

Form **990-T**
 Department of the Treasury
 Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))
 For calendar year 2020 or other tax year beginning 07-01-2020 and ending 06-30-2021
 ▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047
2020
 Open to Public Inspection for 501(c)(3) Organizations Only

- A** Check box if address changed.
B Exempt under section
 501(c3)
 408(e) 220(e)
 408A 530(a)
 529(a) 529A

Print or Type
 Name of organization (Check box if name changed and see instructions.)
 Latino Community Association
 Number, street, and room or suite no. If a P.O. box, see instructions.
 2680 NE Twin Knolls Dr 110
 City or town, state or province, and ZIP or foreign postal code
 Bend, OR 97701
C Book value of all assets at end of year ▶ 1,068,528

- D** Employer identification number
 93-1260288
E Group exemption number
 (see instructions)
F Check box if an amended return.

- G** Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity
H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶
J Enter the number of attached Schedules A (Form 990-T) ▶
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation ▶
L The books are in care of ▶ Brad Porterfield Telephone number ▶ (541) 550-6297
 2445 NE Division St 200
 Bend, OR 97703

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) ▶	1	0
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶	2	
3	Proxy tax. See instructions ▶	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	

Part III Tax and Payments

Table with 11 rows and 4 columns. Rows include: 1a Foreign tax credit, 1b Other credits, 1c General business credit, 1d Credit for prior year minimum tax, 1e Total credits, 2 Subtract line 1e from Part II, line 7, 3 Other taxes, 4 Total tax, 5 2020 net 965 tax liability paid, 6a-6g Payments, 7 Total payments, 8 Estimated tax penalty, 9 Tax due, 10 Overpayment, 11 Enter the amount of line 10 you want.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

Table with 4 rows and 3 columns. Rows include: 1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account... 2 During the tax year, did the organization receive a distribution from... 3 Enter the amount of tax-exempt interest received or accrued during the tax year... 4a Did the organization change its method of accounting?... 4b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128?

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also provide any other additional information. See instructions.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Brad Porterfield, Date: 2022-02-10, Title: Executive Director

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Table with 4 rows and 4 columns. Rows include: Print/Type preparer's name (Mathew Hamlin), Firm's name (HAMLIN CPA LLC), Firm's address (PO Box 2335, Bend, OR 97709), and Firm's EIN (84-1948942).

Paid Preparer Use Only