

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">Latino Communications Community Dev</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO Box 292021 City or town, state or province, country, and ZIP or foreign postal code Columbia SC 29229	D Employer identification number <p style="text-align: center;">27-0291442</p> E Telephone number <p style="text-align: center;">803-227-8984</p> G Gross receipts \$ 238,687
F Name and address of principal officer: Tanya Rodriguez Hodges PO Box 292021 Columbia SC 29229		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: www.Latinocdc.org		L Year of formation: 2010
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile: SC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">Building Latino partnerships by removing language, culture, and economic barriers through education, outreach and the arts.</p>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 21,149	Current Year 14,854
	9 Program service revenue (Part VIII, line 2g)	278,361	223,833
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	299,510	238,687
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	91,328	97,222
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	
	b Total fundraising expenses (Part IX, column (D), line 25)	0	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	174,152	122,118
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	265,480	219,340	
19 Revenue less expenses. Subtract line 18 from line 12	34,030	19,347	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 28,837	End of Year 82,475
	21 Total liabilities (Part X, line 26)	2,125	
	22 Net assets or fund balances. Subtract line 21 from line 20	26,712	

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Tanya Rodriguez Hodges	Date			
	Type or print name and title Executive Director				
Paid Preparer Use Only	Print/Type preparer's name Ben J. Pearman, CPA	Preparer's signature	Date 01/31/25	Check <input type="checkbox"/> if self-employed	PTIN P01287192
	Firm's name McDowell-Pearman, LLC	Firm's EIN 20-3355766	Firm's address PO Box 2088 Columbia, SC 29202-2088		
			Phone no. 803-256-8800		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.