HTA

2949216703105

Short Form Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

Depa	eriment of	the Treasury tue Service	Information about Form 990-EZ and its instructions is at www.irs.gov	v/form990.	06	Inspection
Ā			ndar year, or tax year beginning 7/1/2016 , and end	lina	6/30/2	
B		if applicable:	C Name of organization			identification number
$\tilde{\Box}$		s change	Hispanic-Latino Health Coal. of Greater Indplis.			
\vdash	Name o	change		n/suite		11-3650511
$\overline{\Box}$	fnitial re	_	311 N. New Jersey St	F Te	lephone	
H		mherminated	City or town State ZIP code	- ``		***************************************
Ħ		ed return			(3:	17) 972-4564
H	•	tion pending	Indianapolis IN 46204 Foreign country name Foreign province/state/country Foreign posta	Lorden E G		emption
لــا	Applica	mon percang			umber I	•
G		nting Method:				if the organization is
ı	Websi	ite: ► <u>www</u> L	.atino-Healthorg.org	_ ,	•	to attach Schedule B
J	Tax-exe	mpt status (ch	eck only one) — X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or		1 990, 9	90-EZ, or 990-PF).
	Form o	f organization	. X Corporation Trust Association Other			
		_		a		
			17b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	(I	.	70.005
			pelow) are \$500,000 or more, file Form 990 instead of Form 990-EZ	_ d/the instruct	<u>▶\$</u>	79,095
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see			· —
			f the organization used Schedule O to respond to any question in thi	S Fail I		
	1		, , , , , , , , , , , , , , , , , , , ,		1	79,095
<u></u>	2	_	ervice revenue including government fees and contracts		2	
2018	3		ip dues and assessments		3	
ക	4		t income.		4	
6.3	5a		ount from sale of assets other than inventory		4	
	р		or other basis and sales expenses			
JUL	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	_	nd fundraising events			
	а		me from gaming (attach Schedule G if greater than			
SANNED Revenue			6a			RECEIVED
<i>§</i>	ā		ome from fundraising events (not including \$ of contribu	nions	11 -	VEOE:
			aising events reported on line 1) (attach Schedule G if the		lest	MAR 27 2018
ගු	_		ch gross income and contributions exceeds \$15,000) 6b ct expenses from gaming and fundraising events 6c		18	MAR 27 2018
(C)			e or (loss) from gaming and fundraising events	ubtract	<i>-∖ \°</i> `[
	d	line 6c) .		ubliace	Bd	OGDEN UT
	79		es of inventory, less returns and allowances		Pu	0
	b		of goods sold		4	
	_		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	1 0
	8	•	nue (describe in Schedule O)		8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	79,095
-	10				10	, 0,000
	11	Benefits pa	aid to or for members	EQ [11	
92	12	Salaries, o	ther compensation, and employee benefits	772	12	64,910
136	13	Profession	al fees and other payments to independent contractors (DEC 0 6 20	117161.	13	500
Expenses	14	Occupancy	ther compensation, and employee benefits		14	8,316
찚	15	Printing, pu	ublications, postage, and shipping		15	2,106
_	16		enses (describe in Schedule 0)	<u> </u>	16	3,252
	17	Total expe	enses. Add lines 10 through 16		17	79,084
8	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	11
36	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agr	ee with		
8			r figure reported on prior year's return)		19	18,610
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)		20	
ž	21		or fund balances at end of year. Combine lines 18 through 20		21	18,621
Eal	Panon	Words Doducet	ion Act Notice see the generate instructions			Form 990-F7 (2016)





	Hispanic-Latino Health Coal.			11-303	<u> </u>	Page 2
Par	Balance Sheets. (see the instructions for I		this Deat II			. \Box
	Check if the organization used Schedule O to re	espond to any question in			· ·	<u> </u>
22	Cash, savings, and investments			A) Beginning of year 18,610	22	(B) End of year
23	Land and buildings			10,010	23	18,621
24	•				24	
25	Total assets			18,610	25	18,621
26	Total liabilities (describe in Schedule O)				26	
27				18,610	_27	18,621
Pa	Statement of Program Service Accomplis				ł	
	Check if the organization used Schedule O t	_ 			(Rec	Expenses uired for section
	at is the organization's primary exempt purpose?				501(c)(3) and 501(c)(4)
	cribe the organization's program service accomplish neasured by expenses. In a clear and concise mann					nizations; optional thers)
	sons benefited, and other releva <u>nt i</u> nformation fo <u>r</u> each		provided, the num	Dei Oi	""	2007
	To Promote Minority Health through education Adva					T
	Desperational leadership				[_	-
				·····	}	
		includes foreign grants, o			28a	79,084
29	***************************************					J
					l	
•	(Grants \$) If this amount	includes foreign grants, o	check here	▶ □	29a	
30					234	

	(Counts &	includes foreign grants, o	check here	▶ 🔲	30a	
	Other program services (describe in Schedule O).					
	Other program services (describe in Schedule O) . (Grants \$) If this amount	includes foreign grants, o	check here	. .	31a	
32	Other program services (describe in Schedule O) . (Grants \$) If this amount Total program service expenses. (add lines 28a t	includes foreign grants, o	check here	• 🗆	32	79,084
32	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a tl art IV List of Officers, Directors, Trustees, and Mart IV	includes foreign grants, of hrough 31a)	check here	ensated—see the in	32 nstruct	79,084 ions for Part IV)
32	Other program services (describe in Schedule O) . (Grants \$) If this amount Total program service expenses. (add lines 28a t	includes foreign grants, on hrough 31a) Key Employees (list each or respond to any question	check here	ensated—see the in	32 nstruct	79,084 ions for Part IV)
32	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a to art IV List of Officers, Directors, Trustees, and Mark Check if the organization used Schedule O to a service expenses.	includes foreign grants, of hrough 31a) Key Employees (list each or respond to any question (b) Average	one even if not comp in this Part IV (c) Reportable compensation	ensated—see the in	32 nstruct	79,084 ions for Part IV)
32	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a tl art IV List of Officers, Directors, Trustees, and Mart IV	includes foreign grants, on hrough 31a) Key Employees (list each or respond to any question	one even if not comp in this Part IV (c) Reportable compensation (Forms W-2/1099-MISI	ensated—see the in (d) Health benefit contributions to employee benefit plants	32 nstruct	79,084 ions for Part IV)
32 Pa	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a to art IV List of Officers, Directors, Trustees, and Mark Check if the organization used Schedule O to (a) Name and title	includes foreign grants, of hrough 31a) (ey Employees (list each or respond to any question (b) Average hours per week	one even if not comp in this Part IV (c) Reportable compensation	ensated—see the in (d) Health benefit contributions to employee benefit pla	32 nstruct	79,084 ions for Part IV)
32 Pa	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a to art IV List of Officers, Directors, Trustees, and Mark Check if the organization used Schedule O to a service expenses.	includes foreign grants, of hrough 31a) (ey Employees (list each or respond to any question (b) Average hours per week	check here	ensated—see the in (d) Health benefit contributions to employee benefit plants	32 nstruct	79,084 ions for Part IV)
32 Pa Bart	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a tt art IV List of Officers, Directors, Trustees, and Management Check if the organization used Schedule O to (a) Name and title bara MClin	includes foreign grants, of hrough 31a)	check here	(d) Health benefit contributions to employee benefit pland deferred compens	32 nstruct	79,084 ions for Part IV)
32 Pa Bart Pres	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a total IV List of Officers, Directors, Trustees, and Mart IV Check if the organization used Schedule O total Name and title (a) Name and title bara MClin sident tany Black Sabaiza asure	includes foreign grants, of hrough 31a)	check here	(d) Health benefit contributions to employee benefit pland deferred compens	32 nstruct	79,084 ions for Part IV)
32 Pa Bart Pres Britt	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a to art IV List of Officers, Directors, Trustees, and Mark Check if the organization used Schedule O to a name and total t	includes foreign grants, of hrough 31a)	check here	ensated—see the in (d) Health benefit contributions to employee benefit pland deferred compens	32 nstruct s, ans, sation	79,084 ions for Part IV) (e) Estimated amount of other compensation
32 Pa Bart Pres Britt	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a total IV List of Officers, Directors, Trustees, and Mart IV Check if the organization used Schedule O total Name and title (a) Name and title bara MClin sident tany Black Sabaiza asure	includes foreign grants, of hrough 31a)	check here	ensated—see the in (d) Health benefit contributions to employee benefit pl and deferred compens	32 nstruct s, ans, sation	79,084 ions for Part IV)
32 Pa Bart Pres Britt	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a to art IV List of Officers, Directors, Trustees, and Mark Check if the organization used Schedule O to a name and total t	includes foreign grants, of hrough 31a)	check here	ensated—see the in (d) Health benefit contributions to employee benefit pland deferred compens	32 nstruct s, ans, sation 0	79,084 ions for Part IV) (e) Estimated amount of other compensation
32 Pa Bart Pres Britt	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a to art IV List of Officers, Directors, Trustees, and Mark Check if the organization used Schedule O to a name and total t	includes foreign grants, of hrough 31a)	check here	ensated—see the in (d) Health benefit contributions to employee benefit pland deferred compens	32 nstruct s, ans, sation 0	79,084 ions for Part IV) (e) Estimated amount of other compensation
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32 Pa Bart Pres Britt	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a to art IV List of Officers, Directors, Trustees, and Mark Check if the organization used Schedule O to a name and total t	includes foreign grants, of hrough 31a)	check here	ensated—see the in (d) Health benefit contributions to employee benefit pland deferred compens	32 nstruct s, ans, sation 0	79,084 ions for Part IV) (e) Estimated amount of other compensation
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32 Pa Bart Pres Britt	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a to art IV List of Officers, Directors, Trustees, and Mark Check if the organization used Schedule O to a name and total t	includes foreign grants, of hrough 31a) (ey Employees (list each to respond to any question (b) Average hours per week devoted to position Hr/WK 5.00 Hr/WK 5.00 Hr/WK 5.00 Hr/WK	check here	ensated—see the in (d) Health benefit contributions to employee benefit pland deferred compens	32 nstruct s, ans, sation 0	79,084 ions for Part IV) (e) Estimated amount of other compensation
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32 Pa Bart Pres Britt	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a to art IV List of Officers, Directors, Trustees, and Mark Check if the organization used Schedule O to a name and total t	includes foreign grants, of hrough 31a) (ey Employees (list each to respond to any question) (b) Average hours per week devoted to position Hr/WK 5.00 Hr/WK 5.00 Hr/WK 5.00 Hr/WK Hr/WK Hr/WK Hr/WK	check here	ensated—see the in (d) Health benefit contributions to employee benefit pland deferred compens	32 nstruct s, ans, sation 0	79,084 ions for Part IV) (e) Estimated amount of other compensation
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Form 990-EZ (2016

AO

Pari	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in th	ne	-90 -
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	۷	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed		Ι,	[
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a)
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	1.74	3.4	£
b	Did the organization file Form 1120-POL for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		-15	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	-43no 124 1	28 AC
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter:			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	1		TOWN IN
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	97.085 S	1	1 2 2 2
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►		1	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42h	Yes	No
	If "Yes," enter the name of the foreign country: ▶	42D	29.77	ay 海豚
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		100 TH	y Asia
	Financial Accounts (FBAR).		3.4	1.
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	3.50	
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		要 \$***

Form 99	0-EZ (2016)	Hispanic-Latino Health C	oal, of Greater Indplis.			<u> 11-36505</u>	11	Page 4
		•					Yes	No
46 '	Did the org	ganization engage, directly or indirec	tly, in political campaign a	ctivities on behalf of	or in opposition			
		tes for public office? If "Yes," comple				46		X
Part	V Sec	tion 501(c)(3) organizations on	ly					
	All s	section 501(c)(3) organizations m	ust answer questions 4	7-49b and 52, and	complete the tables	for lines	5	
		and 51.	•		·			
	Che	eck if the organization used Scheo	dule O to respond to any	y question in this Pa	art VI			
							Yes	No
47	Did the or	ganization engage in lobbying activiti	ies or have a section 501/	h) election in effect di	iring the tax			
•,		es," complete Schedule C, Part II.			amig are ass	47		х
40		anization a school as described in se				48		X
						. 49a		X
49 a		ganization make any transfers to an	· · · · · · · · · · · · · · · · · · ·	-				
		as the related organization a section				49b		<u> </u>
50		this table for the organization's five h					key	
	employee	s) who each received more than \$10	U,UUU of compensation tro	m the organization. I		None."		
			(b) Average	(c) Reportable	(d) Health benefits,	(e) Estima	ited amo	ount of
	(a) N	ame and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and deferred	• •	mpense	
			GENORES TO DOSIGOTI	(1 Gills 11-2 1000-1800)	compensation			
Name	NONE		,					
Title			HITWIK .00			ļ <u>.</u>		
Name								
Title	·		Hr/WK .00					
Name								
Title			Hr/WK .00					
Name				1				
Title			Hr/WK					
Name	:							-
Title			Hrwk00					
f	Total num	ber of other employees paid over \$1	00,000	. >				
51	Complete	this table for the organization's five I	nighest compensated inde	pendent contractors v	who each received mo	ore than		
	\$100,000	of compensation from the organizati	ion. If there is none, enter	"None."				
) Name and business address of each independ	lent contractor	(b) Type of servi	co) (c	Сотрепва	tion	
		y russic disa oddiscoo desired of court incoperin		(5) (7) (6)	- (0			
Name	NONE	St			1			
City	<u>'</u>	ST	ZIP					
Neme		Str			}			
City	·	ST	ZIP					
Name		Str	•					
City		ST	ZIP					
Name)	Str						
City		ST	ZiP					
Name)	Str				_		
Crty		ST	ZIP					
4		ber of other independent contractors	each receiving over \$100	,000				
52	Did the or	ganization complete Schedule A? No	ote: All section 501(c)(3) o	rganizations must att	ach a			
	complete	d Schequie A /				► 💢 Y	>s [No
Linder	penalties of ne	erjury I declare that I have examined this return,	including accompanying schedule	s and statements, and to th	e best of my knowledge and	bellef, it is		
		nplete Declaration of prestarer (other than office						
		Milren T			11/30/	2017		
Sign		Signature of officer			Date /			
Here	1 .	Barbana D Mc	Lin Board !	tesideut	, ,			
		Type or print name and title						
		Print/Type preparer's name	Prepare/s, signature	O / Date	,]	PTIN	·	
Paid	•	William Compbell		Canpoto 11/		PO	274	1854
Prep	parer			1/	self-employed	1101		<u> </u>
Use	Only	Firm's name B & C. Consulation B & C. Consulation B & C. Consulation Firm's address 1800 N. M. P.		V 46202	Firm's EIN	7-28	22	72
			ridion 1 Indel Il		Phone no. 317			
way t	ing INO 018	cuss this return with the preparer sho	own above? See instruction	115	<u> </u>	<u> </u>		No
						Form 9	90-EZ	(201

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

Name of the organization Employer Identification number Hispanic-Latino Health Coal. of Greater Indplis. 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 5 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). 6 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.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) 8 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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 in 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 0 Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see Instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

	dule A (Form 9'90 or 990-EZ) 2016 Hispanic-L					11-365051	1 Page
Pa	rt II , ' Support Schedule for Orga						
-	(Complete only if you checke						er
	 Part III. If the organization fail 	ils to qualify und	ler the tests list	ed below, pleas	se complete Pa	ar <u>t III.)</u>	
	ction A. Public Support						
ale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and		Ī				
•	membership fees received. (Do not		į				
	include any "unusual grants.")	89,966	82,959	81,674	80,600	79,095	414,29
2	Tax revenues levied for the organization's		42,000		00,000	75,050	414,20
•	benefit and either paid to or expended on						
	its behalf		1				
•	The value of services or facilities						· · · · · · · · · · · · · · · · · · ·
3							
	furnished by a governmental unit to the	i					
	organization without charge	00.000					
	Total. Add lines 1 through 3	89,966	82,959	81,674	80,600	79,095	414,294
5	The portion of total contributions by each		ľ	-	-	.	
	person (other than a governmental unit						
	or publicly supported organization)	†	-]	- I	•	_	
	included on line 1 that exceeds 2%			• '		_	
	of the amount shown on line 11,			1		i	
	column (f)						_
6	Public support. Subtract line 5 from line 4.						414,294
Se	ction B. Total Support			= -			
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	89,966	82,959	81,674	80,600	79,095	414,294
-	Gross income from interest, dividends,	00,000	02,000	01,014	00,000	10,000	717,23
•	payments received on securities loans,	j		i			
	rents, royalties and income from similar	Ì				1	
	sources	J					
							
9				İ			
	activities, whether or not the business is						
	regularly carried on						
10							
	loss from the sale of capital assets						
	(Explain in Part VI.)						(
11	Total support. Add lines 7 through 10			-	-		414,294
12	Gross receipts from related activities, etc. (se	ee instructions) . .				12	
13	First five years. If the Form 990 is for the or						
	organization, check this box and stop here.						▶[_
Se	ction C. Computation of Public Sur	port Percenta	ge				
14	Public support percentage for 2016 (line 6, c					14	100.00%
15	Public support percentage from 2015 Sched	•	•	••		15	0.00%
• -	33 1/3% support test—2016. If the organiza				•		
, 00	and stop here. The organization qualifies as						> 🗓
	• • •		-				
K	33 1/3% support test—2015. If the organization qualified box and stop here. The organization qualified to the control of th			•			
	•		-				· · · · •
17a	10%-facts-and-circumstances test—2016.						
	is 10% or more, and if the organization meet						
	Part VI how the organization meets the "facts organization.		s test. The organi	-		eu	▶[
	*		atala				▶[_
ľ	10%-facts-and-circumstances test—2015. 15 is 10% or more, and if the organization m						
	Part VI how the organization meets the "facts					main n	_

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

-	THIS PARTICLE			500(-)(0)			raye
Pa	t III 'Support Schedule for Organ	nizations Des	cribed in Sect	ion 509(a)(2)			
•	(Complete only if you checked	d the box on lin	e 10 of Part I d	or if the organiz	ation failed to d	quality under F	art II.
	If the organization fails to qua	lify under the to	ests listed belo	w, please com	plete Part II.)		
Sec	tion A. Public Support	,					
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f)∕Total
1	Gifts, grants, contributions, and membership fees	1		•		•	
	received (Do not include any "unusual grants ")						1/
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						//
	furnished in any activity that is related to the		·			/	/
	organization's tax-exempt purpose					/_/	1
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's			·			
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the					/	
	organization without charge						
6	Total. Add lines 1 through 5	0	0	0	//0		0
7a	Amounts included on lines 1, 2, and 3				7/		
	received from disqualified persons						·
ь	Amounts included on lines 2 and 3 received				//		
-	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	-	i	/			1
c	Add lines 7a and 7b	0	0	/.ó	0		0
A	Public support (Subtract line 7c from			- //			
	line 6.)	,					
Sec	tion B. Total Support	·····		- /			
	indar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c)/2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	0	0	// 0			0
	Gross income from interest, dividends,			//			
	payments received on securities loans,			//			
	rents, royalties and income from similar sources .			/			1
h	Unrelated business taxable income (less			1			
~	section 511 taxes) from businesses						
	acquired after June 30, 1975	1	//				
_	Add lines 10a and 10b	0	/ / 0	0	0		0
11	Net income from unrelated business		/ /		- 		
••	activities not included in line 10b, whether		/ /			İ	
	or not the business is regularly carried on						
12			i				
	loss from the sale of capital assets						[
	(Explain in Part VI.)						†
13	Total support. (Add lines 9, 10c, 11,	/	<i>i</i>				
13	and 12.)	/ 0	/ o	٥	۱ ،		o
14	First five years. If the Form 990 is for the on	nanization's first		·			<u> </u>
17	organization, check this box and stop here.	- /	•				
50	ction C. Computation of Public Sur	_ 					
				<u></u>		15	0.000
15	Public support percentage for 2016 (line 8, c					16	0.009
16 Se	Public support percentage from 2015 Scheduction D. Computation of Investmen				· · · · · · · · · · · · · · · · · · ·	1 10	0.009
	ction D. Computation of Investmen			volume (6)		47 1	0.000
17	Investment income percentage for 2016 (line Investment income percentage from/2015 Sc					17	0.009
18 192	33 1/3% support tests—2016. If the organiz	,					0.009
ı əd	not more than 33 1/3%, check this box and s						▶[
h	33 1/3% support tests—2015. If the organiz						· · · · .
~	line 18 is not more than 33 1/3% check this						

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .

Part IV Supporting Organizations

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

	Sections A, D, and E. II you diecked 12d of Part I, complete Sections A and D, and complete Pa	n v.)		
Sect	Ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		l	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	<u> </u>		igsquare
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	L	<u> </u>
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	<u> </u>	L	
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
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.	3b		
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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	: .		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		Г,
ь	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			1 1
	despite being controlled or supervised by or in connection with its supported organizations.	4b		'
c	Did the organization support any foreign supported organization that does not have an IRS determination	Tigot control		
~	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	272		i
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	7 -		1 1
		4.		
E.	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4c		
Ja	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN		74 £	
	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	M. Phaban	v.	
	was accomplished (such as by amendment to the organizing document).			├─┘
	. , , , , , , , , , , , , , , , , , , ,	5a	z.	
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		- 1
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		<u></u>	f: }
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	า ayu		
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			<u>-</u>
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		 ,
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	mr. Mate		: '
	(defined in section 4956(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	4 34 1		لسننا
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	- 12°	.~	لنا
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		ļ,
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	10 mm	, ,	,
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			L
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
ь	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	<u>,</u>		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
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	1	,	
	supporting organizations)? If "Yes," answer 10b below.	10a		
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to		1 4 7	

determine whether the organization had excess business holdings.)

10Ь

Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) active and the person described in (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 1 Did the directors, trustees, or membership of one or more supported organizations have the power, to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No," describe in Part VI, how the supported organizations have the power, to controlled the organizations devides. If the organizations directors or trustees at all times during the tax year? If "No," describe in Part VI, how the supported organizations have the power, to controlled the organizations activities. If the organizations devides. If the organizations are during the tax year organizations and what conditions or restrictions, if any, applied to such powers during the tax year organizations and what conditions or restrictions, if any, applied to such powers during the tax year organization operated for the benefit of any supported organization of the "No providing uses henofit carried out the purposes of the supported organization? If "No," expanding the "No or trustees of each of the organization organization. Section D. If yee il Supporting Organizations 1 Were a majority of the organizations directors or trustees during the lax year also a majority of the directors or trustees of each of the organization and trustees of each of the organizations and trustees of each of the organizations and expendition organizations. 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's supported organization's provided organization's provided organization's provided organization's provided organization's provided organiza	Schedul	e A (Form 990 or 990-EZ) 2016 Hispanic-Latino Health Coal. of Greater Indplis.	11-3650511		Р	age 5
11 His the organization accepted a gift or contribution from any of the following persons? 2 A person who directly or indirectly controls, client ations or together with persons described in (b) and (c) below, the governing body of a supported organization? 2 A 30% controlled entity of a person described in (a) above? 3 A 30% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 3 Cection B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all limes during the tax year? If "No." describe in Part V how the supported organizations have the power to regularly appoint or elect at least a majority of the organization and more than one supported. supervised, or contribed the organizations servicies. If the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or any supported organization (if "Yes," explain in Part V how providing such benefit carried out the purposes of the supporting organization (if "Yes," explain in Part V how providing such benefit carried out the purposes of the supporting organization? If "Yes," explain in Part V how control or management of the organization of directors or trustees deach of the organization of directors or trustees of each of the organization of directors or trustees of each of the organization of support provided during the prior tax year, (i) a copy of the Organization and support provided during the prior tax year, (ii) a copy of the Form 300 that was most recently field as of the date of notification, and (ii) copies of the organization is avectorially describe	Part	V Supporting Organizations (continued)				
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) ebovo? c A 35% controlled entity of a person described in (a) or (b) abovo? c A 35% controlled entity of a person described in (a) or (b) abovo? 1 Did the directors, trustees, or membership of one or more supported organizations have the power. 1 Did the directors, trustees, or membership of one or more supported organizations have the power. 1 Did the directors, trustees, or membership of one or more supported organizations have the power. 1 Did the directors, trustees, or membership of one or more supported organizations have the power. 1 Did the directors, trustees, or membership of one or more supported organizations have the power. 2 Did the organization organization supported organizations directors or supported organizations and what conditions or restrictions, if any, applied to susp powers during the law year. 2 Did the organization operate for the benefit of any supported organization or the than the supported organization (b) that operated, supervised, or controlled the supporting organization. 2 Did the organization operate for the benefit of any supported organization of the trustees of each of the organization's directors or trustees during the law year also a majority of the directors or trustees of each of the organization's directors or trustees during the law year also a majority of the directors or trustees of each of the organization's supported organization (c)? If "No," describe in Part VI how control or managed the supporting Organization's supported organization, by the law of the organization or supported organization or supported organization or supported organization or supported organization or supported organization or supported organization or the organization's provided organization or supported organization or supported organization or supported organization o	•		ı		Yes	No
below, the governing body of a supported organization? A family imember of a person described in (a) over? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or o, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Pagularly appoint or elect at least a majority of the organizations directors or trustoes at all times during the its year? If "No." describe in Part VI how the supported organizations therefore the power to regularly appoint or elect at least a majority of the organization and man one supported organization, describe how the powers to appoint endor remove directors or trustoes are all called among the supported organizations and what conditions or restrictors, if any, applied to such powers during the fax year. 2 Dut the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how control or management of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization graphization. 1 Were a majority of the organization graphization was excled in the same persons that controlled or managed the susported organization graphization. 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, (i) a copy of the Form 990 that was most recently filed as of the date of notification, to the extent not previously prov	11	Has the organization accepted a gift or contribution from any of the following persons?	_,			
b A family member of a person described in (a) ebove? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or o, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, Instens, or membership of one or more supported organizations have the power, to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization or ortustees at all times during the tax year? If "No," describe in Part VI how the supported organization or supported organization, advante how the powers to appoint ander remove directors or fustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization of the supporting organization or fustees were allocated among the supported organization(s) that operated, supervised, or controlled the supporting organization or the supported organization(s) that operated, supervised, or controlled the supporting organization(s) that operated. 2 Supervised, or controlled the supporting organization or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s) that operated. 2 Supervised, or controlled the supporting organization was vested in the same persons that controlled or managed the supported organization's supported organization's tax year (i) a copy of the Form \$90 that was most recently filed as of the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, and (ii) copies of the organization's governing organization's unsubsective the properties organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization	а		³⁾			J
c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, Instees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI now the supported organization's directors or trustees at all times during the tax year? If "No," describe how the powers to appoint and/or remove directors or trustees were allocated enough the supported organizations and what conditions or resistions, and any apported organization organization organization operate for the benefit of any supported organization of the tax year. 2 Did the organization operate for the benefit of any supported organization of the tax year. 3 Via how providing such benefit carried out the purposes of the supported organization's that operated, supervised, or controlled the supporting organization. 5 Section C. Type II Supporting Organizations 1 Were a majority of the organization's supported organization's powering organization or unstees of each of the organization's supported organization's powering described in C. Type II Supporting Organization's supported organization's powering documents in effect on the date of notification, to the extent not previously provided the supported organization's tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's organization's poverning documents in effect on the date of notification, and (iii) copies of the propertice organization's poverning documents in effect on the date of notification, and (iii) copies of the propertice organization's poverning only of supported organization's IV-No, "checkine brave a significant vice in the organization's investment policies and in directing the use of the organization's poverning by described in Part VI		below, the governing body of a supported organization?				
Section 8. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part V I now the supported organization's directors or trustees at all times during the tax year? If "No," describe how the powers to appoint and/or remove directors or trustees are all cated demong the supported organization's activities of any supported organization and the tax year as the providing such benefit certified out of any supported organization give that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated. 2 Section C. Type II Supporting Organizations 1 Were a majority of the organization's supported organization(s) that operated. 2 Supervised, or controlled the supposting organization are supported organization's that controlled or managed the supported organization's supported organization's that controlled or managed the supported organization's (s). 3 Section D. All Type III Supporting Organizations 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 \$90 under the view of the companization's tax year, (ii) a copy of the Form \$90 under the view of the companization's tax year, (ii) a copy of the Form \$90 under the view of the companization's tax year, (ii) a copy of the Form \$90 under the view of the companization's tax year, (ii) a copy of the Form \$90 under the view of the view of the compan	þ	A family member of a person described in (a) above?				
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Schedule A (Fôrm 990 or 990-EZ) 2016 Hispanic-Latino Health Coal. of Greater Indplis.		11-3	3650511 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	
1 ' Check here if the organization satisfied the Integral Part Test as a qualify	ing t	rust on Nov. 20, 1970 (exp	plain in Part VI). See
instructions. All other Type III non-functionally integrated supporting org	aniza	ations must complete Sec	tions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - Adjusted Net income		(A) Prior real	_(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	0	0
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	0	0
Section 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):	<u>L</u>		
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	0	0
e Discount claimed for blockage or other	1		
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	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			<u> </u>
see instructions).	4	0	o
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

4 Enter greater of line 2 or line 3.

instructions).

5 Income tax imposed in prior year |

emergency temporary reduction (see instructions).

3

4

5

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

0

0

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Part'\	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)				
	n D - Distributions			Current Year			
	1 Amounts paid to supported organizations to accomplish exempt purposes						
	2 Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organ	izations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
<u>.</u> 6	Other distributions (describe in Part VI). See instructions.	<u> </u>					
	Total annual distributions. Add lines 1 through 6.	<u>. </u>		0			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
	Distributable amount for 2016 from Section C, line 6			0			
10	Line 8 amount divided by Line 9 amount			0.000			
Se	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6			0			
	Underdistributions, if any, for years prior to 2016						
2	(reasonable cause required—explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2016:						
a							
<u>b</u>			·				
	From 2013						
•	From 2014						
	From 2015						
	Total of lines 3a through e	0					
	Applied to underdistributions of prior years		0				
<u>h</u>	Applied to 2016 distributable amount			0			
	Carryover from 2011 not applied (see instructions)						
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.	0					
4	Distributions for 2016 from						
	Section D, line 7: \$ 0		0				
	Applied to underdistributions of prior years Applied to 2016 distributable amount			0			
	Remainder. Subtract lines 4a and 4b from 4.	0					
<u>G</u>	Remaining underdistributions for years prior to 2016, if						
9	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.		0				
6	Remaining underdistributions for 2016. Subtract lines 3h						
·	and 4b from line 1. For result greater than zero, explain in	·					
	Part VI. See instructions.			0			
7	Excess distributions carryover to 2017. Add lines 3j						
•	and 4c.	٥					
	Breakdown of line 7:	1					
a							
	Excess from 2013		· · · · ·				
	Excess from 2014						
	Excess from 2015						
	Excess from 2018						

Schedule A (F	brm 990 or 990-EZ) 2016	Hispanic-Latino H	lealth Coal. of Great	er Indplis	11-3650511	Page 8
Part VI				red by Part II, line 10; Part	II, line 17a or 17b; Part	
			•	6, 9a, 9b, 9c, 11a, 11b, and		
•				D, lines 2 and 3; Part IV, S		
				Section D, lines 5, 6, and		
				nformation. (See instruction		
	mics Z, J, and O. Als	so complete una par	t for any additional i	mornation. (Gee instruction		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.
Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

Name of the organization 11-3650511 Hispanic-Latino Health Coal. of Greater Indplis Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 1,179 Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 2,032 Form 990-EZ, Part I, Line 16, Other Expenses: Postage: 41

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the Organization	Employer identification number
Hispanic-Latino Health Coal. of Greater Indplis.	11-3650511

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