

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

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
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: HISPANIC FEDERATION INC
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address): 55 EXCHANGE PLACE 5TH FLOOR Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10005

D Employer identification number: 13-3573852
E Telephone number: (212) 233-8955
G Gross receipts \$ 40,908,950

F Name and address of principal officer: JOSE CALDERON, 55 EXCHANGE PLACE 5TH FLOOR, NEW YORK, NY 10005

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: WWW.HISPANICFEDERATION.ORG

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1990
M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 THE MISSION OF THE HISPANIC FEDERATION IS TO EMPOWER AND ADVANCE THE HISPANIC COMMUNITY. THE HISPANIC FEDERATION PROVIDES GRANTS AND SERVICES TO A BROAD NETWORK OF LATINO NON-PROFIT AGENCIES SERVING THE MOST VULNERABLE MEMBERS OF THE HISPANIC COMMUNITY AND ADVOCATES NATIONALLY WITH RESPECT TO THE VITAL ISSUES OF EDUCATION, HEALTH, IMMIGRATION, ECONOMIC EMPOWERMENT, CIVIC ENGAGEMENT AND THE ENVIRONMENT.

2 Check this box 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	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	92
6 Total number of volunteers (estimate if necessary)	6	100
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	10,772,391	40,525,828
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	268	235
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,200	-96,974
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,775,859	40,429,089
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,715,378	14,110,632
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,049,896	3,761,937
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 615,421		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,948,346	5,047,908
18 Total expenses—add lines 13-17 (must equal Part IX, column (A), line 25)	9,713,620	22,920,477
19 Revenue less expenses—subtract line 18 from line 12	1,062,239	17,508,612

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	9,559,857	33,161,439
21 Total liabilities (Part X, line 26)	2,099,688	8,191,657
22 Net assets or fund balances—subtract line 21 from line 20	7,460,169	24,969,782

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: _____ Date: 2018-05-14
 JOSE CALDERON, PRESIDENT
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: PAULA VUKSIC CPA MST
 Preparer's signature: PAULA VUKSIC CPA MST
 Date: _____
 Check if self-employed
 PTIN: P00360739
 Firm's name: CITRIN COOPERMAN & COMPANY LLP
 Firm's EIN: 22-2428965
 Firm's address: 290 W MT PLEASANT AVENUE 3310
 Phone no: (973) 218-0500
 LIVINGSTON, NJ 07039

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

A SERVICE-ORIENTED MEMBERSHIP ORGANIZATION OF HEALTH AND HUMAN SERVICE AGENCIES DEDICATED TO ADDRESSING THE NEEDS OF HISPANIC-AMERICANS IN THE NEW YORK METROPOLITAN AREA

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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 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 \$ 3,224,795 including grants of \$ 1,023,620) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 2,428,396 including grants of \$ 66,250) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 12,693,795 including grants of \$ 12,050,538) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 3,260,680 including grants of \$ 970,224) (Revenue \$)

THE ADVOCACY PROGRAM PROVIDES COUNSELING AND OTHER RELATED SERVICES TO MEMBERS OF THE LATINO COMMUNITY THE GRANT-MAKING PROGRAM PROVIDES FINANCIAL ASSISTANCE TO COMMUNITY BASED ORGANIZATIONS WORKING IN THE LATINO COMMUNITY THE PROGRAM ASSISTS ORGANIZATIONS IN NEED OF START-UP FUNDING AND OTHER FINANCIAL ASSISTANCE FOR EXISTING ORGANIZATIONS

4d Other program services (Describe in Schedule O)
(Expenses \$ 3,260,680 including grants of \$ 970,224) (Revenue \$)

4e Total program service expenses ▶ 21,607,666

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i>		No
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	Yes	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
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? <i>If "Yes," complete Schedule J</i>	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		No
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? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
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? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
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? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part 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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (23), 1b (23), 2, 3, 4, 5, 6, 7a (Yes), 7b, 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (NY, CT), 18 (Own website, Upon request), 19, 20 (HISPANIC FEDERATION INC).

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (with sub-columns: Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c). Values: 878,322, 0, 131,539.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6

Questions 3, 4, and 5 regarding compensation reporting. Includes sub-table with Yes/No columns.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,767,115				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,073,431				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	35,685,282				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		40,525,828				
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		235			235	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		69,633					
		b Less rental expenses	0				
		c Rental income or (loss)	69,633				
	d Net rental income or (loss)			69,633	69,633		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 1,767,115 of contributions reported on line 1c) See Part IV, line 18	a	313,254				
		b Less direct expenses	479,861				
c Net income or (loss) from fundraising events			-166,607			-166,607	
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			40,429,089	69,633	0	-166,372	

Part IX Statement of Functional Expenses

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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 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	14,024,623	14,024,623		
2 Grants and other assistance to domestic individuals See Part IV, line 22	86,009	86,009		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	777,102	636,317	37,531	103,254
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,183,461	1,787,892	105,451	290,118
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	118,846	80,976	27,462	10,408
9 Other employee benefits	464,643	316,584	107,367	40,692
10 Payroll taxes	217,885	148,456	50,348	19,081
11 Fees for services (non-employees)				
a Management				
b Legal	31,244		29,833	1,411
c Accounting	56,079	52,904	3,175	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	67,757	58,391	7,888	1,478
14 Information technology				
15 Royalties				
16 Occupancy	176,302	175,302	1,000	
17 Travel	243,163	231,758	1,828	9,577
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	100,122	95,526	3,050	1,546
20 Interest	60,529	16,698	40,884	2,947
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	172,432	112,357	59,518	557
23 Insurance	45,822	8,037	37,785	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUBCONTRACT EXPENSE	1,710,687	1,710,687		
b CONSULTANTS	916,275	790,768	86,524	38,983
c BANK, CREDIT CARD AND O	388,528	367,330	18,432	2,766
d INTERNSHIPS	371,189	364,710	834	5,645
e All other expenses	707,779	542,341	78,480	86,958
25 Total functional expenses. Add lines 1 through 24e	22,920,477	21,607,666	697,390	615,421
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,829,585	1	14,535,054
	2 Savings and temporary cash investments	1,630,756	2	11,827,364
	3 Pledges and grants receivable, net	1,110,918	3	1,742,256
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	106,173	9	107,565
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 6,709,296		
	b Less accumulated depreciation	10b 2,186,822	4,644,251	10c 4,522,474
	11 Investments—publicly traded securities		11	195,159
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	222,814	14	215,007
	15 Other assets See Part IV, line 11	15,360	15	16,560
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,559,857	16	33,161,439	
Liabilities	17 Accounts payable and accrued expenses	242,791	17	6,160,083
	18 Grants payable	213,518	18	459,676
	19 Deferred revenue	23,985	19	25,078
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,619,394	23	1,546,820
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,099,688	26	8,191,657
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	7,026,243	27	6,918,271
	28 Temporarily restricted net assets	433,926	28	18,051,511
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	7,460,169	33	24,969,782
	34 Total liabilities and net assets/fund balances	9,559,857	34	33,161,439

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,429,089
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,920,477
3	Revenue less expenses Subtract line 2 from line 1	3	17,508,612
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,460,169
5	Net unrealized gains (losses) on investments	5	1,001
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,969,782

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	Yes	
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 13-3573852

Name: HISPANIC FEDERATION INC

Form 990 (2017)

Form 990, Part III, Line 4a:

THE COMMUNITY ASSISTANCE PROGRAM PROVIDES EMERGENCY ASSISTANCE TO MEMBERS OF THE LATINO COMMUNITY

Form 990, Part III, Line 4b:

THE TECHNICAL SUPPORT PROGRAM PROVIDES MANAGERIAL, ORGANIZATIONAL AND OTHER RELATED TECHNICAL ASSISTANCE TO LATINO HEALTH AND HUMAN SERVICE AGENCIES

Form 990, Part III, Line 4c:

IN RESPONSE TO THE IMMENSE DEVASTATION CAUSED BY HURRICANE MARIA IN SEPTEMBER 2017, HF CONVENED GOVERNMENT, COMMUNITY AND PHILANTHROPIC INSTITUTIONS AND LEADERS TO CREATE THE UNIDOS DISASTER RELIEF AND RECOVERY PROGRAM (THE "PROGRAM") THE GOAL OF THE PROGRAM IS TO SERVE THE IMMEDIATE AND LONG-TERM NEEDS OF FAMILIES AND COMMUNITIES IN PUERTO RICO HF HAS COORDINATED HUNDREDS OF DONATION DRIVES IN THE UNITED STATES AND HAS DISTRIBUTED MILLIONS OF POUNDS OF FOOD, WATER AND OTHER ESSENTIALS TO THOSE MOST AFFECTED BY THE STORM, DELIVERING EMERGENCY RELIEF AID THROUGHOUT PUERTO RICO

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARMINDA FIGUEROA DIRECTOR	0 50	X						0	0	0
CARLOS L SANTIAGO DIRECTOR	0 50	X						0	0	0
BRIAN F DORAN DIRECTOR	0 50	X						0	0	0
CRISTINA SCHWARZ DIRECTOR	0 50	X						0	0	0
INDRANI M FRANCHINI DIRECTOR	0 50	X						0	0	0
MIGUEL CENTENO VICE CHAIR	0 50	X						0	0	0
JOSE M RIVERA DIRECTOR	0 50	X						0	0	0
LINO GARCIA DIRECTOR	0 50	X						0	0	0
MANUEL CHINEA SECRETARY	0 50	X						0	0	0
DELPHINE MENDEZ DE LEON DIRECTOR	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RAMON J PINEDA DIRECTOR	0 50	X						0	0	0
RICARDO A VENEGAS TREASURER	0 50	X						0	0	0
JOSE RIVERA-ALERS DIRECTOR	0 50	X						0	0	0
JAY HERSHENSON DIRECTOR	0 50	X						0	0	0
MARGARET LAZO ASSISTANT SECRETARY	0 50	X						0	0	0
NATHALIE RAYES CHAIR	0 50	X						0	0	0
DEAN AGUILLEN DIRECTOR	0 50	X						0	0	0
DINEEN GARCIA DIRECTOR	0 50	X						0	0	0
HOWIE HODGES DIRECTOR	0 50	X						0	0	0
FRANK SANCHEZ DIRECTOR	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
INEZ STEWART DIRECTOR	0 50	X						0	0	0
MARCOS TORRES DIRECTOR	0 50	X						0	0	0
JOSE CALDERON PRESIDENT	35 00			X				257,825	0	40,714
FRANKIE MIRANDA SENIOR VICE PRESIDENT	35 00				X			170,124	0	28,016
DORIS GUZMAN VP FOR FINANCE & ADMINISTRATION	35 00					X		134,308	0	24,318
JASLYN JIMENEZ VP FOR PROGRAMS	35 00					X		112,783	0	22,985
EFFIE PHILLIPS-STALEY VP FOR STRATEGIC ADVANCEMENT AND OPERATIO	35 00					X		102,061	0	0
STEPHEN CALENZANI AVP FOR DEVELOPMENT	35 00					X		101,221	0	15,506

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.
▶ Attach to Form 990 or Form 990-EZ.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
HISPANIC FEDERATION INC

Employer identification number

13-3573852

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 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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 _____
- 5 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)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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)
- 9 An agricultural research organization described in **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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	4,701,170	5,775,991	5,946,910	9,423,889	38,758,713	64,606,673
2	Tax revenues levied for the organization'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	4,701,170	5,775,991	5,946,910	9,423,889	38,758,713	64,606,673
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)						2,262,265
6	Public support. Subtract line 5 from line 4						62,344,408

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	4,701,170	5,775,991	5,946,910	9,423,889	38,758,713	64,606,673
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,003	797	397	268	235	2,700
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						64,609,373

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	96.490 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	91.790 %

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

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 ▶

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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 on line 12 of 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.)

Section A. All Supporting Organizations

		Yes	No
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.		
	1		
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).		
	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		
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.		
	4b		
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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).		
	5a		
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		
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 .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
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 .		
	9a		
b	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 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 supporting organizations)? If "Yes," answer line 10b below.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
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) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
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 organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.	Yes	No
a	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? <i>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.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section 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	
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)	1	
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	
e	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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section 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 purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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.)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization HISPANIC FEDERATION INC	Employer identification number 13-3573852
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	63,000													
c	Total lobbying expenditures (add lines 1a and 1b)	63,000													
d	Other exempt purpose expenditures	25,036,662													
e	Total exempt purpose expenditures (add lines 1c and 1d)	25,099,662													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	559,151	613,659	742,460	1,000,000	2,915,270
b Lobbying ceiling amount (150% of line 2a, column(e))					4,372,905
c Total lobbying expenditures	63,000	63,000	63,000	63,000	252,000
d Grassroots nontaxable amount	139,788	153,415	185,615	250,000	728,818
e Grassroots ceiling amount (150% of line 2d, column (e))					1,093,227
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
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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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
HISPANIC FEDERATION INC

Employer identification number
13-3573852

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | |
| (ii) related organizations | | |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		599,813		599,813
b Buildings		5,398,322	1,586,126	3,812,196
c Leasehold improvements		44,052	32,681	11,371
d Equipment		642,630	543,536	99,094
e Other		24,479	24,479	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				4,522,474

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. 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)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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)	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	42,609,275
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	1,001
b	Donated services and use of facilities	2b	1,699,324
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	479,861
e	Add lines 2a through 2d	2e	2,180,186
3	Subtract line 2e from line 1	3	40,429,089
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	40,429,089

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	25,099,662
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	1,699,324
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	479,861
e	Add lines 2a through 2d	2e	2,179,185
3	Subtract line 2e from line 1	3	22,920,477
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	22,920,477

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-3573852

Name: HISPANIC FEDERATION INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	HF QUALIFIES AS A CHARITABLE ORGANIZATION AS DEFINED BY INTERNAL REVENUE CODE SECTION 501(C)(3) AND, ACCORDINGLY, IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(A) ADDITIONALLY, SINCE HF IS A SECTION 509(A)(2) PUBLICLY SUPPORTED ORGANIZATION, CONTRIBUTIONS MADE TO HF QUALIFY FOR THE MAXIMUM CHARITABLE CONTRIBUTION DEDUCTION UNDER THE INTERNAL REVENUE CODE HF IS ALSO EXEMPT FROM NEW YORK STATE AND NEW YORK CITY INCOME TAXES

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT DIRECT EXPENSES - GALA 479,861

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT DIRECT EXPENSES - GALA 479,861

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
HISPANIC FEDERATION INC

Employer identification number
13-3573852

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			0
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			0

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		NORTH AMERICA	DISCRETIONARY GRANT FOR EARTHQUAKE	500,000	WIRE TRANSFER			FMV
(2)								
(3)								
(4)								

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 1
- 3 Enter total number of other organizations or entities ▶

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ReturnReference	Explanation

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
HISPANIC FEDERATION INC

Employer identification number

13-3573852

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		GALA DINNER (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	2,080,369			2,080,369
2	Less Contributions	1,767,115			1,767,115
3	Gross income (line 1 minus line 2)	313,254			313,254
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	313,254			313,254
	7 Food and beverages				
	8 Entertainment	104,431			104,431
	9 Other direct expenses	62,176			62,176
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				479,861
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-166,607

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization HISPANIC FEDERATION INC

Employer identification number 13-3573852

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 144
3 Enter total number of other organizations listed in the line 1 table. 25

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SMALL COMMUNITY SCHOLARSHIPS	147	86,009		FMV	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE HISPANIC FEDERATION (HF)FOLLOWS SPECIFIC CRITERIA FOR DETERMINING THAT THE GRANT RECIPIENTS CAN PARTICIPATE IN THE PROGRAM AND THE AMOUNTS FOR WHICH THEY QUALIFY THE HF MONITORS THE WORK PERFORMED BY THE GRANT RECIPIENTS TO ENSURE THAT GRANT MONEY IS BEING USED FOR ITS INTENDED PURPOSES HF PERFORMS SITE VISITS REGULARLY THE GRANT RECIPIENTS AGENCIES ARE REQUIRED TO SUBMIT REPORTS TO HF IN ACCORDANCE WITH THEIR GRANT'S COMPLIANCE REQUIREMENTS

Additional Data

Software ID:
Software Version:
EIN: 13-3573852
Name: HISPANIC FEDERATION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL PUENTE 211 SOUTH 4TH ST BROOKLYN BROOKLYN, NY 11211	11-2614265	501(C)(3)	61,178				NON PROFIT STABILIZATION FUND GRANT FY17 DISCRETIONARY GIVING TUESDAY WEPA FESTIVAL
CARIBBEAN CULTURAL CTR AFRICAN 1825 PARK AVENUE SUITE 602 NEW YORK, NY 10035	13-3054001	501(C)(3)	40,000				NON PROFIT STABILIZATION FUND GRANT FY17 CORE GRANT ANNUAL GALA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY RESOURCE CENTER PO BOX 312 MAMARONECK, NY 10543	31-1678682	501(C)(3)	29,433				CORE GRANT 2017 2018 PAYMENT DISCRETIONARY GRANT GIVING TUESDAY FOOD ASSISTANCE
NORTHERN MANHATTAN ARTS ALLIANCE NOMAA 178 BENNETT AVE NEW YORK, NY 10040	26-1997496	501(C)(3)	42,464				NON PROFIT STABILIZATION FUND 25% AND FINAL PAYMENT OF GRANT FY17 CORE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCHES UNITED FOR FAIR HOUSING 66 WHIPPLE STREET BROOKLYN, NY 11206	26-4698161	501(C)(3)	25,000				NON PROFIT STABILIZATION FUND 25% AND FINAL PAYMENT OF GRANT FY17
ST ANN'S CORNER OF HARM REDUC 886 WESTCHESTER AVE BRONX, NY 10459	13-3724008	501(C)(3)	11,124				DESCRETIONARY GRANT 2017 GIVING TUESDAY UNITED WAY CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMITTEE HISP CHILDREN & FAM 110 WILLIAM ST 18TH FL NEW YORK, NY 10038	11-2622003	501(C)(3)	16,767				CORE GRANT 2016 PAYMENT 2 OF 2 SPONSORSHIP GALA 2017
CONNECTICUT PUERTO RICAN FORUM 95 PARK STREET HARTFORD, CT 06106	06-1385027	501(C)(3)	10,000				DISCRETIONARY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATINO COMMISSION ON AIDS 24 W 25TH ST 9TH FL NEW YORK, NY 10010	13-3629466	501(C)(3)	9,568				CIELO LATINO 2017 GALA GIVING TUESDAY EL ENCUENTRO
NORTHERN MANHATTAN COALITION 665 WEST 182ND STREET NEW YORK, NY 10033	13-3255591	501(C)(3)	67,756				NON PROFIT STABILIZATION FUND 25% AND FINAL PMT FY17 CORE DISCRETIONARY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUERTO RICAN ASSOC HUMAN DEV 100 1ST ST PERTH AMBOY, NJ 08861	22-2026610		7,618				CORE GRANT 2017 2018 PAYMENT 1 OF 2 UNITED WAY CAMPAIGN
SPANISH SPEAKING ELDERLY COUNCIL 460 ATLANTIC AVE 1ST FL BROOKLYN, NY 11217	11-2730462		62,842				NON PROFIT STABILIZATION FUND 25% & FINAL PAYMENT OF GRANT FY17 CORE GALA SPONSHORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEATRO CIRCULO 65 EAST 4TH STREET 11 NEW YORK, NY 10003	13-3805585		15,000				CORE GRANT 2017 2018 1 OF 2 PAYMENTS
CASITA MARIA 928 SIMPSON ST 6TH FL BRONX, NY 10459	13-1623994	501(C)(3)	44,225				NON PROFIT STABILIZATION FUND GRANT FY17 CORE GRANT 2017 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COALITION FOR HISP FAM SERV 315 WYCKOFF AVE BROOKLYN, NY 11237	13-3546023	501(C)(3)	51,295				NON PROFIT STABILIZATION FUND 25% FINAL GRANT FY17 CORE 2017 2018
DOMINICAN WOMENS DEV CTR 519 WEST 189TH ST NEW YORK, NY 10040	13-3593885	501(C)(3)	9,311				DOMICAN WOMEN GALA PAYMENT GIVING TUESDAY UNITED WAY CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISPANIC HEALTH COUNCIL INC 175 MAIN ST HARTFORD, CT 06106	06-1018979	501(C)(3)	15,000				CORE GRANT 2017 2018 PAYMENT ANNUAL GALA SPONSORSHIP
HILTON ALBANY 40 LODGE ST ALBANY, NY 12207	27-2685247		5,000				REUNION LATINA AIDS NYS LATINO CONFERENCE 2017

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
I CHALLENGE MYSELF INC 1460 BROADWAY NEW YORK, NY 10036	56-2423423	501(C)(3)	10,000				CORE GRANT 2017 2018 PAYMENT 1 OF 2
LATINO JUSTICE PRLDEF 99 HUDSON ST 14TH FL NEW YORK, NY 10013	13-2722664	501(C)(3)	40,000				CORE GRANT 2016 2017 LATINA IMM GIVING TUESDAY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOISAIDA INC 12 AVENUE D NEW YORK, NY 10009	13-3023183	501(C)(3)	42,487				NON PROFIT STABILIZATION FUND 25% FINAL CORE SPONSORSHIP FESTIVAL FY17
MASA-MEXED INC 135 EAST 22ND ST RM1010 NEW YORK, NY 10032	11-3640210	501(C)(3)	29,998				NON PROFIT STABILIZATION 25% AND FINAL PAYMENT FY17

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW IMMIGRANT COMM EMPOWERMENT 37-41 77TH STREET 2ND FL JACKSON HEIGHTS, NY 11372	11-3560625	501(C)(3)	54,435				NON PROFIT STABILIZATION FUND 25% AND FINAL PAYMENT OF GRANT FY17 CORE
NY COUNCIL ON ADOPT CHILDREN 589 EIGHT AVE 15TH FL NEW YORK, NY 10018	23-7296780	501(C)(3)	11,290				CORE GRANT 2016 PAYMENT 2 OF 2 LUCES SCHOLARSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
P R E G O N E S 571-575 WALTON AVENUE BRONX, NY 10451	13-3266893	501(C)(3)	45,629				NON PROFIT STABILIZATION FUND FINAL PAYMENT OF GRANT FY17 CORE
SOUTHSIDE UNITED HOUSING DEV 434 SOUTH 5TH STREET BROOKLYN, NY 11211	11-2268359	501(C)(3)	30,099				NON PROFIT STABILIZATION FUND 25% FINAL PAYMENT OF GRANT FY17 UNITED WAY CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPANISH THEATRE REPERTORY CO 138 EAST 27TH ST NEW YORK, NY 10016	13-2672755	501(C)(3)	17,500				49TH ANNIVERSARY CELEBRATION REPERTORIO ESPANOL CORE GRANT
SURE WE CAN INC 219 MCKIBBIN ST BROOKLYN, NY 11206	26-1217947		34,685				NON PROFIT STABILIZATION FUND 25% AND FINAL PAYMENT OF GRANT FY17

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE RESOURCE CNT FOR COMMUNITY 402 EAST 152ND ST NEW YORK, NY 10003	13-3603303	501(C)(3)	30,000				NON PROFIT STABILIZATION 25% AND FINAL PAYMENT GRANT FY17
VIOLENCE INTERVENTION PROG INC POBOX 1161 TRIBOROUGH STATION NEW YORK, NY 10035	13-3540337	501(C)(3)	31,688				NON PROFIT STABILIZATION 25% AND FINAL PAYMENT GRANT FY17 BEAUTY OF SURVIVAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOCES LATINAS INC 37-63 83RD ST SUITE B JACKSON HEIGHTS, NY 11372	20-2312651	501(C)(3)	24,000				CORE GRANT 2016 PAYMENT AND LUCES GRANT FOR NLAAD
SAN JUAN CENTER INC 1283 MAIN STREET HARTFORD, CT 06103	06-0890788		10,000				2016 CORE GRANT 2 OF 2 PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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REGIONAL AID FOR INTERIM NEEDS 2405 EAST TREMONT AVENUE BRONX, NY 10461	13-6213586	501(C)(3)	5,000				GALA SPONSORSHIP 53RD ANNIVERSARY
BRIDGEPORT CARIBE YOUTH LEAGUE 1067 PARK AVENUE BRIDGEPORT, CT 06604	20-0421577	501(C)(3)	12,500				2016 CORE GRANT 2 OF 2 PAYMENTS

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LATINO SOCIAL WORK COALITION 55 EXCHANGE PLACE 5TH FLOOR NEW YORK, NY 10005	47-1889899	501(C)(3)	10,000				DISCRETIONARY GRANT 2017
CINE ART ENTERT PRODUCTION INC 1194 SHERMAN AVENUE SUITE 1C BRONX, NY 10456	27-1529816		13,000				DISCRETIONARY GRANT 6TH ANNUAL DOMINICAN FILM FESTIVAL IN NY AND KID CINEMA FESTIVAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ACACIA NETWORK INC 1064 FRANKLIN AVE BRONX, NY 10456	26-0076866	501(C)(3)	10,000				DISCRETIONARY GRANT
ALBANIA ROSARIO UPTOWN MGT INC 2100 LINWOOD AVE SUITE 14N FORT LEE, NJ 07024	46-3748262		20,000				DISCRETIONARY GRANT UPTOWN FASHION FALL SEP AND FEB WEEK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BRONX PARENT HOUSING NETWORK 1171 WASHINGTON AVENUE BRONX, NY 10456	13-4100758	501(C)(3)	22,325				NON PROFIT STABILIZATION FUND 25% AND FINAL PAYMENT OF GRANT FY17
EXODUS TRANSITIONAL COMM INC 2271 THIRD AVENUE NEW YORK, NY 10035	31-1731465	501(C)(3)	41,073				NON PROFIT STABILIZATION FUND 25% AND FINAL PAYMENT GRANT CORE

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FEED AND FORTIFY COMMUNITY ORG 6900 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32809	46-0605050		5,000				NATIONAL HUNGER RELIEF GRANT FORD FUND
ADELANTE OF SUFFOLK COUNTY INC 10 THIRD AVENUE BRENTWOOD, NY 11717	11-2554552	501(C)(3)	13,879				2016 CORE GRANT 2 OF 2 PAYMENTS AND FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CIRCULO DE LA HISPANIDAD 26 WEST PARK AVENUE LONG BEACH, NY 11561	11-2525327	501(C)(3)	19,025				DISCRETIONARY GRANT 2017 CIRCULO GALA 2017 FOOD ASSISTANCE
DYNAMIC COMM DEVELOPMENT CORP 3550 BISCAYNE BLVD SUITE 304 MIAMI, FL 33137	65-0984762	501(C)(3)	5,000				SPONSORSHIP PUERTO RICAN SUMMIT FL MAY 11TH-MAY 12TH 2017

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HISPANIC FAMILY COUNSELING INC 8636 FORT JEFFERSON BLVD ORLANDO, FL 32822	46-0572123		10,000				CASEMANAGEMENT AND COUNSELING SERVICES
LATINO COMMUNITY SERVICES 184 WETHERSFIELD AVENUE HARTFORD, CT 06114	61-1259957	501(C)(3)	10,000				2016 CORE GRANT 2 OF 2 PAYMENTS

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MUJERES LATINAS EN ACCION 103-06 39TH AVENUE 1 FLOOR CORONA, NY 11368	11-3093642	501(C)(3)	30,000				NON PROFIT STABILIZATION FUND 25% FINAL PAYMENT OF GRANT FY17
PUERTO RICAN ACTION BOARD 90 JERSEY AVENUE NEW BRUNSWICK, NJ 08901	22-1944440	501(C)(3)	10,000				CORE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RYASAP 2470 FAIRFIELD AVENUE BRIDGEPORT, CT 06605	06-1357699	501(C)(3)	7,500				CORE GRANT 2 OF 2 C/O CT STUDENTS 4D
THALIA SPANISH THEATRE INC 41-17 GREEPOINT AVENUE SUNNYSIDE, NY 11104	23-7448611		42,500				NON PROFIT STABILIZATION FUND 25% FINAL PAYMENT FY17 CORE GRANT

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NEW YORK SHAKESPEARE FESTIVAL 425 LAFAYETTE STREET NEW YORK, NY 10003	13-1844852	501(C)(3)	25,000				DISCRETIONARY GRANT MFAMILY FUND
2020 VISION FOR SCHOOLS INC 8225 5TH AVENUE 323 BROOKLYN, NY 11209	45-3023036	501(C)(3)	25,000				NON PROFIT STABILIZATION FUND 25% 2ND AND FINAL PAYMENT OF GRANT FY17

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AFRO LATIN JAZZ OF NY 646 MALCOM X BLVD NEW YORK, NY 10037	45-3665976	501(C)(3)	5,000				DISCRETIONARY GRANT MFAMILY FUND
AMBER SCHOOL FOUNDATION 220 EAST 106TH STREET NEW YORK, NY 10029	46-5771070	501(C)(3)	10,000				EVENT SPONSORSHIP

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ARTE INC 19 GRAND AVENUE NEW HAVEN, CT 06513	54-2138181	501(C)(3)	5,000				HISPANIC HERITAGE ART EXHIBIT CT SPONSORSHIP
ARTFORO INC 4877 BROADWAY 2I NEW YORK, NY 10034	81-1888927	501(C)(3)	5,000				DESCRETIONARY GRANT 2017

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CATHOLIC CHARITIES COMM SRVCS 1011 FIRST AVENUE NEW YORK, NY 10022	13-5562185		5,102				UNITED WAY CAMPAIGN ALIANZA DOMINICANA YEARS 2013 2016
CHEMICAL ABUSE SERVICES AGENCY 1124 IRANISTAN AVENUE BRIDGEPORT, CT 06605	22-2837833	501(C)(3)	17,500				CORE GRANT 2017 2018 PAYMENT 1 OF 2

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CLIMATE SCIENCE LEGAL DEFENSE 435 WEST 116TH ST ROOM 527 NEW YORK, NY 10027	47-1941171	501(C)(3)	6,000				DISCRETIONARY GRANT MFAMILY FUND
COREZON LLC 644 WEST 185TH ST APT 6A NEW YORK, NY 10033	47-5389516		5,570				FUERZA FEST PLAY COMPETITION WINNER JDB ONE ACT PLAY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DANCE PROJ WASHINGTON HEIGHS 621 W 172ND STREET 59 NEW YORK, NY 10032	47-1583227	501(C)(3)	5,000				DISCRETIONARY GRANT MFAMILY FUND
EUGENE O' NEILL THEATER CENTER 305 GREAT NECK ROAD WATERFORD, CT 06385	06-6070900		50,000				DISCRETIONARY GRANT MFAMILY FUND

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EVA LONGORIA FOUNDATION 2708 WILSHIRE BLVD 369 SANTA MONICA, CA 90403	45-4345954	501(C)(3)	10,000				DISCRETIONARY GRANT MFAMILY FUND
HISPANIC CHAMBER COMM ORLANDO 3201 E COLONIAL DR SUITE A20 ORLANDO, FL 32803	59-3103840	501(C)(3)	5,000				HISPANIC BUSINESS CONF FULL PAGE AD SPONSORSHIP CIVIC ADV

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IMAGEN FOUNDATION 18034 VENTURA BLVD 261 ENCINO, CA 91316	95-4530300		10,000				DISCRETIONARY GRANT MFAMILY FUND
JAZZ AT LINCOLN CENTER INC 3 COLUMBUS CIRCLE 12TH FL NEW YORK, NY 10019	13-3888641		10,000				DISCRETIONARY GRANT MFAMILY FUND

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JOHN ERICSSON MS 126K 424 LEONARD STREET BROOKLYN, NY 11222	13-6400434		5,000				CONTRIBUTION CHESS SUPER NATIONALS TOURNAMENT 2017
LATIN GRAMMY CULTURAL FND INC 3470 NW 82ND AVENUE SUITE 700 DORAL, FL 33122	46-4770436		25,000				DISCRETIONARY GRANT MFAMILY FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LATINAS ON THE VERGE OF EXCELL 23-90 29TH STREET 2 QUEENS, NY 11105	46-3732667	501(C)(3)	23,475				NON PROFIT STABILIZATION FUND 25% FINAL PAYMENT OF GRANT FY17
LATINO COMMUNITY FOUNDATION 235 MONTGOMERY ST STE 1160 SAN FRANCISCO, CA 94104	81-0564400	501(C)(3)	6,590				ANNUAL GALA

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MIXTECA ORGANIZATION INC 245 23RD STREET 2ND FL BROOKLYN, NY 11215	11-3561651	501(C)(3)	25,260				NON PROFIT STABILIZATION FUND 25% AND FINAL PAYMENT OF GRANT FY17
NATL MUSEUM OF PR ARTS&CULTURE 3015 W DIVISION CHICAGO, IL 60622	36-4437224	501(C)(3)	10,000				DISCRETIONARY GRANT MFAMILY FUND UNIDOS GRANT PR

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NEIGHBORS HELPING NEIGHBORS 621 DEGRAW STREET BROOKLYN, NY 11217	11-3059958	501(C)(3)	25,000				NON PROFIT STABILIZATION FUND 25% AND FINAL PAYMENT OF GRANT FY17
NORWEGIAN AMER HOSPITAL FND 1044 N FRANCISCO AVENUE CHICAGO, IL 60622	36-3257131		5,000				DISCRETIONARY UNIDOS GRANT PR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ONEPULSE FOUNDATION INC 1223 E CONCORD STREET ORLANDO, FL 32803	81-3142847		6,500				PARTNERSHIP PRPYECTO SOMOS ORLANDO FOR GAY DAYS
P R O M E S A FOUNDATION 300 E 175TH STREET BRONX, NY 10457	13-3411787	501(C)(3)	12,000				SPONSORSHIP ACACIA NETWORK 2017 ANNUAL GALA

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PEOPLE'S THEATRE PROJECT INC 5030 BROADWAY SUITE 660 NEW YORK, NY 10034	26-4705999	501(C)(3)	29,000				NON PROFIT STABILIZATION FUND FINAL PAYMENT OF GRANT FY17GRANT MFAMILY FUND
PR BAR ASSOCIATION OF FLORIDA 517 W COLONIAL DR ORLANDO, FL 32804	02-0707018	501(C)(3)	10,000				SPONSHORSHIP FOR PUERTO RICO DAY 2017

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PROYECTO MATRIA INC 31 JIMENEZ SICARDO CAGUAS, PR 00725	66-0641575	501(C)(3)	5,000				CT PUERTO RICAN AGENDA
RATTLESTICK PRODUCTION INC 224 WAVERLY PLACE 2ND FLOOR NEW YORK, NY 10014	11-3105457		45,000				THE SOL PROJECT GRANT FOR ARTISTS AND THEATER RENTAL FEES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SOCIETY OF THE EDUCATIONAL ART 107 SUFFOLK ST STE 202 NEW YORK, NY 10002	11-3210593		25,000				NON PROFIT STABILIZATION FUND 25% AND FINAL PAYMENT OF GRANT FY17
SUGAR HILL CHILDRENS MUSEUM 898 ST NICHOLAS AVENUE NEW YORK, NY 10032	46-5412811		25,000				NON PROFIT STABILIZATION FUND 25% AND FINAL PAYMENT FY17

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THE ENSEMBLE STUDIO THEATRE 549 WEST 52ND STREET NEW YORK, NY 10019	23-7150345	501(C)(3)	10,000				DISCRETIONARY GRANT MFAMILY FUND
THE GRADUATE CTR FOUNDATION 365 FIFTH AVENUE SUITE 8204 NEW YORK, NY 10016	13-3219419	501(C)(3)	30,000				DISCRETIONARY GRANT MFAMILY FUND

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THE MIRACLE CENTER 2311 N PULASKI ROAD CHICAGO, IL 60639	36-4276909	501(C)(3)	10,000				DISCRETIONARY GRANT MFAMILY FUND
THE SCHOTT FND FOR PUBLIC EDUC 675 MASSACHUSETTS AVE 8TH FL CAMBRIDGE, MA 02139	04-3457065	501(C)(3)	10,000				DISCRETIONARY GRANT MFAMILY GRANT

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THE TRUSTEES OF COLUMBIA UNIV 615 WEST 131ST STREET 3RD FL NEW YORK, NY 10027	13-5598093	501(C)(3)	10,000				DISCRETIONARY GRANT MFAMILY FUND
UNITED WE DREAM NETWORK INC 1900 L ST NW SUITE 900 WASHINGTON, DC 20036	46-2216565	501(C)(3)	5,000				GRANT TO CONNECTICUT STUDENTS FOR A DREAM

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US CAPITOL HISTORICAL SOCIETY 200 MARYLAND AVE NE STE 400 WASHINGTON, DC 20002	52-0796820	501(C)(3)	5,000				DISCRETIONARY GRANT MFAMILY FUND
VISION URBANA INC 207-209 EAST BROADWAY NEW YORK, NY 10002	13-3848575	501(C)(3)	25,000				NON PROFIT STABILIZATION FUND 25% AND FINAL PAYMENT OF GRANT FY17

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WASHINGTON HEIGHTS JAYBIE SP 105 EAST 177TH STREET 3 BRONX, NY 10453	55-0844926	501(C)(3)	20,000				DISCRETIONARY GRANT
WOODSIDE ON THE MOVE INC 39-42 59TH STREET 2ND FLOOR WOODSIDE, NY 11377	11-2435565	501(C)(3)	25,000				NON PROFIT STABILIZATION FUND 25% AND FINAL PAYMENT OF GRANT FY17

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AFT DISASTER RELIEF FUND 555 NEW JERSEY AVE NW WASHINGTON, DC 20001	20-3664119	501(C)(3)	250,000				PUERTO RICO DISASTER RELIEF GRANT
CMTAS YAUCO INC BO QUEBRADAS CARRETERA 375 KM 29 YAUCO, PR 00698	66-0759225	501(C)(3)	100,000				CMTAS HURRICANE DISASTER

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CMTAS (CENTRO MICROEMPRESAS Y TECNOLOGIAS AGRICOLAS SUSTENTABLES) BO QUEBRADAS CARRETERA 375 KM 29 YAUCO, PR 00698	66-0759225	501(C)(3)	250,000				PUERTO RICO DISASTER RELIEF GRANT
PROTECTORES DE CUENCA 65 INFANTERIA ESQUINA FIDEL VELEZ YAUCO, PR 00698	66-0778121	501(C)(3)	250,000				PUERTO RICO DISASTER RELIEF GRANT

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BETA LOCAL 4 CALLE LA PUNTILLA APT 34 SAN JUAN, PR 00901	66-0736115	501(C)(3)	50,000				PUERTO RICO DISASTER RELIEF GRANT
PARA LA NATURALEZA 155 TETUAN ST SAN JUAN, PR 00901	66-0801404	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT

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G8 ENLACESCANO 37 243 CALLE PARIS PMB 1873 HATO REY SAN JUAN, PR 00917	66-0681723	501(C)(3)	400,000				PUERTO RICO DISASTER RELIEF GRANT
CENTROS SOR ISOLINA FERRE INC PO BOX 7313 PONCE, PR 007327313	66-0277396	501(C)(3)	150,000				PUERTO RICO DISASTER RELIEF GRANT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PECES INC PO BOX 647 PUNTA SANTIAGO HUMACAO, PR 00741	66-0444454	501(C)(3)	150,000				PUERTO RICO DISASTER RELIEF GRANT
ASPIRA (MOSQUITO CONTROL) CARRETERA 8887 KM 119 BARRIO SAN ANTON CAROLINA, PR 00985	66-0276355	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLENITUD INICIATIVAS ECO-EDUCATIVAS INC CARRETERA 407 KM 33 INTERIOR BARRIO ALTO SANO LAS MARIAS, PR 006700394	66-0741766	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT
CORPORACIN DEL INCUBADORA MICROEMPRESAS BIEKE CALLE ANTONIO G MELLUDO F 348 ISABEL II VIEQUES, PR 00765	66-0713442	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INCICO (LAS TRES MOSQUITERAS) HACIENDAS DEL LAGO 21 BO CARRAIZO TRUJILLO ALTO, PR 00926	66-0710704	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT
CORPORACION DEL PROYECTO MATRIA 31 JIMENEZ SICARDO PISO 1 CAGUAS, PR 00725	66-0641575	501(C)(3)	200,000				PUERTO RICO DISASTER RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BOYS AND GIRLS CLUB (LOIZA) 501 ROBERTO H TODD AVENUE SAN JUAN, PR 00907	66-0327584	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT
BOYS AND GIRLS CLUB (SAN LORENZO) 501 ROBERTO H TODD AVENUE SAN JUAN, PR 00907	66-0327584	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCION SOCIAL DE PUERTO RICO INC CARRETERA 19 KM 03 BARRIO MONACILLO MONACILLO SAN JUAN, PR 00970	66-0393364	501(C)(3)	49,107				PUERTO RICO DISASTER RELIEF GRANT
EL DEPARTAMENTO DE LA COMIDAAMERICAS FOR THE ARTS INC 215 LAKESHORE PARK ROAD BOULDER, CA 80302	32-0261204	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PUERTO RICO NEIGHBORHOOD HOUSING SERVICES (PRNHS) 274 CALLE CANAL CON EL PONCE LOCAL 102 PARAD 19 SANTURCE, PR 00907	66-0528601	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT
CAMUY HEALTH SERVICES INC PO BOX 660 CAMUY, PR 00627	66-0428652	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CENTRO DE SALUD DE LARES INC CARR 111 KM 332 LARES, PR 00669	66-0426506	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT
CENTRO DE SALUD FAMILIAR DR JULIO PALMIERI FERRI INC CALLE MORSE 46 ESQUINA CALLE VALENTINA PO BOX 450 ARROYO, PR 00714	66-0426506	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CENTRO DE SERVICIOS PRIMARIOS DE PATILLAS INC PO BOX 697 PATILLAS, PR 00723	66-0430826	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT
CENTRO DE SERVICIOS PRIMARIOS DE SALUD INC (FLORIDA) CALLE ANTONIO ALCAZAR 7 FLORIDA, PR 00650	66-0428922	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CONCILIO DE SALUD INTEGRAL DE LOIZA INC PO BOX 509 LOIZA, PR 00772	66-0314649	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT
CONSEJO DE SALUD DE PUERTO RICO INC (MED CENTRO) 1034 HOSTOS AVENUE PONCE, PR 007161115	66-0292961	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CORPORACION DE SALUD ASEGURADA POR NUESTRA ORGANIZACION SOLIDARIA INC (S POSTAL APARTADO 1025 CAGUAS, PR 00725	66-0671421	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT
CORPORACION DE SERVICIOS MEDICOS PRIMARIOS Y PREVENCIÓN DE HATILLO (CSM) AVE DR SUSONI 116 HATILLO, PR 00659	66-0427194	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PRYMED MEDICAL CARE INC PO BOX 1330 CIDRA, PR 00739	66-0434923	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT
COSTA SALUD COMMUNITY HEALTH CENTERS INC CALLE MUNOZ RIVERA 28 RINCON, PR 00677	66-0428488	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOSPITAL GENERAL DE CASTANER INC PO BOX 1003 CARR 135 KM 45 CASTAER, PR 00631	66-0352014	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT
HPM FOUNDATION INC PO BOX 14457 2020 AVENIDA BORINQUEN BARRIO OBRERO SANTURCE, PR 00915	66-0437924	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MIGRANT HEALTH CENTER WESTERN REGION INC PO BOX 190 MAYAQUEZ, PR 00681	66-0427801	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT
MOROVIS COMMUNITY HEALTH CENTER INC PO BOX 518 MOROVIS, PR 00687	66-0480948	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEOMED CENTER INC PO BOX 1277 GURABO, PR 007781277	66-0485440	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT
PRYMED MEDICAL CARE INC CARRETERA 149 KM 13 CIALES, PR 00636	66-0428120	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SALUD INTEGRAL EN LA MONTANA INC PO BOX 515 NARANJITO, PR 007190515	66-0329532	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT
SERVICIOS DE SALUD PRIMARIOS DE BARCELONETA INC DBA ATLANTIC MEDICAL CENT PO BOX 2045 BARCELONETA, PR 00617	66-0426667	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY HEALTH FOUNDATION OF PR INC MARGINAL SANTA CRUZ C-17 URB SANTA CRUZ BAYAMON, PR 00961	66-0749601	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT
BIG IDEAS CHALLENGE 167 PONCE DE LEON AVE SAN JUAN, PR 00917	66-0393136	501(C)(3)	1,000,000				PARTNESHIP FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JOSE SANTIAGO INC PR 5 KM 44 LUCHETTI IND PARK BAYAMON, PR 00959	66-0259598	501(C)(3)	752,446				JOSE SANTIAGO INC PURCHASED ITEMS FOR DISASTER ASSISTANCE
CRANE CARTAGE LLC 1500 RANKIN RD SUITE 400 HOUSTON, TX 77073	98-0591054	501(C)(3)	1,166,088				HURRICANE DISASTER TRANSPORTATION FOR PR RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SOLIGHT DESIGN INC 2 PETER COOPER RD 6H NEW YORK, NY 10010	47-3111586	501(C)(3)	529,900				SOLIGHT DESIGN, INC HURRICANE DISASTER
GLOBAL CONCIERGE LLC 2699 COLLINS AVE MIAMI BEACH, FL 33140	27-2607721	501(C)(3)	118,021				WIRE OUT - GLOBAL CONCIERGE LLC HURRICANE DISASTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SCHUBACH AVIATION 2026 PALOMAR AIRPORT RD CARLSBAD, CA 92011	33-0464551	501(C)(3)	204,516				SCHUBACH AVIATION CHARTER PLANE FOR DISASTER ASSISTANCE
PLAZA PROVISION PO BOX 363329 SAN JUAN, PR 009363328	66-0177768		226,548				PLAZA PROVISION PURCHASED ITEMS FOR DISASTER ASSISTANCE WIRE OUT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GOYA DE PUERTO RICO INC HURRICANE DISASTER URB IND LUCHETTI AVE FCO J DE GOYA ESQCARRETERA 5 BAYAMON, PR 00961	66-0429097	501(C)(3)	486,841				DISASTER ASSISTANCE
LUIS GARRATON LLC HURRICANE DISASTER 28 ST CENTRAL JUANITA AVE LUCHETTI IND PARK BAYAMON, PR 00961	66-0192858	501(C)(3)	308,904				WIRE OUT LUIS GARRATON, LLC HURRICANE DISASTER

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CHARTER PLANE AIR PARTNER INC 1100 LEE WAGENER BLVD SUITE 328 FORT LAUDERDALE, FL 33315	65-0770487	501(C)(3)	102,408				CHARTER PLANE TO TRANSPORT MEDICINE AND PERSONAL TO PR
V SUAREZ CO INC IND LUCHETTI 300 CARR 5 BAYAMON, PR 00961	66-0178790	501(C)(3)	211,525				V SUAREZ CO PURCHASED ITEMS FOR DISASTER ASSISTANCE WIRE OUT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PUERTO RICO COMMUNITY FOUNDATION INC 1719 PONCE DE LEON AVE SAN JUAN, PR 00936	66-0413230	501(C)(3)	100,000				PUERTO RICO COMMUNITY FOUNDATION, INC HURRICANE DISASTER
MUJERES AYUDANDO MADRES INC CENTRO MAM CALLE DALIA 11 CAROLINA, PR 00979	66-0723007	501(C)(3)	100,000				SPECIAL INITIATIVE CENTRO MAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FUNDACION BANCO POPULAR 85 BROAD STREET 10TH FL NEW YORK, NY 10004	47-4997597	501(C)(3)	100,000				FUNDACION BANCO POPULAR HURRICANE DISASTER
IMPERIAL INDUSTRIAL SUPPLY 5798 ONTARIO MILLS PKWY ONTARIO, CA 91764	95-3922638	501(C)(3)	74,950				IMPERIAL INDUSTRIAL SUPPLY HURRICANE DISASTER

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ABADAK INC 5651 FM 971 GEORGETOWN, TX 78626	95-4857849	501(C)(3)	74,720				ABADAK, INC HURRICANE DISASTER
MLB CHARITIES INC 245 PARK AVE NEW YORK, NY 10167	13-3348589	501(C)(3)	67,500				WIRE OUT MLB CHARITIES INC HURRICANE DISASTER

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NEW VENTURE FUND 1201 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20036	20-5806345	501(C)(3)	60,000				WIRE OUT - NEW VENTURE FUND HURRICANE DISASTER
G-8 INC 243 CALLE PARIS PMB 1873 HATO REY SAN JUAN, PR 00917	66-0681723	501(C)(3)	100,000				WIRE OUT - G-8 - HURRICANE DISASTER PR DISASTER RELIEF GRANT

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BETA LOCAL INC 208 CALLE LUNA OLD SAN JUAN, PR 00901	66-0736115	501(C)(3)	50,000				WIRE OUT - BETA LOCAL, INC - HURRICANE DISASTER
PROTECTORES DE CUENCAS INC 65 DE INFANteria ESQ FIDEL VELEZ YAUCO, PR 00698	66-0778121	501(C)(3)	50,000				WIRE OUT - PROTECTORES DE CUENCAS, INC - HURRICANE DISASTER

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CENTROS SOR ISOLINA 834 HOSTOS AVE LA PLAYA PONCE, PR 00732	66-0277396	501(C)(3)	50,000				WIRE OUT - CENTROS SOR ISOLINA - HURRICANE DISASTER
PARA LA NATURALEZA INC 155 CALLE TETUAN SAN JUAN, PR 00901	66-0801404	501(C)(3)	50,000				WIRE OUT - PARA LA NATURALEZA INC - HURRICANE DISASTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROYECTO PECES INC CARRETERA 3 KM 722 PUNTA SANTIAGO, PR 007410647	66-0444454	501(C)(3)	50,000				PROYECTO P E C E S , INC HURRICANE DISASTER
EVEN NATURALS LLC 1621 CENTRAL AVE CHEYENNE, WY 82001	32-0506979	501(C)(3)	54,050				WIRE OUT - EVEN NATURALS LLC - HURRICANE DISASTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ROSA DEL MONTE 7600 NW 68TH ST MIAMI, FL 33166	65-1070792	501(C)(3)	36,475				WIRE OUT - ROSA DEL MONTE HURRICANE DISASTER
PAN AMERICAN GRAIN MAN CO INC CLAUDIA ST 9 AMELIA IND PARK GUAYNABO, PR 00968	66-0405511	501(C)(3)	104,953				PAN AMERICAN GRAIN MAN CO INC SHIPPED TO ARECIBO & UTUADO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUPERMERCADOS SELECTOS INC HC 80 BOX 7305 DORADO, PR 00646	66-0365251	501(C)(3)	17,647				WIRE OUT SUPERMERCADOS SELECTOS, INC HURRICANE DISASTER
HOLLYWOOD DISCOUNT PHARMACY 1150 N 35TH AVE 105 HOLLYWOOD, FL 33021	59-2015422	501(C)(3)	10,950				WIRE OUT - HOLLYWOOD DISCOUNT PHARMACY HURRICANE DISASTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ACISUM GROUP INC URB PUERTO NUEVO 1003 CALLE 2 NE SAN JUAN, PR 00920	66-0553811	501(C)(3)	10,000				ACISUM GROUP, INC HURRICANE DISASTER
SEA WORLD LLC AMELIA IND PARK DIANA ST LOT 36 GUAYNABO, PR 00968	66-0430280	501(C)(3)	9,560				WIRE OUT - SEA WORLD INC - HURRICANE DISASTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MOVE TO EMPOWER 575 KNOLLWOOD ROAD WHITE PLAINS, NY 10603	81-4388312	501(C)(3)	30,000				PR DISASTER RELIEF GRANT ESCUELA SUP MONTESSORI RESTORATION
PARA LA NATURALEZA INC 155 TETUAN STREET SAN JUAN, PR 00901	66-0801404	501(C)(3)	50,000				PR AMANECE ROAD TO RECOVERY OPPORTUNITY GRANT FINAL PAYMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FACTORY OUTLET MAXTOOL IMPERIAL IND 5798 ONTARIO MILLS PARKWAY ONTARIO, CA 91764	95-3922638	501(C)(3)	5,888				FACTORY OUTLET MAXTOOL EXTENSIO CORD PR RELIEF EFFORT
TRAFFIC TECH INTERNATIONAL 180 N MICHIGAN AVE 7TH FLOOR CHICAGO, IL 60601	20-2618420	501(C)(3)	13,869				SOLAR MATERIALS RACKING, CABLES CHANGERS PR RELIEF GENERATOR TRANSPORTATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAPIETRA MACHINERY EQUIBROOLYN CHAINSAWS 5320 THIRD AVE BROOKLYN, NY 11220	11-2798320	501(C)(3)	8,584				LAPIETRA MACHINERY EQUIBROOLYN CHAINSAWS PR RELIEF
LUMINATED LAB HTTPS PURCHASE OF SOLAR LAMPS PR 5718 WESTHEIMER RD SUITE 765 HOUSTON, TX 77057	11-2798320		5,000				LUMINATED LAB HTTPS PURCHASE OF SOLAR LAMPS PR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD CENTRAL KITCHEN INC 1875 CONNECTICUT AVE NW 10TH FL WASHINGTON, DC 20009	27-3521132	501(C)(3)	100,000				PUERTO RICO DISASTER RELIEF GRANT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
HISPANIC FEDERATION INC

Employer identification number
13-3573852

Part I Questions Regarding Compensation

	Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
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<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
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<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No		
	4b	No		
	4c	No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No		
	5b	No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No		
	6b	No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOSE CALDERON PRESIDENT	(i)	257,825	0	0	12,562	28,152	298,539	0
	(ii)	0	0	0	0	0	0	0
2 FRANKIE MIRANDA SENIOR VICE PRESIDENT	(i)	170,124	0	0	8,525	19,491	198,140	0
	(ii)	0	0	0	0	0	0	0
3 DORIS GUZMAN VP FOR FINANCE & ADMINISTRATION	(i)	134,308	0	0	7,411	16,907	158,626	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HISPANIC FEDERATION INC

Employer identification number

13-3573852

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	IN RESPONSE TO THE IMMENSE DEVASTATION CAUSED BY HURRICANE MARIA IN SEPTEMBER 2017, HF CONVENED GOVERNMENT, COMMUNITY AND PHILANTHROPIC INSTITUTIONS AND LEADERS TO CREATE THE UNIDOS DISASTER RELIEF AND RECOVERY PROGRAM (THE "PROGRAM") THE GOAL OF THE PROGRAM IS TO SERVE THE IMMEDIATE AND LONG-TERM NEEDS OF FAMILIES AND COMMUNITIES IN PUERTO RICO HF HAS COORDINATED HUNDREDS OF DONATION DRIVES IN THE UNITED STATES AND HAS DISTRIBUTED MILLIONS OF POUNDS OF FOOD, WATER AND OTHER ESSENTIALS TO THOSE MOST AFFECTED BY THE STORM, DELIVERING EMERGENCY RELIEF AID THROUGHOUT PUERTO RICO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS HAS THE ABILITY TO ELECT OTHER MEMBERS OF THE GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	MANAGEMENT RECEIVES A COPY OF THE 990 BEFORE IT IS FILED ALONG WITH AN AUDITED COPY OF THE FINANCIAL STATEMENTS AND COMPARES THE TWO FOR COMPLETENESS AND RAISE QUESTIONS ABOUT ANY POSSIBLE CORRECTIONS OR CONCERNS THE BOARD OF DIRECTORS RECEIVES A COPY OF THE 990 AFTER IT IS FILED WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ONCE A YEAR, ALL DIRECTORS, OFFICERS AND CERTAIN EMPLOYEES MUST SIGN A CONFLICT OF INTEREST QUESTIONNAIRE, DISCLOSING ANY PERSONAL, BUSINESS OR FINANCIAL INTEREST OR ACTIVITIES THAT MAY CONFLICT OR APPEAR TO CONFLICT WITH THE INTEREST OF HF

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE HIRING OF THE PRESIDENT OF HF IS THE SOLE RESPONSIBILITY OF THE BOARD OF DIRECTORS THE BOARD MAY CHOOSE TO UTILIZE A SEARCH FIRM OR A SPECIAL COMMITTEE OF THE BOARD, OR BOTH THE PRESIDENT MUST BE ELECTED BY A MAJORITY VOTE AT A REGULAR OR SPECIAL MEETING OF THE BOARD OF DIRECTORS THE HIRING OF FULL-TIME AND PART-TIME PERSONNEL, INCLUDING KEY EMPLOYEES IS THE SOLE RESPONSIBILITY OF THE PRESIDENT OR HIS/HER DESIGNEE QUALIFIED PERSONNEL FROM WITHIN HF MAY BE CONSIDERED FOR REASSIGNMENT OR PROMOTION TO AVAILABLE VACANT OR NEW POSITIONS PRIOR TO RECRUITMENT AND APPOINTMENT FROM OUTSIDE SOURCES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	HF MAKES ITS FINANCIAL STATEMENTS AND FORM 990 & CHAR500 TAX RETURNS AVAILABLE TO THE PUBLIC ON ITS WEBSITE ALL OTHER INFORMATION IS AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
LINE 12C	ONCE A YEAR, ALL DIRECTORS, OFFICERS AND CERTAIN EMPLOYEES MUST SIGN A CONFLICT OF INTEREST QUESTIONNAIRE, DISCLOSING ANY PERSONAL, BUSINESS OR FINANCIAL INTEREST OR ACTIVITIES THAT MAY CONFLICT OR APPEAR TO CONFLICT WITH THE INTEREST OF HF

990 Schedule O, Supplemental Information

Return Reference	Explanation
LINE 15B	THE HIRING OF THE PRESIDENT OF HF IS THE SOLE RESPONSIBILITY OF THE BOARD OF DIRECTORS THE BOARD MAY CHOOSE TO UTILIZE A SEARCH FIRM OR A SPECIAL COMMITTEE OF THE BOARD, OR BOTH THE PRESIDENT MUST BE ELECTED BY A MAJORITY VOTE AT A REGULAR OR SPECIAL MEETING OF THE BOARD OF DIRECTORS THE HIRING OF FULL-TIME AND PART-TIME PERSONNEL, INCLUDING KEY EMPLOYEES IS THE SOLE RESPONSIBILITY OF THE PRESIDENT OR HIS/HER DESIGNEE QUALIFIED PERSONNEL FROM WITHIN HF MAY BE CONSIDERED FOR REASSIGNMENT OR PROMOTION TO AVAILABLE VACANT OR NEW POSITIONS PRIOR TO RECRUITMENT AND APPOINTMENT FROM OUTSIDE SOURCES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT OR SELECTION PROCESS DURING THE YEAR