

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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) Room/suite
55 EXCHANGE PLACE 5TH FLOOR

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 \$ 30,206,810

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)

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

J Website: WWW.HISPANICFEDERATION.ORG

H(c) Group exemption number

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)	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	16
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	184
6 Total number of volunteers (estimate if necessary)	100
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	43,682

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	40,525,828	28,038,365
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	235	7,550
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-96,974	1,658,071
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,429,089	29,703,986
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,110,632	16,772,034
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)	3,761,937	4,641,965
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶875,024		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,047,908	7,783,486
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	22,920,477	29,197,485
19 Revenue less expenses Subtract line 18 from line 12	17,508,612	506,501

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	33,161,439	35,330,301
21 Total liabilities (Part X, line 26)	8,191,657	9,851,590
22 Net assets or fund balances Subtract line 21 from line 20	24,969,782	25,478,711

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: JOSE CALDERON PRESIDENT
Date: 2019-05-14

Paid Preparer Use Only
Print/Type preparer's name: CITRIN COOPERMAN & COMPANY LLP
Preparer's signature: [Signature]
Date: 2019-05-13
Check if self-employed
PTIN: P00360739
Firm's EIN: 22-2428965
Firm's address: 290 W MT PLEASANT AVENUE 3310 LIVINGSTON, NJ 07039
Phone no: (973) 218-0500

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 U S

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 \$ 3,323,829 including grants of \$ 1,173,865) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 4,199,682 including grants of \$ 69,483) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 14,393,836 including grants of \$ 13,199,625) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 5,558,088 including grants of \$ 2,329,061) (Revenue \$)

ADVOCACY SERVICES ARE FOCUSED ON ADVANCING THE INTERESTS AND ASPIRATIONS OF LATINOS AND THEIR COMMUNITY-BASED ORGANIZATIONS THROUGH, AMONG OTHER THINGS, COALITION-BUILDING, POLICY RESEARCH, PUBLIC EDUCATION, ADVOCACY, AND VOTER MOBILIZATION. IN ADDITION, MEMBERSHIP SERVICES/ GRANT MAKING FORTIFY OTHER LATINO NONPROFIT MEMBER AGENCIES THROUGH CAPACITY-BUILDING GRANTS THAT SUPPORT CORE OPERATIONAL NEEDS, GRADUATE-LEVEL MANAGEMENT CLASSES, LEADERSHIP DEVELOPMENT TRAINING, BOARD RECRUITMENT AND PLACEMENT, EXECUTIVE FUNDRAISING WORKSHOPS, AND OTHER TECHNICAL SEMINARS

4d Other program services (Describe in Schedule O)
(Expenses \$ 5,558,088 including grants of \$ 2,329,061) (Revenue \$)

4e Total program service expenses **▶** 27,475,435

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
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>	23	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>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	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>	25b	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>	26	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>	27	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>	28a	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>	28b	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>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	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>	37	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	38	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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	199
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	184		
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	Yes
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a	No
<p>b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a	No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b	No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c	
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a	No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a	Yes
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	Yes
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c	No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e	No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f	No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g	
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h	
<p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8	No
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a	No
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b	No
10 Section 501(c)(7) organizations. Enter				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b			
11 Section 501(c)(12) organizations. Enter				
<p>a Gross income from members or shareholders</p>	11a			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b			
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>			12a	
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>			13a	
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b			
<p>c Enter the amount of reserves on hand</p>	13c			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a	No
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>			14b	
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15	No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16	No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (17); 1b Enter the number of voting members included in line 1a, above, who are independent (16); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (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 Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (NY, CT); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: HISPANIC FEDERATION INC 55 EXCHANGE PLACE 5TH FL NEW YORK, NY 10005 (212) 233-8955

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			
(1) FRANK SANCHEZ DIRECTOR	0 50	X						0	0	0
(2) CARLOS L SANTIAGO DIRECTOR	0 50	X						0	0	0
(3) INEZ STEWART DIRECTOR	0 50	X						0	0	0
(4) MARCOS TORRES DIRECTOR	0 50	X						0	0	0
(5) INDRANI M FRANCHINI DIRECTOR	0 50	X						0	0	0
(6) MIGUEL CENTENO VICE CHAIR	0 50	X						0	0	0
(7) JOSE M RIVERA DIRECTOR	0 50	X						0	0	0
(8) MARGARET LAZO ASSISTANT SECRETARY	0 50	X						0	0	0
(9) MANUEL CHINEA SECRETARY	0 50	X						0	0	0
(10) NATHALIE RAYES CHAIR	0 50	X						0	0	0
(11) DEAN AGUILLEN DIRECTOR	0 50	X						0	0	0
(12) RICARDO A VENEGAS TREASURER	0 50	X						0	0	0
(13) LINO GARCIA DIRECTOR	0 50	X						0	0	0
(14) JAY HERSHENSON DIRECTOR	0 50	X						0	0	0
(15) JUAN OTERO DIRECTOR	0 50	X						0	0	0
(16) JOAN STEINBERG DIRECTOR	0 50	X						0	0	0
(17) JOSE CALDERON PRESIDENT	35 00			X				283,635	0	44,837

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

(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			
(18) FRANKIE MIRANDA SENIOR VICE PRESIDENT	35 00				X			162,261	0	29,870
(19) MONICA TAVARES VP STRATEGIC PLANNING	35 00					X		119,000	0	10,382
(20) LAURA M ESQUIVEL DISTRICT DIRECTOR	35 00					X		105,483	0	16,759
(21) DORIS GUZMAN VP FOR FINANCE & ADMINISTR	35 00					X		139,688	0	25,371
(22) JASLYN JIMENEZ VP FOR PROGRAMS	35 00					X		110,905	0	24,358
(23) STEPHEN CALENZANI AVP FOR DEVELOPMENT	35 00					X		103,048	0	16,292
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,024,020	0	167,869

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 ▶ 7

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE MIRRAM GROUP 5030 BROADWAY SUITE 807 NEW YORK, NY 10034	CIVIC ENGAGEMENT	1,152,000
TECHNO SERVE INC 1120 19TH STREET NW 8TH FLOOR WASHINGTON, DC 20036	PUERTO RICO COFFEE PROJECT	250,000

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 ▶ 2

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	262,200				
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,724,988				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	23,051,177				
	g Noncash contributions included in lines 1a - 1f \$ _____						
	h Total. Add lines 1a-1f			28,038,365			
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	9 Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,550			7,550	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	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 \$ 262,200 of contributions reported on line 1c) See Part IV, line 18	a	2,057,033				
		b Less direct expenses	b	502,824			
		c Net income or (loss) from fundraising events		1,554,209			1,554,209
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a MANAGEMENT FEES	541610	103,862	103,862				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		103,862					
12 Total revenue. See Instructions		29,703,986	103,862	0	1,561,759		

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	16,689,679	16,689,679		
2 Grants and other assistance to domestic individuals See Part IV, line 22	82,355	82,355		
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	445,896	388,995	11,887	45,014
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	3,159,296	2,756,138	84,225	318,933
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	129,123	96,164	24,596	8,363
9 Other employee benefits	617,607	459,962	117,642	40,003
10 Payroll taxes	290,043	216,009	55,248	18,786
11 Fees for services (non-employees)				
a Management				
b Legal	51,021		37,500	13,521
c Accounting	59,000	42,558	8,598	7,844
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	82,016	73,453	5,633	2,930
14 Information technology	140,635	72,703	12,816	55,116
15 Royalties				
16 Occupancy	199,817	195,267	4,550	
17 Travel	245,509	222,126	9,294	14,089
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	106,396	84,000	19,373	3,023
20 Interest	57,864	5,987	50,821	1,056
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	189,429	111,833	77,039	557
23 Insurance	52,105	15,717	36,388	
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 CONSULTANTS	2,882,128	2,523,017	153,469	205,642
b SUBCONTRACT EXPENSE	1,910,302	1,910,302		
c INTERNSHIPS	905,586	878,361	6,422	20,803
d CATERING	151,259	128,932	16,586	5,741
e All other expenses	750,419	521,877	114,939	113,603
25 Total functional expenses. Add lines 1 through 24e	29,197,485	27,475,435	847,026	875,024
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	14,535,054	1	18,865,395
	2 Savings and temporary cash investments	11,827,364	2	8,407,583
	3 Pledges and grants receivable, net	1,742,256	3	2,164,415
	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	107,565	9	103,918
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	6,812,015		
	b Less accumulated depreciation	2,368,444		
	11 Investments—publicly traded securities	195,159	11	1,120,559
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	215,007	14	207,200
	15 Other assets See Part IV, line 11	16,560	15	17,660
16 Total assets. Add lines 1 through 15 (must equal line 34)	33,161,439	16	35,330,301	
Liabilities	17 Accounts payable and accrued expenses	6,160,083	17	7,363,442
	18 Grants payable	459,676	18	831,666
	19 Deferred revenue	25,078	19	184,901
	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	1,546,820	23	1,471,581
	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	8,191,657	26	9,851,590
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	6,918,271	27	9,036,688
	28 Temporarily restricted net assets	18,051,511	28	16,442,023
	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	24,969,782	33	25,478,711
	34 Total liabilities and net assets/fund balances	33,161,439	34	35,330,301

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	29,703,986
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,197,485
3	Revenue less expenses Subtract line 2 from line 1	3	506,501
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,969,782
5	Net unrealized gains (losses) on investments	5	2,428
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	25,478,711

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 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?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 13-3573852

Name: HISPANIC FEDERATION INC

Form 990 (2018)

Form 990, Part III, Line 4a:

THE COMMUNITY ASSISTANCE PROGRAM IS DESIGNED TO SUPPORT AND UPLIFT CHILDREN, YOUTH AND FAMILIES THROUGH THE PROVISION OF DIRECT SOCIAL SERVICES IN THE AREAS OF EDUCATION, IMMIGRATION, HEALTH CARE, ECONOMIC DEVELOPMENT AND THE ENVIRONMENT

Form 990, Part III, Line 4b:

THE TECHNICAL SUPPORT PROGRAM PROVIDES IS DESIGNED TO HELP OTHER LATINO NONPROFIT MEMBER AGENCIES AND FOCUSES ON STRENGTHENING THEIR INFRASTRUCTURES, SUCH AS GOVERNANCE BOARD, PERSONNEL, FUNDRAISING AND PROGRAM DEVELOPMENT SERVICES ARE PROVIDED THROUGH TRAINING, INDIVIDUAL CONSULTATION, WORKSHOPS AND SCHOLARSHIPS

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

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	5,775,991	5,946,910	9,423,889	38,758,713	27,776,180	87,681,683
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	5,775,991	5,946,910	9,423,889	38,758,713	27,776,180	87,681,683
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)						3,882,720
6	Public support. Subtract line 5 from line 4						83,798,963

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total	
7	Amounts from line 4	5,775,991	5,946,910	9,423,889	38,758,713	27,776,180	87,681,683	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	797	397	268	235	7,550	9,247	
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						87,690,930	
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 2018 (line 6, column (f) divided by line 11, column (f))	14	95.560 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	96.490 %

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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.		
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

- 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 13-3573852

Name: HISPANIC FEDERATION INC

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

Return Reference

Explanation

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

OMB No 1545-0047

2018
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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)	78,000	
c	Total lobbying expenditures (add lines 1a and 1b)	78,000	
d	Other exempt purpose expenditures	30,777,270	
e	Total exempt purpose expenditures (add lines 1c and 1d)	30,855,270	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	613,659	742,460	1,000,000	1,000,000	3,356,119
b Lobbying ceiling amount (150% of line 2a, column(e))					5,034,179
c Total lobbying expenditures	63,000	63,000	63,000	78,000	267,000
d Grassroots nontaxable amount	153,415	185,615	250,000	250,000	839,030
e Grassroots ceiling amount (150% of line 2d, column (e))					1,258,545
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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
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	
2 Aggregate value of contributions to (during year)	2,910,697	
3 Aggregate value of grants from (during year)	624,021	
4 Aggregate value at end of year	2,295,109	

- 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? **Yes** **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? **Yes** **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 7/25/06, 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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 |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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	1,724,548	3,673,774
c Leasehold improvements		44,052	35,618	8,434
d Equipment		745,349	583,799	161,550
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)) . . . ▶				4,443,571

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.

(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	31,364,199
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	2,428
b	Donated services and use of facilities	2b	1,154,961
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	502,824
e	Add lines 2a through 2d	2e	1,660,213
3	Subtract line 2e from line 1	3	29,703,986
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	29,703,986

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	30,855,270
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	1,154,961
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	502,824
e	Add lines 2a through 2d	2e	1,657,785
3	Subtract line 2e from line 1	3	29,197,485
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	29,197,485

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 502,824

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT DIRECT EXPENSES - GALA 502,824

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2018

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.

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

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))
Revenue	1 Gross receipts	2,319,233			2,319,233
	2 Less Contributions	262,200			262,200
	3 Gross income (line 1 minus line 2)	2,057,033			2,057,033
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	333,806			333,806
	7 Food and beverages				
	8 Entertainment	104,162			104,162
	9 Other direct expenses	64,856			64,856
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				502,824
11 Net income summary Subtract line 10 from line 3, column (d) ▶				1,554,209	

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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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

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

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 noncash 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 108
3 Enter total number of other organizations listed in the line 1 table 61

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	125	82,355		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
CARIBBEAN CULTURAL CTR AFRICAN 1825 PARK AVENUE SUITE 602 NEW YORK, NY 10035	13-3054001	501(C)(3)	22,500				CORE GRANT
COMMUNITY RESOURCE CENTER PO BOX 312 MAMARONECK, NY 10543	31-1678682	501(C)(3)	17,391				CORE 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
NORTHERN MANHATTAN ARTS ALLIANCE 178 BENNETT AVE NEW YORK, NY 10040	26-1997496	501(C)(3)	12,000				DISCRETIONARY GRANT
CHURCHES UNITED FOR FAIR HOUSING 7 MARCUS GARVEY BLVD BROOKLYN, NY 11206	26-4698161	501(C)(3)	45,000				NON PROFIT STABILIZATION FUND

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
ST ANN'S CORNER OF HARM REDUC 886 WESTCHESTER AVE BRONX, NY 10459	13-3724008	501(C)(3)	42,429				NON PROFIT STABILIZATION FUND
COMMITTEE HISP CHILDREN & FAM 110 WILLIAM ST 18TH FL NEW YORK, NY 10038	11-2622003	501(C)(3)	34,698				CORE 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)	10,000				CORE GRANT
NORTHERN MANHATTAN COALITION 5030 BROADWAY SUITE 637 NEW YORK, NY 10034	13-3255591	501(C)(3)	74,691				NORTHERN MANHATTAN COALITION FOR IMMIGRANT RIGHTS 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	501(C)(3)	7,500				CORE GRANT 2
SPANISH SPEAKING ELDERLY COUNCIL 460 ATLANTIC AVE 1ST FL BROOKLYN, NY 11217	11-2730462		45,000				NON PROFIT STABILIZATION FUND

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		44,545				NON PROFIT STABILIZATION FUND
CASITA MARIA 928 SIMPSON ST 6TH FL BRONX, NY 10459	13-1623994	501(C)(3)	38,649				CORE GRANT 2

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
DOMINICAN WOMENS DEV CTR 519 WEST 189TH ST NEW YORK, NY 10040	13-3593885	501(C)(3)	20,500				30TH ANNIVERSARY GALA SPONSORSHIP
HISPANIC HEALTH COUNCIL INC 175 MAIN ST HARTFORD, CT 06106	06-1018979	501(C)(3)	17,500				CORE 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
HILTON ALBANY 40 LODGE ST ALBANY, NY 12207	27-2685247		5,000				REUNION LATINA AIDS NYS LATINO CONFERENCE
I CHALLENGE MYSELF INC 1460 BROADWAY STE1013 NEW YORK, NY 10036	56-2423423	501(C)(3)	45,000				CORE 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 JUSTICE PRLDEF 99 HUDSON ST 14TH FL NEW YORK, NY 10013	13-2722664	501(C)(3)	58,712				CORE GRANT
LOISAIDA INC 12 AVENUE D NEW YORK, NY 10009	13-3023183	501(C)(3)	25,000				DISCRETIONARY GRANT FOR LOISAIDA FESTIVAL

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
MASA-MEXED INC 135 EAST 22ND ST RM1010 NEW YORK, NY 10032	11-3640210	501(C)(3)	52,500				CORE GRANT
NY COUNCIL ON ADOPT CHILDREN 589 EIGHT AVE 15TH FL NEW YORK, NY 10018	23-7296780	501(C)(3)	45,377				NON PROFIT STABILIZATION FUND

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
PREGONES THEATER 571-575 WALTON AVENUE BRONX, NY 10451	13-3266893	501(C)(3)	20,000				DISCRETIONARY GRANT
SPANISH THEATRE REPERTORY CO 138 EAST 27TH ST NEW YORK, NY 10016	13-2672755	501(C)(3)	79,100				DISCRETIONARY GRANT MFAMILY FUND IN HONOR 50TH ANNIVERSARY

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
VIOLENCE INTERVENTION PROG INC POBOX 1161 TRIBOROUGH STATION NEW YORK, NY 10035	13-3540337	501(C)(3)	24,785				NON PROFIT STABILIZATION FUND FINAL PAYMENT GRANT FY18 DYCD
VOCES LATINAS INC 37-63 83RD ST SUITE B JACKSON HEIGHTS, NY 11372	20-2312651	501(C)(3)	65,374				NON PROFIT STABILIZATION FUND FINAL PAYMENT GRANT FY18 DYCD

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
BRIDGEPORT CARIBE YOUTH LEAGUE 1067 PARK AVENUE BRIDGEPORT, CT 06604	20-0421577	501(C)(3)	17,000				CORE GRANT 2018 2019 PAYMENT 1 OF 2
CINE ART ENTERT PRODUCTION INC 1194 SHERMAN AVENUE SUITE 1C BRONX, NY 10456	27-1529816		10,000				DISCRETIONARY GRANT 7TH ANNUAL DOMINICAN FILM FESTIVAL IN NY

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
ACACIA NETWORK INC 1064 FRANKLIN AVE BRONX, NY 10456	26-0076866	501(C)(3)	5,000				SPONSORSHIP 2018 ANNUAL SENIORS CONFERENCE
ALBANIA ROSARIO UPTOWN MGT INC 2100 LINWOOD AVE SUITE 14N FORT LEE, NJ 07024	46-3748262		20,000				DISCRETIONARY GRANT UPTOWN FALL FASHION WEEK

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
EXODUS TRANSITIONAL COMM INC 2271 THIRD AVENUE NEW YORK, NY 10035	31-1731465	501(C)(3)	52,500				NON PROFIT STABILIZATION FUND
CIRCULO DE LA HISPANIDAD 26 WEST PARK AVENUE LONG BEACH, NY 11561	11-2525327	501(C)(3)	23,256				FAMILY UNITY FORUM SPONSORSHIP IMMIGRATION ADVOCACY

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
DYNAMIC COMM DEVELOPMENT CORP 3550 BISCAYNE BLVD SUITE 304 MIAMI, FL 33137	65-0984762	501(C)(3)	5,000				EVENT SPONSORSHIP PUERTO RICAN SUMMIT
MUJERES LATINAS EN ACCION 103-06 39TH AVENUE 1 FLOOR CORONA, NY 11368	11-3093642	501(C)(3)	28,916				NON PROFIT STABILIZATION FUND

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
THALIA SPANISH THEATRE INC 41-17 GREERPOINT AVENUE SUNNYSIDE, NY 11104	23-7448611		35,000				NON PROFIT STABILIZATION FUND
NEW YORK SHAKESPEARE FESTIVAL 425 LAFAYETTE STREET NEW YORK, NY 10003	13-1844852	501(C)(3)	25,000				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
CHEMICAL ABUSE SERVICES AGENCY 1124 IRANISTAN AVENUE BRIDGEPORT, CT 06605	22-2837833	501(C)(3)	17,500				CORE GRANT
EUGENE O' NEILL THEATER CENTER 305 GREAT NECK ROAD WATERFORD, CT 06385	06-6070900		12,500				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
EVA LONGORIA FOUNDATION 2708 WILSHIRE BLVD 369 SANTA MONICA, CA 90403	45-4345954	501(C)(3)	10,000				DISCRETIONARY GRANT
JOHN ERICSSON MS 126K 424 LEONARD STREET BROOKLYN, NY 11222	13-6400434	501(C)(3)	5,000				CONTRIBUTION CHESS SUPER NATIONALS TOURNAMENT

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
LATINAS ON THE VERGE OF EXCELL 23-90 29TH STREET 2 QUEENS, NY 11105	46-3732667	501(C)(3)	24,484				NON PROFIT STABILIZATION FUND
PEOPLE'S THEATRE PROJECT INC 5030 BROADWAY SUITE 660 NEW YORK, NY 10034	26-4705999	501(C)(3)	48,500				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
PROYECTO MATRIA INC 31 JIMENEZ SICARDO CAGUAS, PR 00725	66-0641575		250,000				PROYECTO MATRIA VIVIENDAS INITATIVE
SUGAR HILL CHILDRENS MUSEUM 898 ST NICHOLAS AVENUE NEW YORK, NY 10032	46-5412811		5,000				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
WASHINGTON HEIGHTS JAYBIE SP 105 EAST 177TH STREET 3 BRONX, NY 10453	55-0844926	501(C)(3)	5,000				DISCRETIONARY GRANT ANNUAL BASKETBALL TOURNAMENT
CMTAS (CENTRO MICROEMPRESAS Y TECNOLOGIAS AGRICOLAS SUSTENTABLES) BO QUEBRADAS CARRETERA 375 KM 29 YAUCO, PR 00698	66-0759225		139,507				CMTAS YAUCO FURNITURE PURCHASE FOR FAMILIES IN NEED

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
PROTECTORES DE CUENCAS INC 65 INFANTERIA ESQUINA FIDEL VELEZ YAUCO, PR 00698	66-0778121		51,000				AMANECE PUERTO RICO GRANT
G-8 GROUP OF THE EIGHT COMM 243 CALLE PARIS PMB 1873 HATO REY SAN JUAN, PR 00917	66-0681723		251,000				G8 VIVIENDAS INITIATIVE

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

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HPM FOUNDATION INC 2018 AVENIDA BORINQUEN BARRIO OBRERO SAN JUAN, PR 00915	66-0437924		200,000				MH INITIATIVES WITH NYC MAYOR FQHC
CRANE CARTAGE LLC 1500 RANKIN RD SUITE 400 HOUSTON, TX 77073	98-0591054		359,600				CRANE CARTAGE LLC TRANSPORTED SOLAR PANELS 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		567,912				SOLAR LIGHTS PR RELIEF EFFORTS
PUERTO RICO COMMUNITY FOUNDATION INC AVENIDA PONCE DE LEON 1719 SAN JUAN, PR 00918	66-0413230		1,000,000				PR ACUEDUCTOS COMMUNITARIOS PROJECT ON CULEBRA AND VIEQUES

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

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MUJERES AYUDANDO MADRES INC CALLE DALIA 11 CAROLINA, PR 00979	66-0723007	501(C)(3)	51,894				SPECIAL INITIATIVES JLO PR FUND
EVEN NATURALS LLC 8 THE GREEN SUITE A DOVER, DE 19901	82-1090161		27,400				EVEN NATURALS LLCC MOSQUITO NET

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ACCION SOCIAL DE PR INC CARRETERA 19 KM 03 BARRIO MONACILLO SAN JUAN, PR 00936	66-0393364	501(C)(3)	24,554				PR AMANECE ROAD TO RECOVERY OPPORTUNITY GRANT
AGITARTE INC 678 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	04-3420465		5,000				CT PR AGENDA HURRICANE RELIEF NETWORK

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ALL HANDS & HEARTS SMART RESP 6 COUNTY ROAD STE 6 MATTAPOISETT, MA 02739	20-3414952		5,718				REPAIRS TO SUPPORT ARECMA PR
AMERICAS FOR THE ARTS INC 215 LAKESHOREPARK ROAD BOULDER, CO 80302	32-0261204		60,000				PR AMANECE ROAD TO RECOVERY OPPORTUNITY GRANT

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BMARKO STRUCTURES LLC 3200 ATLANTA SILVERBACKS WAY ATLANTA, GA 30340	47-1206071		50,697				BMARKO STRUCTURES LLC COCACOLASMALL BUSINESS INITIATIVE
BMARKO STRUCTURES LLC 3200 ATLANTA SILVERBACKS WAY ATLANTA, GA 30340	47-1206071		23,102				CONTAINER REFURBISHING FOR SMALL BUSINESS INITIATIVE PR

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BRIGADA SOLIDARIOS DEL OESTE CALLE SAN VICENTE 4B MAYAQUEZ, PR 00680	66-0891938		10,000				CT PR AGENDA HURRICANE RELIEF NETWORK
C&S QUALITY GROUP LLC BO RIO REPARTO MONTESANTO CARRET 8834 KM 12 GUAYNABO, PR 00969	66-0764830		43,637				MODIFICATION OF 20 FL CONTAINER POPTIENDAS COCA COLA PROJECT

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

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CARAS OF THE AMERICAS 8 CALLE BETANCES URB FLORAL PARK SAN JUAN, PR 00918	42-1628144	501(C)(3)	100,000				PR AMANECE ROAD TO RECOVERY OPPORTUNITY GRANT
CARIBBEAN EXPRESS FREIGHT INC I INDUSTRIAL WAY WEST EATONTOWN, NJ 07724	22-3189447		10,400				CARIBBEAN EXPRESS FREIGHT, INC

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CARLOS G RODRIGUEZ ORTIZ PO BOX 400 BARRANQUITAS, PR 00794	58-3819176		10,650				WELL REPAIR IN THE TOWN OF COROZAL PR RELIEF
CERO REPUESTA INC 1600 AVE FERNANDEZ JUNCOS SAN JUAN, PR 00909	66-0729537		22,800				CERO REPUESTA INC PR SANTURCE ARTS FESTIVAL

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

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CONNECTING PATHS PR INC 701 AVENIDA PONCE DE LEON SUITE 106 106 SAN JUAN, PR 00907	66-0818031		95,000				PR AMANECE ROAD TO RECOVERY OPPORTUNITY GRANT
CONSERVATION CONCIENCIA INC 1625 CALLE SAN MATEO APT 3A SAN JUAN, PR 00912	66-0861228		50,000				CONCIENCIA AMANECE

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CONSERVATION CONCIENCIA INC 1625 CALLE SAN MATEO APT 3A SAN JUAN, PR 00912	66-0861228		50,000				PR AMANECE ROAD TO RECOVERY OPPORTUNITY GRANT
CONSUMER CRED COUNC SVC OF PR 8751 COMMODITY CIRCLE STE 4 ORLANDO, FL 32819	66-0471799		15,000				CONSUMER FLORIDA DISCRETIONARY GRANT

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

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CRANE CARTAGE LLC 1500 RANKIN ROAD SUITE 400 HOUSTON, TX 77073	98-0591054		23,620				TRANSPORTATION OF LITHIUM BATTERIES FOR SOLAR PANELS
DMATH GROUP LLC URB VEREDAS 727 CAMINO DE LOS CEDROS GURABO, PR 00778	66-0836150		105,079				RECONSTRUCTION AND CLEAN UP IN LOIZA PR PURCHASE MATERIALS FOR CONSTRUCTION

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

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ENTERPRIZE EVENTS INC EDIF WORLD PLAZA 268 AVE MUNOZ RIVERA STE 1004 SAN JUAN, PR 00918	66-0654331		100,000				PR AMANECE ROAD TO RECOVERY OPPORTUNITY GRANT
EP ENERGY LLC ALT DE SAN PATRICIO 16 CALLE BELEN GUAYNABO, PR 00968	66-0783880		599,445				EP ENERGY LLC

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EVOLUTION CARIBBEAN LOGISTICS GLOBAL PLAZA BUILD 322 CALLE JOHN ALBERTO ERNOT STE 208 SAN JUAN, PR 00920	66-0894487		23,569				VESSEL CONTAINERIZED SOLAR PANELS FROM JACKSONVILL SOLAR PANELS TO PR
EVOLUTION SECURITY INC CARR 824KM 61 BO QUEBRADA CRUZ TOA ALTA, PR 00953	66-0860797		7,892				SERVICES FOR PR RELIEF JENNIFER LOPEZ FUND

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FND FONDO ACCESO A LA JUSTICIA EDIF COMERCIAL 18 OFIC 201-A AVE ROBERTO H TODD 800 SANTURCE, PR 00907	66-0831102	501(C)(3)	250,000				PR HOUSING COALITION FUND
FND NAC PARA LA CULTURA POP FORTALEZA 56 OLD SAN JUAN, PR 00901	66-0538915	501(C)(3)	100,000				DONATION FROM BROADWAY CARES TO ASSIST ARTIST COMMUNITY

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

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FOUNDATION FOR A BETTER PR 6 NORTHVIEW ESTATES CULEBRA, PR 00775	66-0817772	501(C)(3)	950,000				REBUILD PLAYA FLAMENCO CULEBRA PYMT
FOUNDATION NAC PARA LA CULTURA FORTALEZA 56 OLD SAN JUAN, PR 00901	66-0538915	501(C)(3)	22,425				FUNDACION NACIONAL PARA LA CULTURA THREE KINGS DAYS EVENT

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GLOBAL MATTRESS LLC CARR 149 KM 668 ZONA INDUSTRIAL JUANA DIAZ, PR 00795	66-0774373		10,108				GLOBAL MATTRESS LLC PURCHASE OF 23 MATTRESSES AND JLO
HASER INC 18 GUAYAMA STREET SAN JUAN, PR 00917	66-0861655	501(C)(3)	300,000				AMANECE PR GRANT PAYMENTS FOR FISCAL CONDUIT

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

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HOPE BUILDERS INC RUTA 200 BARRIO VILLA BORINQUEN VIEQUES, PR 00765	82-3182703		250,000				HOPE BUILDERS VIVIENDAS INITITIVE
IMPERIAL INDUSTRIAL SUPPLY 5798 ONTARIO MILLS PARKWAY ONTARIO, CA 91764	95-3922638		9,579				IMPERIAL INDUSTRIAL SUPPLY GENERATOR PURCHASE

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INICIATIVA ECODES BAHIA JOBOS 705 ANTIGUO CENTRO CIBERNICO AGUIRRE SALINAS, PR 00704	66-0758170		250,000				INICIATIVA DE ECODEARROLLO DE BAHIA DE JOBOS VIVIENDAS INITIATIVES
INSTITUTO NUEVA ESCUELA AVE PONCE DE LEON 1101 ESQ PASEO DE DIEGO SAN JUAN, PR 00925	66-0725105	501(C)(3)	99,900				PR AMANECE ROAD TO RECOVERY OPPORTUNITY GRANT

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JORGE MAYSONET CALLE MARGINAL H-38 URB SANTA RITA VEGA ALTA, PR 00692	58-3085546		5,235				PR RELIEF EFFORT TRANSPORTATION OF PURCHASE AND DONATED GOOD
LA MARANA CORP 169 CALLE CESAR GONZALEZ BOX 26 SAN JUAN, PR 00918	66-0838654		100,000				PR AMANECE ROAD TO RECOVERY OPPORTUNITY GRANT

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LEGAL SRVCS PR BAR ASSOC INC 517 W COLONIAL DR ORLANDO, FL 32804	82-4318812		25,000				GRANT FOR LEGAL AID CLINIC FOR NEWLY PR ARRIVALS
LOCAL OFFICE LANDSCAPE & URBAN 61 9TH STREET SUITE C3 BROOKLYN, NY 11215	20-5603405		21,490				LITHIUM BATTERIES PR SPECIAL INITITIVES

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LUIS GARRATON LLC PO BOX 362984 SAN JUAN, PR 00936	66-0192858		8,808				LUIS GARRATON LLC SUPPLIES PURCHASE
NEW ENERGY CONSULTANTS AND CONTRACTORS LLC 171 AVE CHARDON SUITE 302 SAN JUAN, PR 00918	66-0724489		507,936				NEW ENERGY CONSULTANTS AND CONTRACTORS

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ONE STOP CAREER CENTER 839 CALLE ANASCO SUITE 5 SAN JUAN, PR 00925	66-0593598	501(C)(3)	30,000				ONE STOP CAREER CENTER
PANORAMA PR LLC CALLE BETANCES 101 OFIC 2C SAN JUAN, PR 00911	66-0877277		14,796				LEGAL SERVICES PUERTO RICO SMALL BUSINESS INITIATIVE PROJECT

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PCTM CONSTRUCTION CORP PMB 307 100 GRAND PASEOS BLVD STE 112 SAN JUAN, PR 00926	66-0703652		6,219				INSTALLATION RAINWATER CATCHMENT SMALL BUSINESS INITIATIVE
PECUNIA GROUP INC 57 LOPATEGUI AVENUE NO B39 GUAYNABO, PR 00969	66-0761693		5,145				REGISTRATION SERVICE FOR PUERTO RICO OFFICE

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POPULAR FOUNDATION INC 85 BROAD STREET 10TH FLOOR NEW YORK, NY 10004	47-4997597		625,000				PUERTO RICO RELIEF SOMOS UNA VOZ PR BIG IDEAS CHALLENGE PROJECT
PROGRAMA DE EDUCACION COMUNAL DE ENTREGA SERVICIO VIVIENDAS CALLE MARINA LOTE 3 PUNTA SANTIAGO HUMACAO, PR 00741	99-9999999	501(C)(3)	250,000				PROGRAMA DE EDUCACION COMUNAL DE ENTREGA SERVICIO VIVIENDAS

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PUERTO RICO RISES CORP 1727 BARROW STREET DELTONA, FL 32728	82-2915786		8,000				MEDICAL GOODS TRANSPORT SHIPPING DISTRIBUTION
RED DE ALBERGUES DE PR INC 167 PONCE DE LEON SAN JUAN, PR 00919	66-0837840	501(C)(3)	300,000				GRANT SPECIAL INITIATIVAS HOME YOUNG ADULTS PR

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RICKY MARTIN FOUNDATION CORP CARR PR 188 KM 59 BARRIO LAS CUEVAS CUEVAS LOIZA, PR 00772	66-0579504	501(C)(3)	250,000				LOIZA ES MI HOGAR PROJECT GRANT
SALON LITERARIO LIBRO AMERICA CALLE ANTONSANTI 1511 COLABORATORIO SUITE 1 SAN JUAN, PR 00909	66-0710826	501(C)(3)	100,000				PR AMANECE ROAD TO RECOVERY OPPORTUNITY GRANT

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SOCIEDAD AMBIENTE MARINO 4 SUNNY HILLS CAMINO LUCIANO VAZQUEZ CARR 176 KM 74 SAN JUAN, PR 00926	61-1417308	501(C)(3)	100,000				PR AMANECE ROAD TO RECOVERY OPPORTUNITY GRANT
SOL ES VIDA INC 75 CALLE JUNIN COND PUERTA DEL SOL APT 807 SAN JUAN, PR 00926	66-0855955		100,000				SOL ES VIDA AMANECE

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TALLER SALUD INC PR-187 KM 242 PARCELAS VIEQUES 33 LOIZA, PR 00772	66-0494692	501(C)(3)	200,000				PR AMANECE ROAD TO RECOVERY OPPORTUNITY GRANT
TECHNO SERVE INC 1120 19TH STREET NW 8TH FLOOR WASHINGTON, DC 20036	13-2626135		750,000				TECHNO SERVE COFFEE PROJECT

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THE COASTAL MARINE RES CTR NY 61 9TH STREET SUITE C3 BROOKLYN, NY 11215	20-2669808		29,994				SOLAR BRIGADE ARECIBO MAVI COMM CENTER FOR THE DISABLED PR
THE COCA COLA COMPANY CITY VIEW PLAZA TOWER 1 48 ROAD 165 STE 650 GUAYNABO, PR 00968	58-0628465		20,007				REIMBURSEMENT CONTAINER TRANSPORTATION POPTIENDAS PROJECT

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THE MUNICIPALITY 153 CALLE SAN FRANCISCO SAN JUAN, PR 00902	99-99999999		667,069				CLINTON GLOBAL FOUNDATION SOLARIZATION PROJECTS EP ENERGY
UNIVERSITY OF PUERTO RICO 14 AVE UNIVERSIDAD SUITE 1401 SAN JUAN, PR 00925	66-0433760	501(C)(3)	1,222,950				PUERTO RICO MENTAL HEALTH INITIATIVE

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VIEQUES CONSERV HIST TRUST 138 CALLE FLAMBOYAN VIEQUES, PR 00765	66-0429598	501(C)(3)	74,060				PR AMANECE ROAD TO RECOVERY OPPORTUNITY GRANT
160 DYCKMAN REST CORP 160 DYCKMAN STREET NEW YORK, NY 10040	47-2360958	501(C)(3)	6,000				DISCRETIONARY GRANT UNION JOVENES DOMINICANOS

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A I D FOR A I D S 131 VARICK STREET SUITE 1011 NEW YORK, NY 10013	13-3954568	501(C)(3)	10,000				CORE GRANT
ALIANZA AMERICAS 2875 W CERMAK ROAD CHICAGO, IL 60623	34-2066826	501(C)(3)	10,000				TRANSFORMER SPONSORSHIP DISCRETIONARY GRANT

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AMIGOS MUSEO DEL BARRIO INC 1230 FIFTH AVENUE NEW YORK, NY 10029	23-7156720	501(C)(3)	22,737				NON PROFIT STABILIZATION FUND
ARS NOVA THEATER I INC 511 WEST 54TH STREET NEW YORK NEW YORK, NY 10019	80-0339038	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
ASPIRA OF NEW YORK 15 WEST 36TH STREET 15TH FLOOR NEW YORK, NY 10018	13-6204790	501(C)(3)	39,907				NON PROFIT STABILIZATION FUND
BALLET HISPANICO OF NY INC 167 WEST 89TH STREET NEW YORK, NY 10024	13-2685755	501(C)(3)	5,000				SPONSORSHIP FOR CARNAVAL 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
BORICUA VOTA INC 4630 S KIRKMAN RD SUITE 195 ORLANDO, FL 32811	81-2639254	501(C)(3)	10,000				SPONSORSRSHIP DEVELOPMENT AND PRODUCTION EDUCATIONAL VIDEO
BOUNDLESS THEATRE COMPANY 41-21 42ND STREET APT 6D SUNNYSIDE, NY 11104	86-1164716	501(C)(3)	15,000				SUPPORT FOR EL BARRIO RAICES SUMMER PROGRAM

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
BROADWAY CARESEQ FIGHTS AIDS 165 WEST 46TH STREET 1300 NEW YORK, NY 10036	13-3458820	501(C)(3)	10,000				DISCRETIONARY GRANT R EVOLUTION LATINA FUNDRAISER
BRONX COUNCIL ON THE ARTS INC 1738 HONE AVENUE BRONX, NY 10461	13-2601303	501(C)(3)	39,654				NON PROFIT STABILIZATION FUND

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
BRONX COUNTY FAIRS & EXP ASSOC 912 SOUNDVIEW AVE SUITE 1 BRONX, NY 10473	47-2521428	501(C)(3)	5,000				CONSULTANT FEE FOR MORRISON AVENUE FESTIVAL
BUILDING BEATS INC 37 NORTH 15TH STREET UNIT 206 BROOKLYN, NY 11222	46-1233303	501(C)(3)	24,998				NON PROFIT STABILIZATION FUND

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
CENTRO PERIODISMO INVEST INC 170 FEDERICO COSTA SUITE 306 SAN JUAN, PR 00918	66-0705065	501(C)(3)	50,000				DISCRETIONARY GRANT
CHICAGO SINFONIETTA 70 E LAKE STREET SUITE 1430 CHICAGO, IL 60601	36-3517987	501(C)(3)	25,000				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
CHURCH OF ST JEROME 230 ALEXANDER AVENUE BRONX, NY 10454	13-1740204	501(C)(3)	28,685				NON PROFIT STABILIZATION FUND
COMITE NOVIEMBRE 45 EAST HARTSDALE AVE SUITE 3L HARTSDALE, NY 10530	56-2525337	501(C)(3)	5,000				COMITE NOVIEMBRE 32ND ANNIVERSARY

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
COMM CONNECTIONS FOR YOUTH 369 EAST 149TH STREET 7TH FLOOR BRONX, NY 10455	26-4482112	501(C)(3)	39,330				NON PROFIT STABILIZATION FUND
COMM FOUND GREATER NEW HAVEN 70 AUDUBON STREET NEW HAVEN, CT 06510	06-6032106	501(C)(3)	5,000				SPONSORSHIP 2018 PLF 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
COMMLIFE BRKLYN 113 THROOP AVENUE BROOKLYN, NY 11206	13-3530299	501(C)(3)	5,865				FOOD ASSISTANCE HUNGER RELIEF HISPANIC COMMLIFE BROOKLYN
CONGRESS HISPANIC CAUCUS INST 1128 16TH STREET NW WASHINGTON, DC 20036	52-1114225	501(C)(3)	5,000				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
CONSUMER CREDIT COUNSELING FL 8751 COMMODITY CIRCLE STE 4 ORLANDO, FL 32819	66-0471799		15,000				PUERTO RICO RELIEF FUND FY
DOMINICO AMERICAN SOCIETY 40- 27 97TH STREET 1ST FLOOR CORONA, NY 11368	06-1389895	501(C)(3)	5,000				DASQ 25TH ANNIVERSARY GALA SPONSORSHIP

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
FLORIDA PR PARADE INC 517 WEST COLONIAL DRIVE ORLANDO, FL 32804	81-2653820	501(C)(3)	5,500				SPONSORSHIP SPECIAL PACKAGE FOR PR PARADE FESTIVAL
FPJ AMUSEMENTS & ENTERT SRVCS 467 EAST 156TH STREET BRONX, NY 10455	26-2592972		42,845				DISCRETIONARY GRANT FOR MORRISON AVENUE FESTIVAL

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
GILDER LEHRM INST OF AMERICAN 49 WEST 45TH STREET 2ND FLOOR NEW YORK, NY 10036	13-3795391	501(C)(3)	15,000				DISCRETIONARY GRANT
GOOD OLD LOWER EAST 173 AVENUE B NEW YORK, NY 10009	13-2915659	501(C)(3)	32,483				NON PROFIT STABILIZATION FUND FINAL PAYMENT GRANT FY18 DYCD

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
GRAHAM WINDHAM 1 PIERREPONT PLAZA SUITE 901 BROOKLYN, NY 11201	13-2926426	501(C)(3)	15,000				DISCRETIONARY GRANT MIRANDA FAMILY FUND
HARTFORD KNIGHTS CORP 175 MAIN STREET 3RD FLOOR HARTFORD, CT 06106	83-0368833	501(C)(3)	6,034				GOTV CIVIC ENGAGEMENT RIDES TO POLLS CT

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 BROTHERHOOD 59 CLINTON AVENUE ROCKVILLE CENTRE, NY 11570	11-2716443	501(C)(3)	5,644				FOOD ASSISTANCE HUNGER RELIEF HISPANIC BROTHERHOOD FORD
HISPANIC COUNSELING CENTER 344 FULTON AVENUE HEMPSTEAD, NY 11550	11-2592214	501(C)(3)	12,500				CORE GRANT 2018 2019 PAYMENT 1 OF 2

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 RESOURC CTR LARCHMONT 134 CENTER AVENUE MAMARONECK, NY 10543	31-1678682	501(C)(3)	5,000				LATINA PHILANTHROPY CIRCLE-GIVING CIRCLE
IBERO AMERICAN ACTION LEAGUE 817 EAST MAIN STREET ROCHESTER, NY 14605	16-0954745	501(C)(3)	38,000				LUCES GRANT LATINO HIV TESTING MONTH

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
ID STUDIO THEATER P & R CENTER 311 E 140TH STREET BRONX, NY 10454	79-0991159	501(C)(3)	35,000				NON PROFIT STABILIZATION FUND
INICIATIVA ACCION PUERTORRIQUE 4545 WOODLANDS VILLAGE DR ORLANDO, FL 32835	47-4537122	501(C)(3)	50,000				CASE MANAGMENT SRVCS ESOL CLASSES

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
JULIE SCHWIETERT- IMMI FAMILIES TOGETHER 30-02 39 AVENUE APT315 LONG ISLAND CITY, NY 11101	83-2722935		35,000				GUATEMALAN WOMEN IMMIGRATION ICE BONDS
LAS AMERICAS IMM ADVOCACY CTR 1500 E YANDELL DR EL PASO, TX 79902	74-2472774	501(C)(3)	25,000				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
LATIN COMMUNITY FUND INC 50 HURT PLAZA SE SUITE 740 ATLANTA, GA 30303	82-0911954	501(C)(3)	100,000				VOTER MOBILIZATION CAMPAIGN GRANT
LATINO COMM FUND WA STATE PO BOX 30669 SEATTLE, WA 98113	20-5987399	501(C)(3)	10,000				DISCRETIONARY GRANT LCF 2018 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
LATINO COMMUNITY FUND INC 50 HURT PLAZA SE SUITE 740 ATLANTA, GA 33137	82-0911954	501(C)(3)	50,000				CIVIC PARTICIPATION ADVOCACY PROJECT
LATINO U COLLEGE ACCESS INC 75 VIRGINIA ROAD 2ND FLOOR WHITE PLAINS, NY 10603	46-1211285	501(C)(3)	5,000				LATINA PHILANTHROPY CIRCLE GRANT LPC FUNDS

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
LULAC INSTITUTE 1133 19TH STREET NW SUITE 1000 WASHINGTON, DC 20036	52-2072106	501(C)(3)	20,000				2018 FACES OF DREAMERS
NATL LATINA INST REPRODUCTIVE 50 BROAD STREET SUITE 1937 NEW YORK, NY 10005	52-1891734	501(C)(3)	10,000				CORE 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
NEIGHBOR HOUSING SRVCS QUEENS 60-20 WOODSIDE AVENUE 2ND FL WOODSIDE, NY 11377	47-1267077	501(C)(3)	44,597				NON PROFIT STABILIZATION FUND
NEOYORKINOS MEDIA GROUP 760 MELROSE AVENUE APT 2S BRONX, NY 10451	47-2125898	501(C)(3)	10,000				DISCRETIONARY GRANT SPONSORSHIP FOR NEOYORKINOS AWARDS

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
NORTH BK COALITION AGAINST FAM 893 LEXINGTON AVENUE BROOKLYN, NY 11221	11-3431280	501(C)(3)	25,850				NON PROFIT STABILIZATION FUND
PLINIO R GARCIA 476 WEST 165TH STREET SUITE 3H NEW YORK, NY 10032	16-7695911	501(C)(3)	10,000				DISCRETIONARY GRANT YOUTH ART PROGRAM

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
POZO INTERNATIONAL LLC 1800 EAST HALLANDALE BEACH BLVD UNIT 85263 HALLANDALE BEACH, FL 33009	45-1843897	501(C)(3)	7,000				DISCRETIONARY GRANT FOR LONGWOOD FESTIVAL BRONX 2018
RHODE ISLAND COLLEGE FND 600 MT PLEASANT AVENUE PROVIDENCE, RI 02908	05-6049721	501(C)(3)	10,000				EVENT SPONSORSHIP

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
SELECTIVE STAFFING CORP INTERNSHIP PRGRM INC 260 MADISON AVENUE 8TH FL NEW YORK, NY 10016	22-3578200		5,008				PAYPAL HF JCALDERON HONORED AT SCIP 21ST ANNUAL GALA
SHINE MSD INC 5645 CORAL RIDGE DR 446 CORAL SPRING, FL 33076	82-4625864	501(C)(3)	25,000				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
SOUTHWEST VOTER REG EDUC PROJ 320 EL PASO STREET SAN ANTONIO, TX 78207	23-7380570	501(C)(3)	10,000				DISCRETIONARY GRANT
THE CIVILIANS INC 138 SOUTH OXFORD STREET UNIT 3C BROOKLYN, NY 11217	11-3621605	501(C)(3)	10,000				DISCRETIONARY GRANT MIRANDA FAMILY FUND

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 LOWER E GIRLS CLUB OF NY 101 AVENUE D 12E NEW YORK, NY 10009	13-3942063	501(C)(3)	38,770				NON PROFIT STABILIZATION FUND
TOWER PRODUCTION 2 INC 100A DALE STREET W BABYLON, NY 11704	26-1721089	501(C)(3)	5,250				DISCRETIONARY GRANT FOR LOONGWOOD AVENUE FESTIVAL 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
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	50,000				HISPANIC FEDERATION DONATIONS TO GUATEMALA RELIEF
VERA INSTITUTE OF JUSTICE INC 233 BROADWAY 12TH FLOOR NEW YORK, NY 10279	13-1941627	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
VINEYARD THEATRE WORKSHOP CTR 108 EAST 15TH STREET NEW YORK, NY 10003	13-2981292	501(C)(3)	22,000				DISCRETIONARY GRANT
WASHINGTON HEIGHTS & INWOOD DEV 611 WEST 177TH STREET BASEMENT, NY 10033	13-2950346	501(C)(3)	35,735				NON PROFIT STABILIZATION FUND

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
WE STAY NOS QUEDAMOS INC 754 MELROSE AVENUE BRONX, NY 10451	13-3724388	501(C)(3)	28,900				NON PROFIT STABILIZATION FUND

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2018

Open to Public Inspection

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)		
<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)			
<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		
<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			
<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)	266,135	17,500	0	14,861	29,976	328,472	0
	(ii)	0	0	0	0	0	0	0
2 FRANKIE MIRANDA SENIOR VICE PRESIDENT	(i)	152,261	10,000	0	9,119	20,751	192,131	0
	(ii)	0	0	0	0	0	0	0
3 DORIS GUZMAN VP FOR FINANCE & ADMINISTR	(i)	131,688	8,000	0	7,373	17,998	165,059	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**

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.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization
HISPANIC FEDERATION INC

Employer identification number

13-3573852

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