

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
2019
Open to Public Inspection

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

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 \$ 24,357,706

F Name and address of principal officer:
55 Exchange Place 5th Floor
New York, NY 10005

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

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

J Website: ▶ <https://hispanicfederation.org>

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1990 **M** State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
The mission of the Hispanic Federation is to empower and advance the Hispanic Community.

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 2019 (Part V, line 2a)	160
6 Total number of volunteers (estimate if necessary)	244
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 39	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	28,038,365	23,762,327
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,550	31,232
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,658,071	129,765
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,703,986	23,923,324
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,772,034	9,893,116
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,641,965	5,431,944
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,299,139		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,783,486	6,891,853
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	29,197,485	22,216,913
19 Revenue less expenses. Subtract line 18 from line 12	506,501	1,706,411
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	35,330,301	33,361,920
21 Total liabilities (Part X, line 26)	9,851,590	5,719,788
22 Net assets or fund balances. Subtract line 21 from line 20	25,478,711	27,642,132

Part II Signature Block

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

Sign Here

Signature of officer: *****
Date: 2020-11-13

Frankie Miranda President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P02024184
Firm's name ▶ SCHALL & ASHENFARB CPAS			Firm's EIN ▶ 13-4036703	
Firm's address ▶ 307 5th Ave 15th Floor NEW YORK, NY 100166517			Phone no. (212) 268-2800	

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 \$ 9,324,168 including grants of \$ 6,465,848) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 3,858,057 including grants of \$ 533,645) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 3,404,516 including grants of \$ 3,101,881) (Revenue \$)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ 2,388,710 including grants of \$ 349,090) (Revenue \$)

4e Total program service expenses ▶ 18,975,451

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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	187	
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and response boxes. Questions include: 2a Employees reported on Form W-3; 2b-3b Federal employment tax returns; 4a-4b Foreign financial accounts; 5a-5c Prohibited tax shelter transactions; 6a-6b Charitable contributions; 7 Organizations that may receive deductible contributions under section 170(c); 8-9 Sponsoring organizations maintaining donor advised funds; 10-11 Section 501(c)(7) and (12) organizations; 12a-12b Section 4947(a)(1) non-exempt charitable trusts; 13 Section 501(c)(29) qualified nonprofit health insurance issuers; 14a-14b Indoor tanning services; 15-16 Section 4960 tax on payment(s) of more than \$1,000,000.

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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.)

		Yes	No
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

17	List the states with which a copy of this Form 990 is required to be filed	CT, NY
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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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: Doris Guzman 55 Exchange Place 5th Floor 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.

See instructions for the order in which to list the persons above.

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) Jose Calderon President	40.00 0.00	X		X				283,480	0	44,631
(2) Frankie Miranda Vice President	40.00 0.00			X				194,170	0	29,771
(3) Doris Guzman VP - Finance	40.00 0.00							138,986	0	24,437
(4) Brent Wilkes VP - Strat. Adv.	40.00 0.00							153,152	0	6,189
(5) Jaslyn Jimenez VP - Operations	40.00 0.00							128,303	0	23,612
(6) Stephen Calenzani Assistant VP - Dev	40.00 0.00							118,554	0	16,211
(7) Laura Esquivel Dir. of Advocacy	40.00 0.00							111,017	0	15,930
(8) Nathalie Rayes Chair	0.50 0.00	X		X				0	0	0
(9) Miguel Centeno Vice Chair	0.50 0.00	X		X				0	0	0
(10) Marcos Torres Treasurer	0.50 0.00	X		X				0	0	0
(11) Manuel Chinaea Secretary	0.50 0.00	X		X				0	0	0
(12) Margaret Lazo Assistant Sec.	0.50 0.00	X		X				0	0	0
(13) Dean Aguillen Director	0.50 0.00	X						0	0	0
(14) Yrthya Dinzey-Flores Director	0.50 0.00	X						0	0	0
(15) Indrani M Franchini Director	0.50 0.00	X						0	0	0
(16) Hector Mujica Director	0.50 0.00	X						0	0	0
(17) Juan Otero Director	0.50 0.00	X						0	0	0

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) Frank Sanchez Director	0.50 0.00	X						0	0	0	
(19) Carlos L Santiago Director	0.50 0.00	X						0	0	0	
(20) Joan Steinberg Director	0.50 0.00	X						0	0	0	
(21) Inez Stewart Director	0.50 0.00	X						0	0	0	
(22) Jose Rivera Left 6/19	0.50 0.00	X						0	0	0	
(23) Ricardo Venegas Director	0.50 0.00	X						0	0	0	
1b Sub-Total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)								1,127,662			160,781

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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
Bridge Philanthropic 311 West 43rd Street 12th Floor New York, NY 10016	Consulting	120,000
Williamsworks Inc 3533 Lincoln Hill PT Missoula, MT 59802	Consulting	190,000

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	2,263,301		
	d Related organizations	1d			
	e Government grants (contributions)	1e	5,418,548		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,080,478		
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		23,762,327		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a						
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.			0			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		31,232			31,232	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	6a				
			(ii) Personal				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a				
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b				
		c Gain or (loss)	7c				
	d Net gain or (loss)			0			
	8a Gross income from fundraising events (not including \$ 2,263,301 of contributions reported on line 1c). See Part IV, line 18		8a	434,382			
		b Less: direct expenses	8b	434,382			
		c Net income or (loss) from fundraising events			0		
	9a Gross income from gaming activities. See Part IV, line 19		9a				
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities			0		
	10a Gross sales of inventory, less returns and allowances		10a				
b Less: cost of goods sold		10b					
c Net income or (loss) from sales of inventory				0			
Miscellaneous Revenue		Business Code					
11a Other Income	541610		129,765	129,765			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			129,765				
12 Total revenue. See instructions			23,923,324	129,765		31,232	

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	9,674,383	9,674,383		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	218,733	218,733		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	558,074	284,453	129,314	144,307
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	3,779,960	2,673,041	697,388	409,531
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	119,161	82,603	22,052	14,506
9 Other employee benefits	589,383	408,564	109,070	71,749
10 Payroll taxes	385,366	267,138	71,315	46,913
11 Fees for services (non-employees):				
a Management	0			
b Legal	105,750	11,194	87,594	6,962
c Accounting	61,000		61,000	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,637,208	3,124,751	256,137	256,320
12 Advertising and promotion	0			
13 Office expenses	228,365	193,956	21,138	13,271
14 Information technology	288,630	202,963	15,229	70,438
15 Royalties	0			
16 Occupancy	308,496	290,866	12,117	5,513
17 Travel	244,393	223,958	6,206	14,229
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	143,040	90,246	47,108	5,686
20 Interest	52,651		52,651	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	218,215	30,582	185,032	2,601
23 Insurance	62,424	35,345	27,070	9
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 Internships & Stipdents	627,855	577,348	29,192	21,315
b Repairs & Maintenance	207,966	175,739	15,735	16,492
c Catering & Museum Admission	175,852	157,420	12,080	6,352
d Other Expenses	158,529	107,587	25,517	25,425
e All other expenses	371,479	144,581	59,378	167,520
25 Total functional expenses. Add lines 1 through 24e	22,216,913	18,975,451	1,942,323	1,299,139
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	18,865,395	1	15,602,511
	2 Savings and temporary cash investments	8,407,583	2	6,001,697
	3 Pledges and grants receivable, net	2,164,415	3	2,641,171
	4 Accounts receivable, net		4	0
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	0
	7 Notes and loans receivable, net		7	0
	8 Inventories for sale or use		8	0
	9 Prepaid expenses and deferred charges	103,918	9	157,566
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	7,239,480		
	b Less: accumulated depreciation	2,591,413		
	11 Investments—publicly traded securities	1,120,559	11	4,310,908
	12 Investments—other securities. See Part IV, line 11		12	0
	13 Investments—program-related. See Part IV, line 11		13	0
	14 Intangible assets		14	0
	15 Other assets. See Part IV, line 11	17,660	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	35,330,301	16	33,361,920	
Liabilities	17 Accounts payable and accrued expenses	7,363,442	17	716,951
	18 Grants payable	831,666	18	3,607,001
	19 Deferred revenue	184,901	19	3,567
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,471,581	23	1,392,269
	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	9,851,590	26	5,719,788
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,036,688	27	10,068,267
	28 Net assets with donor restrictions	16,442,023	28	17,573,865
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	25,478,711	32	27,642,132	
33 Total liabilities and net assets/fund balances	35,330,301	33	33,361,920	

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	23,923,324
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,216,913
3	Revenue less expenses. Subtract line 2 from line 1	3	1,706,411
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,478,711
5	Net unrealized gains (losses) on investments	5	457,010
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,642,132

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: 19009920

Software Version: 2019v5.0

EIN: 13-3573852

Name: Hispanic Federation Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

Community assistance programs 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:

Technical assistance programs 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:

Organizational development assistance fortifies a network of Latino nonprofit organizations 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 programs in the areas of governance, and staff and institutional development.

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 instructions and the latest information.

OMB No. 1545-0047
2019
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) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	5,946,910	9,423,889	38,758,713	27,776,180	23,762,327	105,668,019
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4 Total. Add lines 1 through 3	5,946,910	9,423,889	38,758,713	27,776,180	23,762,327	105,668,019
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)						4,843,930
6 Public support. Subtract line 5 from line 4.						100,824,089

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	5,946,910	9,423,889	38,758,713	27,776,180	23,762,327	105,668,019
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	397	268	235	7,550	31,232	39,682
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).					129,765	129,765
11 Total support. Add lines 7 through 10						105,837,466

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 2019 (line 6, column (f) divided by line 11, column (f))	14	95.260 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	95.560 %

16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID: 19009920

Software Version: 2019v5.0

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

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

2019
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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)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

45,000	
45,000	
22,171,913	
22,216,913	
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)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -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?

250,000	

Yes 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	742,460	1,000,000	1,000,000	1,000,000	3,742,460
b Lobbying ceiling amount (150% of line 2a, column(e))					5,613,690
c Total lobbying expenditures	63,000	63,000	78,000	45,000	249,000
d Grassroots nontaxable amount	185,615	250,000	250,000	250,000	935,615
e Grassroots ceiling amount (150% of line 2d, column (e))					1,403,423
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

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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 instructions and the latest information.

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)	1,954,927	
3 Aggregate value of grants from (during year)	1,886,175	
4 Aggregate value at end of year	2,990,023	

- 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 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
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- 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		5,702,787	1,974,198	3,728,589
c Leasehold improvements		44,052	38,552	5,500
d Equipment		892,828	578,663	314,165
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ 4,648,067

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	26,678,430
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	457,010
b	Donated services and use of facilities	2b	2,298,096
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,755,106
3	Subtract line 2e from line 1	3	23,923,324
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	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	23,923,324

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	24,515,009
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,298,096
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,298,096
3	Subtract line 2e from line 1	3	22,216,913
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	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	22,216,913

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: 19009920

Software Version: 2019v5.0

EIN: 13-3573852

Name: Hispanic Federation Inc

Supplemental Information

Return Reference	Explanation
Part X : FIN48 Footnote	The Hispanic Federation (HF) does not believe its financial statements include any material, uncertain tax positions. Tax filings for periods ending December 31, 2017 and later are subject to examination by applicable taxing authorities.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

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.

Department of the Treasury Internal Revenue Service

Name of the organization Hispanic Federation Inc

Employer identification number 13-3573852

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (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. Includes a Total row at the bottom.

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) Total events
		GALA DINNER (event type)	(event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts	2,697,683			2,697,683
2	Less: Contributions	2,263,301			2,263,301
3	Gross income (line 1 minus line 2)	434,382			434,382
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	247,860			247,860
	7 Food and beverages				
	8 Entertainment	103,788			103,788
	9 Other direct expenses	82,734			82,734
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				434,382
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				

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	13a	%
b An outside facility	13b	%

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

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.

OMB No. 1545-0047

2019

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 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.

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, (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 268
3 Enter total number of other organizations listed in the line 1 table 7

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	179	218,733			
(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
Grantmaker's Description of How Grants are Used	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 to the recipients. The grant recipients agencies are required to submit reports to HF in accordance with their grants compliance requirements.

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
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
A I D FOR A I D S 131 Varick Street Ste 1011 New York, NY 10013	13-3954568	501(c)(3)	10,000	0			CORE Grant
Afro Latin Jazz Alliance NY 646 Malcolm X Blvd New York, NY 10037	45-3665976	501(c)(3)	10,000	0			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
Afro Latin Jazz of NY 646 Malcom X Blvd New York, NY 10037	45-3665976	501(c)(3)	15,000	0			CORE Grant
Albania Rosario Uptown Mgt 2100 Linwood Ave Fort Lee, NJ 07024	46-3748262	501(c)(3)	15,000	0			Fashion Week support

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
Alianza Americas 2875 W Cermak Road Chicago, IL 60623	34-2066826	501(c)(3)	95,000	0			Central and Support Shelters
Alianza Americas Supplies 2875 W Cermak Road Chicago, IL 60623	34-2066826	501(c)(3)	6,673	0			Shelter Albergue

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
Alianza Center 10524 Moss Park RD Suite 204 Orlando, FL 32832	83-2227824	501(c)(3)	10,000	0			Discretionary Grant
American Theater Wing 230 West 41st St Ste 110 New York, NY 10036	13-1893906	501(c)(3)	21,900	0			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
Array Alliance Inc 16000 Ventura Blvd Ste 900 Encino, CA 94136	82-5248574	501(c)(3)	25,000	0			Discretionary Grant
Ars Nova Theater Inc 511 West 54th Street New York, NY 10019	80-0339038	501(c)(3)	8,050	0			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
Asociacion Mayaquezana Inc PO Box 745 Mayaquez, PR 00681	66-0406690	501(c)(3)	30,000	0			PR Housing Init
Ayuda Legal Puerto Rico Inc PO Box 195321 San Juan, PR 00919	66-0890750	501(c)(3)	6,802	0			Housing Initiative PR

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ballet Hispanico of New York 167 West 89th Street New York, NY 10024	13-2685755	501(c)(3)	25,000	0			Discretionary Grant
Boricua Vota Inc 4856 Distribution Ct Unit 11 Orlando, FL 32822	81-2639254	501(c)(3)	15,000	0			Voter Empowerm Init. FL

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
Boys and Girls Club PR PO Box 79526 Carolina, PR 00984	66-0327584	501(c)(3)	50,000	0			PR Amanece Fund
Boys and Girls Club PR PO Box 79526 Carolina, PR 00984	66-0327584	501(c)(3)	50,000	0			Road to Recovery Opportunity

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
Boys and Girls Club PR PO Box 79526 Carolina, PR 00984	66-0327584	501(c)(3)	50,000	0			San Lorenzo Prjct
Bridgeport Cari Youth League 1067 Park Avenue Bridgeport, CT 06604	20-0421577	501(c)(3)	17,500	0			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
Broadway CaresEQ Fights AIDS 165 West 46th Street 1300 New York, NY 10036	13-3458820	501(c)(3)	10,000	0			Evolution Latina Fundraiser
Broadway Housing Communities 583 Riverside Drive New York, NY 10031	13-3212867	501(c)(3)	15,000	0			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
Bronx Council on the Arts 2700 East Tremont Ave Bronx, NY 10461	13-2601303	501(c)(3)	7,500	0			Discretionary Grant
Bronx Council on the Arts 2701 East Tremont Ave Bronx, NY 10461	13-2601303	501(c)(3)	45,000	0			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 Museum of The Arts 1040 Grand Concourse Bronx, NY 10456	13-2709368	501(c)(3)	25,000	0			Discretionary Grant
Calpulli Mexican Dance Cor In 25-12 77th Street East Elmhurst, NY 11370	20-0642440	501(c)(3)	34,978	0			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
Caras of the Americas 8 Calle Betances San Juan, PR 00918	42-1628144	501(c)(3)	45,000	0			Coalicion de Residentes Vivienda
Caribbean Cultural Ctr Africa 120 East 125 Street New York, NY 10035	13-3054001	501(c)(3)	12,500	0			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
CASITA MARIA 928 Simpson Street 6th Floor Bronx, NY 10459	13-1623994	501(c)(3)	10,000	0			CORE Grant
Catholic Charities Rio Grande 700 N Virgen de San Juan Blvd San Juan, TX 78589	68-0599307	501(c)(3)	10,000	0			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
Centro de Periodismo Investig 170 Federico Costa Suite 306 San Juan, PR 00918	66-0705065	501(c)(3)	50,000	0			PR Housing Initiative
Centro de Periodismo Investig 170 Federico Costa Suite 306 San Juan, PR 00918	66-0705065	501(c)(3)	50,000	0			Recovery Relief Puerto Rico

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 de Periodismo Investig 170 Federico Costa Suite 306 San Juan, PR 00918	66-0705065	501(c)(3)	60,000	0			Discretionary Grant
Centro de Periodismo Investig PO Box 6834 San Juan, PR 00914	66-0705065	501(c)(3)	40,000	0			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
Centro de Periodismo Investig PO Box 6834 San Juan, PR 00914	66-0705065	501(c)(3)	50,000	0			Discretionary Grant
Centro Legal de la Raza Inc 3022 International Boulevard Oakland, CA 94601	23-7181456	501(c)(3)	10,000	0			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
Chicago Sinfonietta Inc 70 E Lake St Suite 1430 Chicago, IL 60601	36-3517987	501(c)(3)	15,000	0			Discretionary Grant
Childrens Day Treatment Ctr 255 West 71st Street New York, NY 10023	13-0776140	501(c)(3)	7,500	0			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
Cine Art Entert Production 1194 Sherman Ave Suite 1C Bronx, NY 10456	27-1529816	501(c)(3)	50,000	0			Discretionary Grant
CIRCULO DE LA HISPANIDAD 26 West Park Ave Long Beach, NY 11561	11-2525327	501(c)(3)	26,000	0			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
City University of New York 365 5th Ave New York, NY 10016	13-3892526	501(c)(3)	30,000	0			Discretionary Grant
City University of New York 365 5th Ave New York, NY 10016	13-3892526	501(c)(3)	30,000	0			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
City University of New York 365 5th Ave New York, NY 10016	13-3892526	501(c)(3)	75,000	0			Discretionary Grant
Civilians Inc 138 S Oxford Street 3C Brooklyn, NY 11217	11-3621605	501(c)(3)	20,000	0			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
Classical Theatre of Harlem 520 8th Ave New York, NY 10018	13-4046782	501(c)(3)	25,000	0			Discretionary Grant
CMTAS Yauco Inc PO Box 475 Yauco, PR 00698	66-0759229	501(c)(3)	30,000	0			Housing Init PR

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Coalicion Latino Americana 4938 Central Avenue Suite 101 Charlotte, NC 28205	58-1945776	501(c)(3)	12,500	0			CORE Grant
Coastal Marine Resource Cente 5181 Calle Pedro Albizy Campo Isabella, PR 00662	66-0901155	501(c)(3)	300,000	0			Batteries Purchase

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
Coastal Marine Resource Cntr 5181 Calle Pedro Albizy Campo Isabella, PR 00662	66-0901155	501(c)(3)	295,000	0			Batteries Purchase
Coastal Marine Resource Ctr 5181 Calle Pedro Albizy Campo Isabela, PR 00662	66-0901155	501(c)(3)	72,392	0			Mavi Community Ctr Solar

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
CocaCola Puerto Rico Bottlers Carr PR-174 LOTE 107 Bayamon, PR 00959	65-0600251	501(c)(3)	7,000	0			Discretionary Grant
Colectivo ILE Corporacion Luis Munoz Marin 20 PMB 117 Caguas, PR 00725	66-0808702	501(c)(3)	30,000	0			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
Comercial Collazo PO Box 254 Naguabo, PR 00718	66-0518078	501(c)(3)	5,500	0			Discretionary Grant
COMMITTEE HISP CHILDREN & FAM 75 Broad Street Suite 620 New York, NY 10004	11-2622003	501(c)(3)	55,000	0			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
Community Funds Inc 909 Third Avenue Floor 22 New York, NY 10022	13-6089923	501(c)(3)	50,000	0			Discretionary Grant
Community Resource Center 134 Center Avenue Mamaroneck, NY 10543	31-1678682	501(c)(3)	10,000	0			CORE Grant

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

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CONNECTICUT PR FORUM 95-97 Park St 2nd Fl Hartford, CT 06106	06-1385027	501(c)(3)	10,000	0			Discretionary Grant
Connecting Paths 701 Ave Ponce de Leon Ste 106 San Juan, PR 00907	66-0818031	501(c)(3)	50,000	0			Connecting Path

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Connecting Paths 701 Ave Ponce de Leon Ste 106 San Juan, PR 00907	66-0818031	501(c)(3)	50,000	0			PR Amanece Fund
COPAY INC 21 North Station Plaza Great Neck, NY 11021	11-2212496	501(c)(3)	29,000	0			CORE Grant

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Corp Fondo Seguro del Estado Comun Escorial PR 3 Ave Carolina, PR 00986	66-0500533	501(c)(3)	14,858	0			Discretionary Grant
CREATE INC Urb San Jose 351 Calle Sicil San Juan, PR 00923	66-0585251	501(c)(3)	100,000	0			Road to Recovery Opportunity

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Creative Minds NYC Inc 56 Beaver Street Ste 205 New York, NY 10018	02-0720786	501(c)(3)	25,000	0			Discretionary Grant
David Rios Ferreira 419 1/2 Baldwin Ave Jersey City, NJ 07306	06-7680878	501(c)(3)	10,000	0			Fuerza Fest Event

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Designated Player LLC 239 West 14th Street New York, NY 10011	82-4040890	501(c)(3)	10,540	0			Discretionary Grant
DOMINICAN WOMENS DEV CTR 519 West 189th St Ground Fl New York, NY 10040	13-3593885	501(c)(3)	8,500	0			CORE Grant

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Dream Corps 436 14th Street Suite 920 Oakland, CA 94612	26-1140201	501(c)(3)	100,000	0			Discretionary Grant
DV7 Holdings LLC 239 West 4th Str New York, NY 10011	47-4671032	501(c)(3)	67,645	0			Discretionary Grant

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El Puente 211 South 4th St Brooklyn, NY 11211	11-2614265	501(c)(3)	8,000	0			Sponsorship Three Kings
Ensemble Studio Theater Inc 545 West 52nd Street New York, NY 10019	23-7150345	501(c)(3)	10,000	0			Discretionary Grant

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Enterprize Events Inc 268 Ave Munoz Rivera Ste 1004 San Juan, PR 00918	66-0654331	501(c)(3)	33,570	0			Entrepreneurial Workshops
Eugene Oneill Memorial Theatr 305 Great Neck Rd Waterford, CT 06385	06-6070900	501(c)(3)	75,000	0			Discretionary Grant

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Exalt Youth 175 Remsen St Ste 1000 Brooklyn, NY 11201	20-5540955	501(c)(3)	44,970	0			Non Profit Stabilization Fund
Exodus Transitional Comm Inc 2271 Third Avenue New York, NY 10035	31-1731465	501(c)(3)	7,500	0			CORE Grant

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Faces of Giving Inc 36 S Portland Ave Brooklyn, NY 11217	81-1676971	501(c)(3)	15,000	0			Discretionary Grant
Ferreteria Villas de Castro Carr 183 KM 27URB Castro San Lorenzo, PR 00754	66-0571346	501(c)(3)	15,000	0			Discretionary Grant

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Fideicomiso del Bosque Modelo HC4 Box 14153 Arecibo, PR 00612	66-6042346	501(c)(3)	36,655	0			Fideicomiso del Bosque Modelo
Fideicomiso del Bosque Modelo HC4 Box 14153 Arecibo, PR 00612	66-6042346	501(c)(3)	36,655	0			Villa Comunitaria Crozier

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

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Fideicomiso Desarr Rio Piedra HC4 Box 14153 Arecibo, PR 00612	66-6042346	501(c)(3)	15,000	0			PR Housing Init Fund
Fideicomiso para el Desarroll PO Box 9300448 San Juan, PR 00928	66-6043399	501(c)(3)	15,000	0			Discretionary Grant

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Fndn for a Better Puerto Rico 6 Northview Estates Culebra, PR 00775	66-0817772	501(c)(3)	25,000	0			Center for Mind Body Medicine
Fndn for a Better Puerto Rico 6 Northview Estates Culebra, PR 00775	66-0817772	501(c)(3)	25,000	0			Discretionary Grant

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FPJ Amusements & Entert Srvcs 467 East 156th Str Bronx, NY 10455	26-2592972	501(c)(3)	13,245	0			Discretionary Grant
Fractured Atlas Sol Project 248 W 35th St Fl 10 New York, NY 10001	11-3451703	501(c)(3)	59,124	0			Discretionary Grant

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Fundacion Azteca 1221 Brickell Ave Suite 2520 Miami, FL 33131	27-0365157	501(c)(3)	16,715	0			Discretionary Grant
Fundacion Azteca 1221 Brickell Ave Suite 2520 Miami, FL 33131	27-0365157	501(c)(3)	20,000	0			Discretionary Grant

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Fundacion Azteca 1221 Brickell Ave Suite 2520 Miami, FL 33131	27-0365157	501(c)(3)	20,000	0			Discretionary Grant
Fundacion Educ Adelaida Bazan Calle General Brooke 20 Arroyo, PR 00714	66-0771304	501(c)(3)	10,521	0			Discretionary Grant

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Fundacion Luis Miranda Casana PO Box 71338 San Juan, PR 00936			50,000	0			Discretionary Grant
Fundacion Luis Miranda Casana PO Box 71338 San Juan, PR 00936			97,500	0			Discretionary Grant

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Fundacion TV Azteca 1221 Brickell Ave Ste 2520 Miami, FL 33131	27-0365157	501(c)(3)	100,000	0			Discretionary Grant
Girl Be Heard Institute 20 Jay Street Suite 210B Brooklyn, NY 11201	27-1848709	501(c)(3)	10,000	0			Discretionary Grant

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GoodNeighborSettlementHouse 1254 E Tyler St Brownsville, TX 78520	74-1211654	501(c)(3)	10,000	0			Discretionary Grant
Graham Windhall 1 Pierrepont Plaza Ste 901 Brooklyn, NY 11201	13-2926426	501(c)(3)	15,000	0			Discretionary Grant

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Greater HP Economic Dvlpmnt 1231 Lafayette Ave 4th Fl Bronx, NY 10474	13-3475185	501(c)(3)	34,170	0			Non Profit Stabilization Fund Grant
Hartford Knights Corp 175 Main Street 3rd Floor Hartford, CT 06106	83-0368833	501(c)(3)	12,500	0			Discretionary Grant

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HISPANIC COUNSELING CENTER 344 Fulton Ave Hempstead, NY 11550	11-2592214	501(c)(3)	12,500	0			CORE Grant
Hispanic Health Council Inc 175 Main Street Hartford, CT 06106	06-1018979	501(c)(3)	7,500	0			CORE Grant

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I Challenge Myself Inc 252 West 37th St Ste 4000 New York, NY 10018	56-2423423	501(c)(3)	25,000	0			Non Profit Stabilization Fund Grant
Ibero American Action League 817 East Main St Rochester, NY 14605	16-0954745	501(c)(3)	10,000	0			Discretionary Grant

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ID Studio Theater P & R Cntr 311 E 140th Str Bronx, NY 10454	71-0991159	501(c)(3)	35,000	0			Non Profit Stabilization Fund Grant
Iniciativa Accion Puertorriqu 4545 Woodlands Village Dr Orlando, FL 32835	47-4537122	501(c)(3)	30,000	0			Discretionary Grant

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Institute of American History 49 West 45th Street Fl 2 New York, NY 10036	13-3795391	501(c)(3)	15,000	0			Discretionary Grant
Integrated Solar Operation 1250 Ave Ponce De Leon Ste905 San Juan, PR 00908	66-0796809	501(c)(3)	113,047	0			Salud Integrad en la Montana

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Integrated Solar Operation 1250 Ave Ponce De Leon Ste905 San Juan, PR 00908	66-0796809	501(c)(3)	143,779	0			Discretionary Grant
Integrated Solar Operation 1250 Ave Ponce De Leon Ste905 San Juan, PR 00908	66-0796809	501(c)(3)	268,057	0			Solar Project Cossma Centro

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International Arts Relations 520 West 52nd Str 4Fl New York, NY 10018	23-7212492	501(c)(3)	35,000	0			Non Profit Stabilization Fund
Intl Planned Parenthood Fed 125 Maiden Lane New York, NY 10038	13-1845455	501(c)(3)	6,466	0			Puerto Rico and Venezuela Refugees

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Intl Planned Parenthood 125 Maiden Lane New York, NY 10038	13-1845455	501(c)(3)	30,000	0			Discretionary Grant
Intl Planned Parenthood 125 Maiden Lane New York, NY 10038	13-1845455	501(c)(3)	50,000	0			Profamilias Grant Payment

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Jose Santiago Inc PO Box 191795 San Juan, PR 00919	66-0259598	501(c)(3)	11,361	0			PR Food for Hurricane Prep
Jose Santiago Inc PO Box 191795 San Juan, PR 00919	66-0259598	501(c)(3)	80,063	0			Supplies and Food

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Junta for Progres Action 169 Grant Ave New Haven, CT 06513	23-7066862	501(c)(3)	15,000	0			CORE Grant
La Casa de Don Pedro 75 Park Ave Newawrk, NJ 07104	23-7249368	501(c)(3)	15,000	0			Discretionary Grant

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La Marana Corp Calle Trigo 551 San Juan, PR 00907	66-0838654	501(c)(3)	125,000	0			Community planning Carolina
La Marana Corp Calle Trigo 551 San Juan, PR 00907	66-0838654	501(c)(3)	36,674	0			PR Housing Initiative

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La Marana Corp Calle Trigo 551 San Juan, PR 00907	66-0838654	501(c)(3)	39,674	0			PR Housing Initiative
Las Americas Imm Advocacy Ctr 1600 E Yandell Dr EL Paso, TX 79902	74-2472774	501(c)(3)	10,000	0			Discretionary Grant

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Latin Grammy Cultural Fndn 3470 Nw 82nd Ave St 700 Doral, FL 33122	46-4770436	501(c)(3)	25,000	0			Discretionary Grant
LATINO COMMISSION ON AIDS 24 West 25th St 9th Fl New York, NY 10010	13-3629466	501(c)(3)	10,000	0			CORE Grant

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Latino Justice PRLDEF 475 Riverside Drive Ste 1901 New York, NY 10115	13-2722664	501(c)(3)	12,500	0			CORE Grant
Latino U College Access Inc 75 Virginia Road 2nd Fl White Plains, NY 10603	46-1211285	501(c)(3)	20,000	0			CORE Grant

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LCLAAs National Convention 815 16th Str NW 4th Fl Washington, DC 20006	52-1002207	501(c)(3)	20,000	0			Discretionary Grant
Legal Srvcs PR Bar Assoc Inc 517 W Colonial Dr Orlando, FL 32804	82-4318812	501(c)(3)	25,000	0			Legal Aid Clinic New Arrivals

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Maestro Cares Foundation 1459 West Hubbard Str Chicago, IL 60642	45-3706112	501(c)(3)	15,000	0			Discretionary Grant
Make the Road NY 301 Grove Str Brooklyn, NY 11237	11-3344389	501(c)(3)	12,500	0			CORE Grant

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Make the Road of New York 301 Grove St Brooklyn, NY 11237	11-3344389	501(c)(3)	10,000	0			Discretionary Grant
March for Our Lives FDNT PO Box 8929 Coral Springs, FL 33075	83-0885411	501(c)(3)	15,000	0			Grant March for Our Lives

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Mariposa DR Foundation 421 N Aurora St Ithaca New York, NY 14850	27-0726866	501(c)(3)	50,000	0			Discretionary Grant
Masa-MexEd Inc 2770 Third Ave 1st Fl Bronx, NY 10455	11-3640210	501(c)(3)	12,500	0			CORE Grant

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Masso PR Solutions LLC PO Box 446 Caguas, PR 00726	66-0791125	501(c)(3)	114,713	0			PopTiendas
Masso PR Solutions LLC PO Box 446 Caguas, PR 00726	66-0791125	501(c)(3)	73,381	0			PopTiendas

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Memorial Theater Center Inc 305 Great Neck Rd Waterford, CT 06385	06-6070900	501(c)(3)	12,500	0			Discretionary Grant
MERCY CENTER 377 East 145th St Bronx, NY 10454	13-3865634	501(c)(3)	45,000	0			Non Profit Stabilization Fund

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MIXTECA ORGANIZATION INC 245 23rd St2nd Fl Brooklyn, NY 11215	11-3561651	501(c)(3)	32,500	0			Non Profit Stabilization Fund
Mosaic Youth Theater of Detr 2251 Antietam Avenue Detroit, MI 48207	38-3069610	501(c)(3)	10,000	0			Discretionary Grant

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Mujeres Ayudando Madres Inc 11 Calle Dalia Carolina, PR 00979	66-0723007	501(c)(3)	50,000	0			Special Initiatives MAM
Mujeres de Islas Inc PO BOX 358 Culebra, PR 00775	66-0768054	501(c)(3)	20,000	0			Discretionary Grant

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

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Natl Latina Inst Reproductive 50 Broad St Ste 1937 New York, NY 10005	52-1891734	501(c)(3)	10,000	0			CORE Grant
Natl Mob Against Sweatshops 345 Grand Street 1E New York, NY 10002	06-1540438	501(c)(3)	35,000	0			Non Profit Stabilization Fund

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Needs Foundation PO Box 6350 Bayamon, PR 00959	66-0821665	501(c)(3)	17,500	0			Discretionary Grant
Neighbor Housing Srvcs Queens 60-20 Woodside Ave Lower Fl Woodside, NY 11377	47-1267077	501(c)(3)	44,918	0			Non Profit Stabilization Fund

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Neighbors Helping Neighbors 621 DeGraw St Brooklyn, NY 11217	11-3059958	501(c)(3)	45,000	0			Non Profit Stabilization Fund
Neoyorkinos Media Group 760 Melsore Ave Apt 2S Bronx, NY 10451	47-2125898	501(c)(3)	10,000	0			Discretionary Grant

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New Energy Consultants & Con 171 Ave Chardon Suite 302 San Juan, PR 00918	66-0724489	501(c)(3)	33,464	0			New Energy
New Light Theater Project Inc 3750 Broadway Apt 63 New York, NY 10032	81-4673750	501(c)(3)	12,000	0			Discretionary Grant

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New Mexico School for the Art 500 Montezuma 200 Santa Fe, NM 87501	26-4764395	501(c)(3)	16,000	0			Discretionary Grant
New Venture Fund 1201 Connecticut Ave NW Washington, DC 20036	20-5806345	501(c)(3)	12,034	0			Discretionary Grant

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North American Kitchen Sltns 172 Reaser Ct Elyria, OH 44035	81-1763278	501(c)(3)	14,679	0			Kitchen Hoods
NorthBK Coalition Against Fam 893 Lexington Ave Brooklyn, NY 11221	11-3431280	501(c)(3)	25,600	0			Non Profit Stabilization Fund

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Northern MHTN Improvement 45 Wadsworth Ave New York, NY 10033	13-2972415	501(c)(3)	15,000	0			CORE Grant
Norwegian American Hop FDNT 1044 N Francisco Ave Chicago, IL 60622	36-3257131	501(c)(3)	15,000	0			Discretionary Grant

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NY COUNCIL ON ADOPT CHILDREN 333 West 39th Street New York, NY 10018	23-7269678	501(c)(3)	52,480	0			CORE Grant
NYS Nurses Ass Support on PR 131 West 33 Str 4th Fl New York, NY 10001	14-0923749	501(c)(3)	12,892	0			Support Medical Mission on PR

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One Stop Career Ctr of PR Inc 839 Calle Anasco Suite 5 San Juan, PR 00925	66-0593598	501(c)(3)	220,000	0			Housing Initiative PR
Operation Exodus Inner City 21 Wadsworth Ave New York, NY 10033	13-3600728	501(c)(3)	26,840	0			Non Profit Stabilization Fund

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PathStone Comm Dvlpmnt Of PR 1235 Paseo Las Monjitas Urb Ponce, PR 00730	13-4215024	501(c)(3)	250,000	0			Housing Initiative PR
Peoples Theatre Project Inc 5030 Broadway New York, NY 10034	26-4705999	501(c)(3)	55,000	0			CORE Grant

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Peoples Theatre Project Inc 5030 Broadway New York, NY 10034	26-4705999	501(c)(3)	35,000	0			Discretionary Grant
Pied Piper Childrens Theatre 4768 Broadway 925 New York, NY 10034	83-2419655	501(c)(3)	10,000	0			Discretionary Grant

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Planned Parenthood Federation 123 William St New York, NY 10038	13-1644147	501(c)(3)	25,000	0			Discretionary Grant
Plaza Provision Company PO Box 363328 San Juan, PR 00936	66-0177768	501(c)(3)	5,146	0			Discretionary Grant

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Plenitud Iniciativas Eco-Educ Carr 407 Km 33 Interior Barr Las Marias, PR 00670	66-0741766	501(c)(3)	50,000	0			PR Amanece Fund
Plenitud Iniciativas Eco-Educ Carr 407 Km 33 Interior Barr Las Marias, PR 00670	66-0741766	501(c)(3)	50,000	0			PR Amanece Fund

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Ponce Neighborhood Housing Sv 57 Mendez Vigo Ponce, PR 00730	66-0501718	501(c)(3)	250,000	0			Housing Initiative PR
Popular Foundation Inc 85 Broad Street 10th Floor N NY, NY 10004	47-4997597	501(c)(3)	300,000	0			Big Ideas Challenge

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Power Sports WareHouse Jose de Diego 125 La Riviera San Juan, PR 00927	66-0731236	501(c)(3)	22,233	0			Generator for Hurricane Season PR
PR PARATODOS 177 Sunset View 103A Bayamon, PR 00959	66-0797499	501(c)(3)	10,000	0			Discretionary Grant

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Pregones Theater 571 575 Walton Ave Bronx, NY 10451	13-3266893	501(c)(3)	45,000	0			Non Profit Stabilization Fund
Programa de Apoyo y Enlace PO Box 1017 Aguada, PR 00602	66-0528378	501(c)(3)	50,000	0			PR Amanece Fund

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Programa de Apoyo y Enlace Co PO Box 1017 Aguada, PR 00602	66-0528378	501(c)(3)	50,000	0			Amanece Fund
Progress Texas Institute 1023 Springdale 11D Austin, TX 78721	61-1639490	501(c)(3)	10,000	0			Discretionary Grant

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Puerto Rican Agend Chicago 1650 W North Ave Chicago, IL 60622	82-2899478	501(c)(3)	25,000	0			Day of Action in DC
PUERTO RICAN ASSOC HUMAN DEV 100 1st St Perth Amboy, NJ 08861	22-2026610	501(c)(3)	22,500	0			CORE Grant

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Puerto Rican Bar Ass of Fl 517 W Colonial Dr Orlando, FL 32804	02-0707018		7,500	0			Discretionary Grant
Puerto Rico Comm Foundation Avenida Ponce de Leon 1719 San Juan, PR 00909	66-0413230	501(c)(3)	65,000	0			Community Project Culebra & Vieques

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Qualitas of Life Foundation 1221 AveOfAmericas Ste 43241H New York, NY 10020	06-1833489	501(c)(3)	45,000	0			Non Profit Stabilization Fund
RCHN Community Health FND Inc 55 Broadway Suite 1502 New York, NY 10006	13-3759663	501(c)(3)	100,000	0			Discretionary Grant

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Refugee & Immigrant Center 1305 N Flores Street San Antonio, TX 78212	74-2436920	501(c)(3)	25,000	0			Discretionary Grant
Regional Aid for Interim Need 811 Morris Park Ave Bronx, NY 10462	13-6213586	501(c)(3)	15,000	0			CORE Grant

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Rhode Island College Fnd 600 MOUNT PLEASANT AVE Providence, RI 02908	05-6049721	501(c)(3)	21,315	0			Discretionary Grant
Rhode Island College Fndtn 600 MOUNT PLEASANT AVE Providence, RI 02908	05-6049721	501(c)(3)	20,000	0			Discretionary Grant

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Ricky Martin Foundation Corp Carr PR 188 Km 59 Cuervas Loiza, PR 00772	66-0579504	501(c)(3)	10,000	0			CORE Grant
RIMCO LLC JFK Ave Rd 2 Km3 San Juan, PR 00920	66-0389263	501(c)(3)	8,463	0			Pop Tiendas Inverter Portable

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Salud Para Culebra Corporatio PO Box 938 Culebra, PR 00775	66-0846442	501(c)(3)	40,000	0			Salud Para Culebra Corporation
San Juan Center Inc 1283 Main Street Hartford, CT 06103	06-0890788	501(c)(3)	7,500	0			CORE Grant

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Senior Living Options Inc 132 East 43rd St Suite 201 New York, NY 10017	13-4016169	501(c)(3)	34,000	0			Non Profit Stabilization Fund
Sesame Workshop 1900 Broadway New York, NY 10023	13-2655731	501(c)(3)	45,000	0			Discretionary Grant

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Shakespeare Festival 425 Lafayette Street New York, NY 10003	13-1844852	501(c)(3)	25,000	0			Discretionary Grant
Shakespeare Festival NY 425 Lafayette St New York, NY 10003	13-1844852	501(c)(3)	50,000	0			Discretionary Grant

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Shakespeare Festival NY 425 Lafayette St New York, NY 10003	13-1844852	501(c)(3)	50,000	0			Discretionary Grant
Smithsonian Institution PO Box 37012 Washington, DC 20013	53-0206027	501(c)(3)	25,000	0			Discretionary Grant

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SOCIETY OF EDUCATIONAL ART 107 SUFFOLK STREET SUITE 202 New York, NY 10002	11-3210593	501(c)(3)	57,500	0			Non Profit Stabilization Fund
Solight Design Inc 2 Peter Cooper Road 6H New York, NY 10010	47-3111586	501(c)(3)	416,700	0			Discretionary Grant

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SOS by Urbander Inc 2584 Dover Glen Cr Orlando, FL 32828	82-3223402	501(c)(3)	20,000	0			Discretionary Grant
SOUTHSIDE UNITED HDFC 434 South 5th Str Brooklyn, NY 11211	11-2268359	501(c)(3)	12,500	0			CORE Grant

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Spanish Act League of Onondag 700 Oswego Str Syracuse, NY 13204	16-1023352	501(c)(3)	22,200	0			CORE Grant
SPANISH SPEAKING ELDERLY COUN 460 Atlantic Avenue 1st Fl Brooklyn, NY 11217	11-2730462	501(c)(3)	10,000	0			Discretionary Grant

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Spanish Theatre Repertory 138 E 27th St New York, NY 10016	13-2672755	501(c)(3)	25,000	0			Discretionary Grant
Spanish Theatre Reportry 138 E 27th St New York, NY 10016	13-2672755	501(c)(3)	25,000	0			Discretionary Grant

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St Ann Corner Harm Reduction 886 Westchester Ave Ground Fl Bronx, NY 10459	13-3724008	501(c)(3)	10,000	0			Discretionary Grant
Staten Island Comm Job Center 774 Port Richmond Ave 2 Floor Staten Island, NY 10302	47-2787706	501(c)(3)	43,426	0			Non Profit Stabilization Fund

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Surge Institute 935 W Chestnut St Ste 515 Chicago, IL 60642	47-1995566	501(c)(3)	10,000	0			Discretionary Grant
Taller Comunidad La Goyco Inc 1505 Calle Loiza 2B San Juan, PR 00911	66-0910238	501(c)(3)	8,000	0			Sponsorship Encendido Navideno

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Taller Salud Inc Po Box 524 Loiza, PR 00772	66-0494692	501(c)(3)	35,000	0			PR Housing Initiative Fund
Teatro Circulo 64 E4th Stre New York, NY 10003	13-3805585	501(c)(3)	12,500	0			CORE Grant

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Thalia Spanish Theatre Inc 41-17 Greepoint Ave Sunnyside, NY 11104	23-7448611	501(c)(3)	12,500	0			CORE Grant
The Broadway League Inc 729 Seventh Ave 5th Fl New York, NY 10019	13-0951470	501(c)(3)	20,000	0			Discretionary Grant

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The Corona Self Help Cntr Inc 171 Market St Staten Island, NY 10310	27-0090081	501(c)(3)	44,568	0			Non Profit Stabilization Fund
The Knowledge House Inc 63 Rider Ave 3rd Fl Bronx, NY 10451	47-2747713	501(c)(3)	24,998	0			Non Profit Stabilization Fund

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The Miracle Center Inc 2311 N Pulaski Rd Chicago, IL 60639	36-4276909	501(c)(3)	10,000	0			Discretionary Grant
The NY Womens Foundation 39 Broadway New York, NY 10006	13-3457287	501(c)(3)	11,431	0			Discretionary Grant

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Tidmore Neuroscience Corp 4911 Alcott Str Dallas, TX 75206	27-0439886	501(c)(3)	30,000	0			PR Housing Init Fund
TPF Special Assets Fund 1835 Market St Ste 2410 Philadelphia, PA 19103	04-3731829	501(c)(3)	50,000	0			Discretionary Grant

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Unisef USA 125 Maiden Lane 10th Fl New York, NY 10038	13-1760110	501(c)(3)	75,000	0			Discretionary Grant
United Charitable 8201 Greensboro Drive Ste 70 Tysons, VA 22102	20-4286082	501(c)(3)	10,000	0			Discretionary Grant

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University of PR Mayaguez Calle Post Mayaguez, PR 00681	66-0433761	501(c)(3)	15,000	0			Puerto Rico Housing Init
UP Theater Company Inc 60 Cooper St Apt 2E New York, NY 10034	27-3236745	501(c)(3)	10,000	0			Discretionary Grant

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Vidre Energias Inc 1404 Avenida Paz Granela San Juan, PR 00921	66-0767336	501(c)(3)	207,000	0			Container Wrapping Branding Design
Vidre Energias Inc 1404 Avenida Paz Granela San Juan, PR 00921	66-0767336	501(c)(3)	88,533	0			Pop Tiendas Project Managemen

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
Vidre Energias Inc 1404 Avenida Paz Granela San Juan, PR 00921	66-0767336	501(c)(3)	97,800	0			Site Improvement Construction
Vieques Conserv Hist Trust 138 Calle Flamboyán Vieques, PR 00765	66-0429598	501(c)(3)	50,000	0			PR Amanece 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
Vieques Conservation & Histor 138 Calle Flamboyan Vieques, PR 00765	66-0429598	501(c)(3)	50,000	0			PR Amanece Fund
Vineyard Theatre and Workshop 108 E 15th St New York, NY 10003	13-2981292	501(c)(3)	22,000	0			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
VIOLENCE INTERVENTION PROG IN PO BOX 1161 TRIBOROUGHSTATION New York, NY 10035	13-3540337	501(c)(3)	10,000	0			Discretionary Grant
Washington Hghts &Inwood Dev 611 West 177th St Basement New York, NY 10033	13-2950346	501(c)(3)	24,999	0			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
Waves Ahead PO Box 181 Saint Just Station Saint Just, PR 00978	66-0886812	501(c)(3)	50,000	0			Discretionary Grant
Waves Ahead Corp PO Box 181 Saint Just Station Saint Just, PR 00978	66-0886812	501(c)(3)	50,000	0			PR Descubrete Project

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
WDC Puerto Rico Inc RD1 KM294 BO Rio Canas Caguas, PR 00725	66-0622965	501(c)(3)	143,522	0			Solar Energy Systems
We Stay Nos Quedamos Inc 754 Melrose Ave Bronx, NY 10451	13-3724388	501(c)(3)	52,500	0			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
World Central Kitchen Inc 1875 Connecticut Ave NW 10th Washington, DC 20009	27-3521132	501(c)(3)	25,000	0			Discretionary Grant
Yeshiva University 55 Fifth Avenue Room 1013 New York, NY 10003	13-1624225	501(c)(3)	25,000	0			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
Youth Action Programs & Home 206 East 118th Street New York, NY 10035	13-3203701	501(c)(3)	45,000	0			Non Profit Stabilization Fund
Youth Ministries Peace Justic 1384 Stratford Ave Bronx, NY 10472	13-4006535	501(c)(3)	45,000	0			Non Profit Stabilization Fund

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.

2019

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 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 border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on 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 on 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 border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<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 Brent Wilkes VP - Strat. Adv.	(i)	148,152	5,000			6,189	159,341	
	(ii)	-----	-----	-----	-----	-----	-----	-----
2 Doris Guzman VP - Finance	(i)	128,986	10,000		7,965	16,472	163,423	
	(ii)	-----	-----	-----	-----	-----	-----	-----
3 Frankie Miranda Vice President	(i)	176,670	17,500		10,472	19,299	223,941	
	(ii)	-----	-----	-----	-----	-----	-----	-----
4 Jaslyn Jimenez VP - Operations	(i)	118,303	10,000		7,049	16,563	151,915	
	(ii)	-----	-----	-----	-----	-----	-----	-----
5 Jose Calderon President	(i)	283,480			16,125	28,506	328,111	
	(ii)	-----	-----	-----	-----	-----	-----	-----

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

2019

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 III, Line 4d: Other Program Services Description	OTHER PROGRAM SERVICES 4: 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 Non-Profit 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b: Form 990 Review Process	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 recieves a copy of the 990 after it is filed with the IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	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, Line 15a: Compensation Review & Approval Process - CEO, Top Management	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	The hiring of full-time and part-time personnel, including key employees is the sole responsibility of the President of 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, Line 19: Other Organization Documents Publicly Available	HF makes its financial statements and Form 990 & CHAR-500 tax returns available to the public on its website. All other information is available upon request.