

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

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HISPANIC UNITY OF FLORIDA INC Doing business as _____ Number and street (or P O box if mail is not delivered to street address) Room/suite 5840 JOHNSON STREET _____ City or town, state or province, country, and ZIP or foreign postal code HOLLYWOOD, FL 33021	D Employer identification number 59-2230272 E Telephone number (954) 964-8884 G Gross receipts \$ 3,725,882
F Name and address of principal officer JOSIE BACALLAO 5480 JOHNSON STREET HOLLYWOOD, FL 33021		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		L Year of formation 1982 M State of legal domicile FL
J Website: ▶ WWW.HISPANICUNITY.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

1	Briefly describe the organization's mission or most significant activities EMPOWERING IMMIGRANTS AND OTHERS TO BECOME SELF-SUFFICIENT, PRODUCTIVE AND CIVICALLY ENGAGED		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	232
6	Total number of volunteers (estimate if necessary)	6	250
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	3,553,013
	9 Program service revenue (Part VIII, line 2g)	Current Year	3,447,311
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		150,917
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		996
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,890
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		88,145
	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)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		2,712,076
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,318		0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,026,510
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,738,586	
19 Revenue less expenses Subtract line 18 from line 12		-25,770	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	3,377,367
	21 Total liabilities (Part X, line 26)	End of Year	2,916,555
	22 Net assets or fund balances Subtract line 21 from line 20		705,603
			2,671,764

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	2016-11-04 Date	
	JOSIE BACALLAO PRESIDENT/ CEO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name NESTOR CABALLERO CPA MST	Preparer's signature NESTOR CABALLERO CPA MST	PTIN P00392081
	Firm's name ▶ ALBERNI CABALLERO & FIERMAN LLP	Date 2016-11-11	Check <input type="checkbox"/> if self-employed Firm's EIN ▶ 55-0912340
	Firm's address ▶ 4649 PONCE DE LEON BLVD SUITE 404 CORAL GABLES, FL 33146		Phone no (305) 662-7272

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

ORIGINALLY FOUNDED IN 1982 BY COMMUNITY LEADERS TO EASE THE ACCULTURATION PROCESS, HISPANIC UNITY OF FLORIDA (HUF) IS BROWARD COUNTY'S LARGEST 501(C) (3) DEDICATED TO THE IMMIGRANT POPULATION FOR MORE THAN 33 YEARS, THIS AGENCY HAS LEFT AN INDELIBLE MARK ON THE MORE THAN 380,000 INDIVIDUALS AND FAMILIES SERVED, AND CONTINUES TO STAND BY ITS MISSION OF EMPOWERING IMMIGRANTS AND OTHERS TO BECOME SELF-SUFFICIENT, PRODUCTIVE AND CIVICALLY ENGAGED WITH 12 PROGRAMS AND MORE THAN 30 SERVICES OFFERED IN 4 LANGUAGES, THIS AGENCY IS ABLE TO SERVE SOUTH FLORIDA'S DIVERSE COMMUNITY TWO-THIRDS OF HUF'S CLIENTS HAIL FROM LATIN NATIONS AND THE CARIBBEAN, COMPLEMENTED BY AMERICAN-BORN CLIENTS INCLUDING AFRICAN-AMERICANS, CAUCASIANS AND OTHERS IN 2015, HUF SERVED 15,000 CLIENTS, FROM TODDLERS TO ADULTS, FROM MORE THAN 25 COUNTRIES AT 8 PERMANENT BROWARD COUNTY SITES, 15 SEASONAL TAX PREPARATION SITES AND 9 CITIZENSHIP CLASS FACILITIES THIS AGENCY FOCUSED ON THREE MAJOR AREAS LANGUAGE & EDUCATION

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 \$ 2,037,660	including grants of \$)	(Revenue \$ 139,821)
LANGUAGE & EDUCATION ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL) - THE SCHOOL BOARD OF BROWARD COUNTY (SBBC) PROVIDED ENGLISH CLASSES TO MORE THAN 900 STUDENTS CLASSES WERE CONDUCTED IN THE MORNING AND EVENING THE OBJECTIVE IS TO PROVIDE ENGLISH CLASSES TO CLIENTS SEEKING EMPLOYMENT AND PURSUING HIGH EDUCATION UNITY 4KIDS PRESCHOOL - THE PROGRAM PROVIDED EARLY CHILDHOOD EDUCATION TO 31 CHILDREN AND PARENT SUPPORT SERVICES TO 52 PARENTS (TOTAL OF 83 CLIENTS SERVED) UNITY 4KIDS RECEIVED THE RESULTS OF THE STUDENT READINESS RATE FROM THE DEPARTMENT OF EDUCATION INDICATING THAT 100% OF UNITY 4KIDS VPK - STUDENTS FOR THE 2014-2015 SCHOOL YEAR WERE READY FOR KINDERGARTEN FAMILY STRENGTHENING PROGRAM (FSP) - LAUNCHED AND SUPPORTED BY A D HENDERSON FOUNDATION, SANDY AND KENNY TATE, ALBERT AND BEATRIZ MINIACI, REGIONS BANK AND THE HAROLD ROSENBERG FUND AT THE COMMUNITY FOUNDATION OF BROWARD COUNTY THIS PILOT PROGRAM SERVED 33 FAMILIES, WHICH REPRESENTED 48 CHILDREN AND 38 PARENTS HUF LATER RECEIVED EXPANDED PILOT FUNDING TO SERVE 60 FAMILIES PER YEAR FOR FOUR YEARS UNITY 4TEENS MIDDLE SCHOOLS - SERVED 544 STUDENTS FROM APOLLO, ATTUCKS, MCNICOL AND OLSEN MIDDLE SCHOOLS THE PROGRAM PROVIDED ACADEMIC AND ENRICHMENT ACTIVITIES AS WELL AS CASE MANAGEMENT SERVICES FOR THE WHOLE FAMILY A NEW COMPONENT CALLED PADRES COMPROMETIDOS (ENGAGED PARENTS) PROVIDED FREE WORKSHOPS TO INCREASE PARENT ENGAGEMENT IN THEIR CHILDREN'S EDUCATIONS AS WELL AS ENCOURAGE THEM TO BECOME FAMILIAR WITH THE SCHOOL SYSTEM IN GENERAL THE WORKSHOPS EDUCATE PARENTS ON THE IMPORTANCE OF GETTING AND STAYING INVOLVED IN THE SYSTEM AS A WAY TO SUPPORT THEIR CHILDREN IN BEING HIGH SCHOOL AND COLLEGE READY /CAREER-BOUND STUDENTS MIDDLE SCHOOL UNITY 4TEENS (2014-2015) IMPACT - SCHOOL PROTECTIVE FACTORS 92% OF YOUTH IMPROVED GRADES OR ATTENDANCE EXCEEDS 80% GOAL -LAW VIOLATIONS 100% OF YOUTH DID NOT OBTAIN NEW LAW VIOLATIONS EXCEEDS 95% GOAL -PREGNANCY 100% OF YOUTH DID NOT CAUSE PREGNANCY MET 100% GOAL -SUBSTANCE USE 100% OF YOUTH DID NOT USE ALCOHOL OR DRUGS MET 100% GOAL -RISKY BEHAVIORS 86% OF YOUTH DECREASED RISKY BEHAVIORS EXCEEDS 75% GOAL UNITY 4TEENS HIGH SCHOOLS- THE PROGRAM SERVED MORE THAN 400 STUDENTS THE PROGRAM OFFERS NINTH TO TWELVE GRADERS A VARIETY OF ACADEMIC AND FUN PERSONAL ENRICHMENT ACTIVITIES SUCH AS HEALTH AND WELLNESS, GRAPHICS AND WEB DESIGN, CULTURAL ARTS, COMPUTER GAME DESIGN, AND COMMUNITY SERVICE LEARNING AMONG OTHERS IT ALSO PROVIDES AT-RISK JUNIORS AND SENIORS WITH THE TOOLS NEEDED TO SUCCESSFULLY TRANSITION FROM HIGH SCHOOL TO COLLEGE AND/OR CAREER HIGH SCHOOL UNITY 4TEENS (2014-2015) IMPACT 85% OF YOUTH IMPROVED READING GRADES -84% OF YOUTH IMPROVED SCIENCE GRADES -MET 100% OF ATTENDANCE GOAL -49% OF YOUTH PASSED ALGEBRA END OF COURSE EXAM (AVERAGE 43% PASS RATE FOR 9TH & 10TH GRADERS IN THE SCHOOL DISTRICT) -100% DECREASED EXTERNAL SUSPENSIONS OR HAD ZERO EXTERNAL SUSPENSIONS -97% OF STUDENTS DID NOT OBTAIN ANY LAW VIOLATIONS 2014/15 COLLEGE & CAREER OUTCOMES -58 STUDENTS WENT ON THREE DAY COLLEGE TOUR TO SEVEN UNIVERSITIES ACROSS FLORIDA -95 STUDENTS PARTICIPATED IN COLLEGE & CAREER READINESS EDUCATION (42 SENIORS & 53 JUNIORS) 42 SENIORS ARE COLLEGE BOUND -100% APPLIED AND WERE ACCEPTED INTO COLLEGE -100% COMPLETED ACT TEST PREPARATION -76% PASSED ALL FOUR SECTIONS OF THE ACT WITH COLLEGE-READINESS SCORES AT THE STATE-LEVEL, 21% PASSED ALL FOUR SECTIONS OF THE ACT WITH COLLEGE-READINESS SCORES AND 28% PASSED ON A NATIONAL LEVEL -33% RECEIVED OUTSIDE SCHOLARSHIP ASSISTANCE IN THE AMOUNT OF NEARLY 200K -24% RECEIVED U4T SCHOLARSHIP ASSISTANCE				

4b	(Code)	(Expenses \$ 1,480,182	including grants of \$)	(Revenue \$ 2,894)
ECONOMIC MOBILITY & ENTREPRENEURSHIP CENTER FOR WORKING FAMILIES (CWF) - IN 2015, THE CWF PROGRAM ASSISTED A TOTAL OF 517 LOW-INCOME INDIVIDUALS/FAMILIES THESE PARTICIPANTS BENEFITTED FROM INTEGRATED EMPLOYMENT SERVICES COUPLED WITH INCOME SUPPORT AND FINANCIAL LITERACY EDUCATION THE ONE-ON-ONE FINANCIAL COACHING HELPED THEM BECOME FINANCIALLY STABLE AND REACH LONG-TERM ECONOMIC SELF-SUFFICIENCY KEY IMPACT -79% OF PARTICIPANTS ACQUIRED EMPLOYMENT OR A BETTER JOB -87% OF EMPLOYED PARTICIPANTS REDUCED DEBT AND/OR IMPROVED CREDIT SCORES WITHIN 12 MONTHS -100% LEARNED ABOUT BUDGETING, SAVING, AND HOW TO MAKE THE RIGHT FINANCIAL CHOICES -100% OF ELIGIBLE PARTICIPANTS WERE REFERRED TO ASSET-EARNING PROGRAMS NEW - FINANCIAL LITERACY EXPANDS TO OTHER PROGRAMS - A FINANCIAL LITERACY COMPONENT WAS ADDED TO THREE OTHER HUF PROGRAMS IN 2015 -UNITY 4TEENS PROGRAM 153 YOUTH AT LOCAL HIGH SCHOOLS LEARNED FINANCIAL FUNDAMENTALS -CITIZENSHIP PROGRAM FUTURE AMERICANS IN OUR CITIZENSHIP CLASSES LEARNED HOW TO MANAGE THEIR MONEY -COMPRANDO RICO Y SANO FOOD PROGRAM PARTICIPANTS IN OUR FOOD PROGRAM LEARNED MONEY MANAGEMENT FUNDAMENTALS, INCLUDING HOW TO PURCHASE HEALTHY MEALS HEALTH MARKETPLACE (ACA)- 7 NAVIGATORS ASSISTED 509 CLIENTS IN SUBMITTING APPLICATIONS FOR AN AFFORDABLE HEALTHCARE PLAN, 247 CLIENTS PURCHASED A PLAN WITH ANNUAL SAVINGS OF 1,494,609 IN HEALTHCARE COSTS SUPPLEMENTAL NUTRITIONAL ASSISTANCE PROGRAM (SNAP) SERVED AN ADDITIONAL 1,591 CLIENTS IN BROWARD AND MIAMI-DADE COUNTIES THIS SNAP ASSISTANCE WAS PROVIDED IN BROWARD COUNTY AND AT TWO MIAMI-DADE COLLEGE CAMPUSES NEW - HOUSING EDUCATION TIED TO HOUSING DISCRIMINATION WORKSHOPS WERE ALSO ADDED TO TEACH OUR PROGRAM PARTICIPANTS HOW TO PREPARE FOR HOUSING DECISIONS AND EXPENSES NEW CERTIFICATION TRAINING - IN JUNE, HUF EMBARKED ON A NEW JOURNEY TO PROVIDE ITS OWN CUSTOMER SERVICE AND RETAIL SALES TRAINING, APPLYING A TESTED MODEL FROM THE NATIONAL RETAIL FOUNDATION PARTNERSHIP WITH BROWARD COUNTY GOVERNMENT AND HUMAN SERVICES - ARC BROWARD, HISPANIC UNITY AND THE URBAN LEAGUE OF BROWARD COUNTY PARTNERED WITH BROWARD COUNTY'S HUMAN SERVICES DEPARTMENT TO HELP FAMILIES IN BROWARD BECOME SELF-SUFFICIENT AND PRODUCTIVE EMERGING ENTREPRENEURSHIP (EE) PROGRAM - PROVIDED HELPFUL BUSINESS ASSISTANCE VIA THE SIMPLE STEPS PROGRAM FOR NEW SMALL BUSINESS OWNERS AS WELL AS STANDALONE WORKSHOPS FOR EXISTING SMALL BUSINESSES THE PROGRAM SERVED 270 CLIENTS THROUGH 8 CYCLES IN SPANISH HUF OFFERED 25 SINGLE SUBJECT WORKSHOPS PILOTTED FOR FREE BY BROWARD SCORE, INCLUDING 3 CYCLES OF THE SUCCESSFUL WORKSHOP SERIES "PASOS SENCILLOS " IN ADDITION, 100% OF THE CLIENTS WERE OFFERED ACCESS TO BROWARD SCORE'S UNLIMITED MENTORSHIP PROGRAM THOSE WHO PARTICIPATED IN THE 5 SIMPLE STEPS PROGRAM HAD THE OPPORTUNITY TO ENGAGE WITH ACCION USA TO BETTER UNDERSTAND AND PREPARE THEMSELVES FOR MICRO-LENDING OPPORTUNITIES FOR THEIR NEW BUSINESSES IN 2015, THREE NEW BUSINESSES LAUNCHED AS A RESULT OF THE GUIDANCE AND ASSISTANCE PROVIDED BY HUF'S EMERGING ENTREPRENEURS PROGRAM VOLUNTEER INCOME TAX ASSISTANCE (VITA)/ FREE TAX PREPARATION - BROUGHT BACK 5.74 MILLION IN REFUNDS TO BROWARD COMMUNITIES AND SERVED 5,513 LOW-TO- MODERATE INCOME CLIENTS AND LIMITED ENGLISH PROFICIENCY SPEAKERS THE MULTICULTURAL VITA STAFF AND VOLUNTEERS PROVIDED ASSISTANCE IN 5 LANGUAGES (ENGLISH, SPANISH, HAITIAN-CREOLE, PORTUGUESE AND AMERICAN SIGN LANGUAGE) IN 2015, 40% OF THE CLIENTS SERVED HAD A PRIMARY LANGUAGE OTHER THAN ENGLISH SPOKEN IN THE HOME (A BIG INCREASE IN ENGLISH SPEAKERS FROM THE PREVIOUS TAX SEASON) AND 58% WERE NON-HISPANIC FOR THE FIRST TIME, HUF MANAGED THE ENTIRE COUNTY-WIDE MARKETING EFFORT FOR THE VITA PROGRAM IN BROWARD INCLUDING THE WEBSITE, MEDIA, PUBLIC RELATIONS AND ALL COLLATERAL MATERIALS FOR USE BY HUF AND THE DOZENS OF VITA PARTNERS				

4c	(Code)	(Expenses \$ 275,736	including grants of \$)	(Revenue \$ 26,263)
CITIZENSHIP, CIVIC ENGAGEMENT & EQUAL TREATMENT/OPPORTUNITY CIVIC ENGAGEMENT AND CITIZENSHIP CLASSES - A TOTAL OF 1,401 CLIENTS RECEIVED CITIZENSHIP AND NATURALIZATION SERVICES OUT OF THOSE 1,401 CLIENTS, 297 ATTENDED USCIS/HUF PATHWAYS TO CITIZENSHIP INTENSIVE CLASSES MORE THAN 1,200 CLIENTS ATTENDED THE WALK-IN CITIZENSHIP CLASSES AT EIGHT ADDITIONAL LOCATIONS ADDITIONALLY, HUF, IN COLLABORATION WITH THE NEW AMERICANS CAMPAIGN (NAC), PARTICIPATED IN SEVERAL EVENTS AND ASSISTED HUNDREDS OF LEGAL PERMANENT RESIDENTS (LPRS) TO BECOME CITIZENS LEGAL AID SERVICE OF BROWARD COUNTY (PARTNER) - PROVIDED FREE CIVIL LEGAL SERVICES TO LOW INCOME RESIDENTS IN THE AREAS OF HOUSING (TENANT ISSUES, EVICTIONS), DIVORCE WITH DOMESTIC VIOLENCE, UNEMPLOYMENT DENIAL, DISABILITY, AND DENIAL OF SOCIAL SECURITY BENEFITS IN ADDITION, LEGAL AID BEGAN PROVIDING NATURALIZATION APPLICATION SERVICES TO CLIENTS ENROLLED IN HUF'S CITIZENSHIP PROGRAM MORE THAN 100 CLIENTS RECEIVED LEGAL SERVICES				

4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,793,578

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 20b regarding organizational activities, lobbying, fundraising, and hospital facilities.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 21 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No boxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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?		No
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 FL
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 ▶ VIRGINIA CIELO-BASURTO CFO 5840 JOHNSON STREET HOLLYWOOD, FL 33021 (954) 964-8884

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LILY PARDO CHAIR	2 00	X		X				0	0	0
(2) YVONNE LOPEZ CHAIR ELECT	2 00	X		X				0	0	0
(3) JORGE GONZALEZ TREASURER	2 00	X		X				0	0	0
(4) DANIEL SCHEVIS SECRETARY	2 00	X						0	0	0
(5) JORGE DEAPODACA PAST CHAIR	2 00	X		X				0	0	0
(6) ABRAHAM CARDENAS DIRECTOR	2 00	X						0	0	0
(7) ANGIE J STONE DIRECTOR	2 00	X						0	0	0
(8) BARBARA GREVIOR DIRECTOR	2 00	X						0	0	0
(9) CHARLES TATELBAUM DIRECTOR	2 00	X						0	0	0
(10) EMMA PFISTER DIRECTOR	2 00	X						0	0	0
(11) GUILLERMO GOMEZ DIRECTOR	2 00	X						0	0	0
(12) HECTOR M LIMA DIRECTOR	2 00	X						0	0	0
(13) JESUS SOCORRO DIRECTOR	2 00	X						0	0	0
(14) MALENA DORN DIRECTOR	2 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				
(15) MANUEL CATEDRAL DIRECTOR	2 00	X						0	0	0	
(16) MELIDA AKITI DIRECTOR	2 00	X						0	0	0	
(17) OSCAR PRIMELLES DIRECTOR		X						0	0	0	
(18) ROLANDO MORA DIRECTOR	2 00	X						0	0	0	
(19) JOSIE BACALLAO PRESIDENT/ C	40 00			X				123,333	0	0	
(20) LUIS F PINZON VP/DIR OF PR	40 00			X				95,972	0	0	
(21) VIRGINIA K CIELO COO/CFO	40 00			X				95,972	0	0	
1b Sub-Total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)								315,277			

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 ▶ 1

	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>		No
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
CHC OF FLORIDA 6720 - B ROCKLEDGE DRIVE SUITE 700 BETHESDA, MD 20817	HEALTH INS	151,956
SAFE WAY MAINTENANCE INC 3220 HOLIDAY SPRINGS BLVD MARGATE, FL 33063	BLDG IMPROV PRO	137,575

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 _____					
	d Related organizations 1d _____					
	e Government grants (contributions) 1e _____ 2,939,805					
	f All other contributions, gifts, grants, and similar amounts not included above 1f _____ 507,506					
	g Noncash contributions included in lines 1a-1f \$ _____ 25,670					
	h Total. Add lines 1a-1f ▶		3,447,311			
Program Service Revenue	2a EDUCATIONAL SERVICES _____ Business Code _____	139,821	139,821			
	b CIVIC ENGAGEMENT _____	26,263	26,263			
	c ECONOMIC DEVELOPMENT _____	2,894	2,894			
	d _____					
	e _____					
	f All other program service revenue _____					
	g Total. Add lines 2a-2f ▶		168,978			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	48			48	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a 92,228					
		b Less direct expenses b 21,400				
		c Net income or (loss) from fundraising events ▶		70,828		
	9a Gross income from gaming activities See Part IV, line 19 a _____					
		b Less direct expenses b _____				
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances a _____						
	b Less cost of goods sold b _____					
	c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code					
11a OTHER INCOME _____		17,317			17,317	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶		17,317				
12 Total revenue. See Instructions ▶		3,704,482	168,978		17,365	

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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	345,935	104,625	241,310	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,632,046	2,595,508	33,003	3,535
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	22,608		22,608	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	181,245	163,786	14,833	2,626
12	Advertising and promotion	16,157	14,541		1,616
13	Office expenses	184,083	178,103	3,905	2,075
14	Information technology	41,269	40,547	371	351
15	Royalties				
16	Occupancy	231,497	228,690	2,471	336
17	Travel	18,142	18,000	119	23
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	42,784	41,787	543	454
20	Interest	5,990	5,512	464	14
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	131,451	130,056	1,266	129
23	Insurance	38,660	38,101	464	95
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	PROGRAM EXPENSES	228,293	228,293		
b	PROV FOR UNCOLL PROMISES	3,791	3,412	379	
c	EMPLOYEE EVENTS	2,908	2,617	227	64
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,126,859	3,793,578	321,963	11,318
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 X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	635,828	1	654,093
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,214,436	3	729,240
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	35,015	9	33,314
	10a Land, buildings, and equipment—cost or other basis Complete Part VI of Schedule D	10a 2,680,289		
	b Less accumulated depreciation	10b 1,185,945	1,488,947	10c 1,494,344
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	3,141	15	5,564
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,377,367	16	2,916,555	
Liabilities	17 Accounts payable and accrued expenses	168,710	17	172,784
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	345,917	23	303,701
	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	190,976	25	190,683
	26 Total liabilities. Add lines 17 through 25	705,603	26	667,168
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	979,417	27	1,030,904
	28 Temporarily restricted net assets	1,692,347	28	1,218,483
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,671,764	33	2,249,387	
34 Total liabilities and net assets/fund balances	3,377,367	34	2,916,555	

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	3,704,482
2 Total expenses (must equal Part IX, column (A), line 25)	2	4,126,859
3 Revenue less expenses Subtract line 2 from line 1	3	-422,377
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,671,764
5 Net unrealized gains (losses) on investments	5	
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	2,249,387

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
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	2c	Yes	
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?	3a		No
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	3b		

SCHEDULE A (Form 990 or 990EZ)

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.

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization HISPANIC UNITY OF FLORIDA INC

Employer identification number

59-2230272

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 11, 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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi)
9 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...
10 An organization organized and operated exclusively to test for public safety
11 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)
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
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)
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated
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)

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	2,945,995	3,652,327	4,203,514	3,553,014	3,470,471	17,825,321
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,945,995	3,652,327	4,203,514	3,553,014	3,470,471	17,825,321
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)						
6 Public support. Subtract line 5 from line 4						17,825,321

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	2,945,995	3,652,327	4,203,514	3,553,014	3,470,471	17,825,321
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	649	419	333	996	48	2,445
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	275,431	270,772	146,317	7,890	109,545	809,955
11 Total support. Add lines 7 through 10						18,637,721

12 Gross receipts from related activities, etc (see instructions) **12** 960,632

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 2015 (line 6, column (f) divided by line 11, column (f)) **14** 95.640 %

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15** 95.240 %

16a 33 1/3% support test—2015. 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—2014. 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—2015. 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—2014. 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 9 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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>		
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>		
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>		
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>		
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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
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>		
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>		
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>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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 II of Schedule L (Form 990).</i>		
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>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) 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>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
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>		
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>		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *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.*
- 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? *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.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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)? *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).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 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? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

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** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** 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? *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.*
- 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? *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.*
- 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? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 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)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

- 1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- a** Average monthly value of securities
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by .035
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
PART II, LINE 10	SPECIAL EVENTS 741,017 MISCELLANEOUS INCOME 68,938

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2015
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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
HISPANIC UNITY OF FLORIDA INC

Employer identification number
59-2230272

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	b (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' to 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		458,106		458,106
b Buildings		1,789,445	836,410	953,035
c Leasehold improvements				
d Equipment		364,807	294,854	69,953
e Other		67,931	54,681	13,250
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				1,494,344

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		
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
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
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
Federal income taxes	
LINE OF CREDIT	190,683
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 190,683

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	3,727,642
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	23,160	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	23,160
3	Subtract line 2e from line 1		3	3,704,482
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	3,704,482

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	4,150,019
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	23,160	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	23,160
3	Subtract line 2e from line 1		3	4,126,859
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	4,126,859

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
SCHEDULE D, PAGE 3, PART X	UNCERTAIN TAX POSITION GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2015 THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS IF THE ORGANIZATION WERE TO INCUR AN INCOME TAX LIABILITY IN THE FUTURE, INTEREST AND PENALTIES WOULD BE REPORTED AS INCOME TAXES THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS MANAGEMENT BELIEVES THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR THE YEARS PRIOR TO 2012

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ

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

Department of the Treasury Internal Revenue Service

Name of the organization HISPANIC UNITY OF FLORIDA INC

Employer identification number

59-2230272

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

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

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

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

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

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 rows 1-10 and a Total row.

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.

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		ENTREPRENEURIAL (event type)	VARIOUS EVENTS (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	81,255	10,973		92,228
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	81,255	10,973		92,228
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	18,155	3,245		21,400
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				21,400
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				70,828

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.

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
Revenue	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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Name of the organization
HISPANIC UNITY OF FLORIDA INC

Employer identification number
59-2230272

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)	X	8	25,670	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

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

Department of the
Treasury
Internal Revenue
Service

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.

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

2015

**Open to Public
Inspection**

Name of the organization
HISPANIC UNITY OF FLORIDA INC

Employer identification number

59-2230272

**Return
Reference**

Explanation

FORM 990 -
ORGANIZATION'S
MISSION

ORIGINALLY FOUNDED IN 1982 BY COMMUNITY LEADERS TO EASE THE ACCULTURATION PROCESS, HISPANIC UNITY OF FLORIDA (HUF) IS BROWARD COUNTY'S LARGEST 501(C) (3) DEDICATED TO THE IMMIGRANT POPULATION FOR MORE THAN 33 YEARS, THIS AGENCY HAS LEFT AN INDELIBLE MARK ON THE MORE THAN 380,000 INDIVIDUALS AND FAMILIES SERVED, AND CONTINUES TO STAND BY ITS MISSION OF EMPOWERING IMMIGRANTS AND OTHERS TO BECOME SELF-SUFFICIENT, PRODUCTIVE AND CIVICALLY ENGAGED WITH 12 PROGRAMS AND MORE THAN 30 SERVICES OFFERED IN 4 LANGUAGES, THIS AGENCY IS ABLE TO SERVE SOUTH FLORIDA'S DIVERSE COMMUNITY TWO-THIRDS OF HUF'S CLIENTS HAIL FROM LATIN NATIONS AND THE CARIBBEAN, COMPLEMENTED BY AMERICAN-BORN CLIENTS INCLUDING AFRICAN-AMERICANS, CAUCASIANS AND OTHERS IN 2015, HUF SERVED 15,000 CLIENTS, FROM TODDLERS TO ADULTS, FROM MORE THAN 25 COUNTRIES AT 8 PERMANENT BROWARD COUNTY SITES, 15 SEASONAL TAX PREPARATION SITES AND 9 CITIZENSHIP CLASS FACILITIES THIS AGENCY FOCUSED ON THREE MAJOR AREAS LANGUAGE & EDUCATION, ECONOMIC MOBILITY & ENTREPRENEURSHIP, AND CITIZENSHIP & CIVIC ENGAGEMENT AND ALSO PROVIDED SERVICES IN THE AREAS OF HEALTH & WELL BEING, EQUAL TREATMENT & OPPORTUNITY AND ADVOCACY

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>FROM THE DEPARTMENT OF EDUCATION INDICATING THAT 100% OF UNITY 4KIDS VPK- STUDENTS FOR THE 2014-2015 SCHOOL YEAR WERE READY FOR KINDERGARTEN FAMILY STRENGTHENING PROGRAM (FSP) - LAUNCHED AND SUPPORTED BY A D HENDERSON FOUNDATION, SANDY AND KENNY TATE, ALBERT AND BEATRIZ MINIACI, REGIONS BANK AND THE HAROLD ROSENBERG FUND AT THE COMMUNITY FOUNDATION OF BROWARD COUNTY THIS PILOT PROGRAM SERVED 33 FAMILIES, WHICH REPRESENTED 48 CHILDREN AND 38 PARENTS HUF LATER RECEIVED EXPANDED PILOT FUNDING TO SERVE 60 FAMILIES PER YEAR FOR FOUR YEARS UNITY 4TEENS MIDDLE SCHOOLS - SERVED 544 STUDENTS FROM APOLLO, ATTUCKS, MCNICOL AND OLSEN MIDDLE SCHOOLS THE PROGRAM PROVIDED ACADEMIC AND ENRICHMENT ACTIVITIES AS WELL AS CASE MANAGEMENT SERVICES FOR THE WHOLE FAMILY A NEW COMPONENT CALLED PADRES COMPROMETIDOS (ENGAGED PARENTS) PROVIDED FREE WORKSHOPS TO INCREASE PARENT ENGAGEMENT IN THEIR CHILDREN'S EDUCATIONS AS WELL AS ENCOURAGE THEM TO BECOME FAMILIAR WITH THE SCHOOL SYSTEM IN GENERAL THE WORKSHOPS EDUCATE PARENTS ON THE IMPORTANCE OF GETTING AND STAYING INVOLVED IN THE SYSTEM AS A WAY TO SUPPORT THEIR CHILDREN IN BEING HIGH SCHOOL AND COLLEGE READY /CAREER-BOUND STUDENTS MIDDLE SCHOOL UNITY 4TEENS (2014-2015) IMPACT -SCHOOL PROTECTIVE FACTORS 92% OF YOUTH IMPROVED GRADES OR ATTENDANCE EXCEEDS 80% GOAL -LAW VIOLATIONS 100% OF YOUTH DID NOT OBTAIN NEW LAW VIOLATIONS EXCEEDS 95% GOAL -PREGNANCY 100% OF YOUTH DID NOT CAUSE PREGNANCY MET 100% GOAL -SUBSTANCE USE 100% OF YOUTH DID NOT USE ALCOHOL OR DRUGS MET 100% GOAL -RISKY BEHAVIORS 86% OF YOUTH DECREASED RISKY BEHAVIORS EXCEEDS 75% GOAL UNITY 4TEENS HIGH SCHOOLS- THE PROGRAM SERVED MORE THAN 400 STUDENTS THE PROGRAM OFFERS NINTH TO TWELVE GRADERS A VARIETY OF ACADEMIC AND FUN PERSONAL ENRICHMENT ACTIVITIES SUCH AS HEALTH AND WELLNESS, GRAPHICS AND WEB DESIGN, CULTURAL ARTS, COMPUTER GAME DESIGN, AND COMMUNITY SERVICE LEARNING AMONG OTHERS IT ALSO PROVIDES AT-RISK JUNIORS AND SENIORS WITH THE TOOLS NEEDED TO SUCCESSFULLY TRANSITION FROM HIGH SCHOOL TO COLLEGE AND/OR CAREER HIGH SCHOOL UNITY 4TEENS (2014-2015) IMPACT 85% OF YOUTH IMPROVED READING GRADES -84% OF YOUTH IMPROVED SCIENCE GRADES -MET 100% OF ATTENDANCE GOAL -49% OF YOUTH PASSED ALGEBRA END OF COURSE EXAM (AVERAGE 43% PASS RATE FOR 9TH & 10TH GRADERS IN THE SCHOOL DISTRICT) -100% DECREASED EXTERNAL SUSPENSIONS OR HAD ZERO EXTERNAL SUSPENSIONS -97% OF STUDENTS DID NOT OBTAIN ANY LAW VIOLATIONS 2014/15 COLLEGE & CAREER OUTCOMES -58 STUDENTS WENT ON THREE DAY COLLEGE TOUR TO SEVEN UNIVERSITIES ACROSS FLORIDA -95 STUDENTS PARTICIPATED IN COLLEGE & CAREER READINESS EDUCATION (42 SENIORS & 53 JUNIORS) 42 SENIORS ARE COLLEGE BOUND -100% APPLIED AND WERE ACCEPTED INTO COLLEGE -100% COMPLETED ACT TEST PREPARATION -76% PASSED ALL FOUR SECTIONS OF THE ACT WITH COLLEGE-READINESS SCORES AT THE STATE-LEVEL, 21% PASSED ALL FOUR SECTIONS OF THE ACT WITH COLLEGE-READINESS SCORES AND 28% PASSED ON A NATIONAL LEVEL -33% RECEIVED OUTSIDE SCHOLARSHIP ASSISTANCE IN THE AMOUNT OF NEARLY 200K -24% RECEIVED U4T SCHOLARSHIP ASSISTANCE</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>-100% LEARNED ABOUT BUDGETING, SAVING, AND HOW TO MAKE THE RIGHT FINANCIAL CHOICES -100% OF ELIGIBLE PARTICIPANTS WERE REFERRED TO ASSET-EARNING PROGRAMS NEW - FINANCIAL LITERACY EXPANDS TO OTHER PROGRAMS - A FINANCIAL LITERACY COMPONENT WAS ADDED TO THREE OTHER HUF PROGRAMS IN 2015 -UNITY 4TEENS PROGRAM 153 YOUTH AT LOCAL HIGH SCHOOLS LEARNED FINANCIAL FUNDAMENTALS -CITIZENSHIP PROGRAM FUTURE AMERICANS IN OUR CITIZENSHIP CLASSES LEARNED HOW TO MANAGE THEIR MONEY -COMPRA NDO RICO Y SA NO FOOD PROGRAM PARTICIPANTS IN OUR FOOD PROGRAM LEARNED MONEY MANAGEMENT FUNDAMENTALS, INCLUDING HOW TO PURCHASE HEALTHY MEALS HEALTH MARKETPLACE (ACA)- 7 NAVIGATORS ASSISTED 509 CLIENTS IN SUBMITTING APPLICATIONS FOR AN AFFORDABLE HEALTHCARE PLAN, 247 CLIENTS PURCHASED A PLAN WITH ANNUAL SAVINGS OF 1,494,609 IN HEALTHCARE COSTS SUPPLEMENTAL NUTRITIONAL ASSISTANCE PROGRAM (SNAP) SERVED AN ADDITIONAL 1,591 CLIENTS IN BROWARD AND MIAMI-DADE COUNTIES THIS SNAP ASSISTANCE WAS PROVIDED IN BROWARD COUNTY AND AT TWO MIAMI-DADE COLLEGE CAMPUSES NEW - HOUSING EDUCATION TIED TO HOUSING DISCRIMINATION WORKSHOPS WERE ALSO ADDED TO TEACH OUR PROGRAM PARTICIPANTS HOW TO PREPARE FOR HOUSING DECISIONS AND EXPENSES NEW CERTIFICATION TRAINING - IN JUNE, HUF EMBARKED ON A NEW JOURNEY TO PROVIDE ITS OWN CUSTOMER SERVICE AND RETAIL SALES TRAINING, APPLYING A TESTED MODEL FROM THE NATIONAL RETAIL FOUNDATION PARTNERSHIP WITH BROWARD COUNTY GOVERNMENT AND HUMAN SERVICES - ARC BROWARD, HISPANIC UNITY AND THE URBAN LEAGUE OF BROWARD COUNTY PARTNERED WITH BROWARD COUNTY'S HUMAN SERVICES DEPARTMENT TO HELP FAMILIES IN BROWARD BECOME SELF-SUFFICIENT AND PRODUCTIVE EMERGING ENTREPRENEURSHIP (EE) PROGRAM - PROVIDED HELPFUL BUSINESS ASSISTANCE VIA THE SIMPLE STEPS PROGRAM FOR NEW SMALL BUSINESS OWNERS AS WELL AS STANDALONE WORKSHOPS FOR EXISTING SMALL BUSINESSES THE PROGRAM SERVED 270 CLIENTS THROUGH 8 CYCLES IN SPANISH HUF OFFERED 25 SINGLE SUBJECT WORKSHOPS PILOTED FOR FREE BY BROWARD SCORE, INCLUDING 3 CYCLES OF THE SUCCESSFUL WORKSHOP SERIES "PASOS SENCILLOS " IN ADDITION, 100% OF THE CLIENTS WERE OFFERED ACCESS TO BROWARD SCORE'S UNLIMITED MENTORSHIP PROGRAM THOSE WHO PARTICIPATED IN THE 5 SIMPLE STEPS PROGRAM HAD THE OPPORTUNITY TO ENGAGE WITH ACCION USA TO BETTER UNDERSTAND AND PREPARE THEMSELVES FOR MICRO-LENDING OPPORTUNITIES FOR THEIR NEW BUSINESSES IN 2015, THREE NEW BUSINESSES LAUNCHED AS A RESULT OF THE GUIDANCE AND ASSISTANCE PROVIDED BY HUF'S EMERGING ENTREPRENEURS PROGRAM VOLUNTEER INCOME TAX ASSISTANCE (VITA)/ FREE TAX PREPARATION - BROUGHT BACK 5 74 MILLION IN REFUNDS TO BROWARD COMMUNITIES AND SERVED 5,513 LOW-TO- MODERATE INCOME CLIENTS AND LIMITED ENGLISH PROFICIENCY SPEAKERS THE MULTICULTURAL VITA STAFF AND VOLUNTEERS PROVIDED ASSISTANCE IN 5 LANGUAGES (ENGLISH, SPANISH, HAITIAN-CREOLE, PORTUGUESE AND AMERICAN SIGN LANGUAGE) IN 2015, 40% OF THE CLIENTS SERVED HAD A PRIMARY LANGUAGE OTHER THAN ENGLISH SPOKEN IN THE HOME (A BIG INCREASE IN ENGLISH SPEAKERS FROM THE PREVIOUS TAX SEASON) AND 58% WERE NON-HISPANIC FOR THE FIRST TIME, HUF MANAGED THE ENTIRE COUNTY-WIDE MARKETING EFFORT FOR THE VITA PROGRAM IN BROWARD INCLUDING THE WEBSITE, MEDIA, PUBLIC RELATIONS AND ALL COLLATERAL MATERIALS FOR USE BY HUF AND THE DOZENS OF VITA PARTNERS</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	SERVICES TO LOW INCOME RESIDENTS IN THE AREAS OF HOUSING (TENANT ISSUES, EVICTIONS), DIVORCE WITH DOMESTIC VIOLENCE, UNEMPLOYMENT DENIAL, DISABILITY, AND DENIAL OF SOCIAL SECURITY BENEFITS IN ADDITION, LEGAL AID BEGAN PROVIDING NATURALIZATION APPLICATION SERVICES TO CLIENTS ENROLLED IN HUF'S CITIZENSHIP PROGRAM MORE THAN 100 CLIENTS RECEIVED LEGAL SERVICES

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE BOARD IS PROVIDED A COPY OF THE IRS FORM 990 AFTER REVIEW AND APPROVAL BY THE FINANCE COMMITTEE BUT PRIOR TO THE FILING WITH THE INTERNAL REVENUE SERVICE THE CFO AND THE FINANCE COMMITTEE REVIEW THE 990 IN DETAIL AND ALLOW A DEQUATE TIME FOR BOARD INPUT, REVIEW AND APPROVAL

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	DIRECTORS SERVE VOLUNTARILY AND IN THE BEST INTEREST OF HISPANIC UNITY OF FLORIDA, INC. ACTIONS THAT ARE SELF-SERVING, WHETHER THEY ARE OF A PERSONAL OR FINANCIAL NATURE WOULD BE CAUSE FOR IMMEDIATE REMOVAL FROM THE BOARD. ON AN ANNUAL BASIS EACH BOARD MEMBER AND EACH KEY EMPLOYEE READS AND SIGNS A FORM AGREEING TO ABIDE BY THE BOARD-APPROVED CONFLICT OF INTEREST POLICY. ALL BOARD MEMBERS ALSO SIGN A ROBUST CODE OF ETHICS.

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER, AND OTHER OFFICERS OR KEY EMPLOYEES (I E., CHIEF FINANCIAL OFFICER, CHIEF DEVELOPMENT OFFICER, AND DIRECTOR OF PROGRAMS) INCLUDES A TWO-PART ANALYSIS CONDUCTED FIRST BY THE FINANCE COMMITTEE FOR RECOMMENDATION AND APPROVAL TO THE BOARD OF DIRECTORS FIRST, THE JOB DESCRIPTION IS ANALYZED FOR THE PURPOSES OF SELECTING LIKE-KIND ORGANIZATIONS TO USE THE COMPENSATION OF THOSE LIKE-KIND ORGANIZATIONS AS COMPARABLES THE MOST RELEVANT FACTORS IN SELECTING COMPARABLES INCLUDE THE TYPE OF SERVICES AND PROGRAMS OFFERED, THE ANNUAL BUDGET AND GEOGRAPHICAL LOCATION SECOND, THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING DATA OF THE COMPARABLE LIKE-KIND ORGANIZATIONS THESE TWO STEPS ENSURE THAT THE COMPENSATION IS WITHIN MARKET

Return Reference**Explanation**

FORM 990, PAGE 6, PART
VI, LINE 15B

THE BOARD OF DIRECTORS MAKES THE DECISION ON THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER,
AND HAS INPUT ON THE COMPENSATION OF THE OTHER EMPLOYEES

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION'S 990 AND, IF APPLICABLE, THE 990-T IS AVAILABLE TO THE PUBLIC ANYTIME 1) ON THE ORGANIZATION'S WEBSITE, WWW.HISPANICUNITY.ORG, 2) ON GUIDESTAR'S WEBSITE, WWW.GUIDESTAR.ORG, OR 3) UPON WRITTEN OR VERBAL REQUEST, WHICH IS COMPLIED WITH BY PROVIDING A COPY BY U.S. MAIL OR EMAIL TO THE REQUESTOR