

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

C Name of organization
HISPANIC 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 \$ 5,801,612

F Name and address of principal officer:
JOSIE BACALLAO
5840 JOHNSON STREET
HOLLYWOOD, FL 33021

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.HISPANICUNITY.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1982

M State of legal domicile: FL

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 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	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	244
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 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	7,453,016	5,407,544
9 Program service revenue (Part VIII, line 2g)	215,587	253,579
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,465	15,114
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	124,371	109,328
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,797,439	5,785,565
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	72,596	24,043
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,164,468	4,528,262
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 38,303		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,486,883	1,717,425
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,723,947	6,269,730
19 Revenue less expenses. Subtract line 18 from line 12	2,073,492	-484,165
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,453,963	5,202,641
21 Total liabilities (Part X, line 26)	1,267,467	1,485,091
22 Net assets or fund balances. Subtract line 21 from line 20	4,186,496	3,717,550

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2020-11-02
JOSIE BACALLAO PRESIDENT/ CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-11-12
Check if self-employed PTIN: P00392081
Firm's name: ▶ CABALLERO FIERMAN LLERENA & GARCIA LLP Firm's EIN: ▶ 55-0912340
Firm's address: ▶ 8950 SW 74 COURT STE 1210 MIAMI, FL 33156 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:

OUR COUNTRY IS A BEACON OF FREEDOM AND OPPORTUNITY. WE CONSIDER HISPANIC UNITY OF FLORIDA, INC. (HUF) THE SOUTHERN OUTPOST OF ELLIS ISLAND. WELCOMING NEWCOMERS TO OUR COUNTRY AND GUIDING THEM ON THEIR OFTEN DIFFICULT, BUT ALWAYS HOPEFUL, LIFE-LONG PROCESS OF LEARNING WHAT IT MEANS TO BE AN AMERICAN IS AT THE HEART OF OUR WORK. HISPANIC UNITY OF FLORIDA WAS ORIGINALLY FOUNDED IN 1982 BY COMMUNITY LEADERS TO GUIDE THESE ASPIRING AMERICANS ON THEIR JOURNEY TO THEIR AMERICAN DREAM AND TO EASE THE ACCULTURATION PROCESS. TODAY, HUF IS BROWARD COUNTY'S LARGEST 501(C) (3) DEDICATED TO THE IMMIGRANT POPULATION. FOR 38 YEARS, THIS AGENCY HAS LEFT AN INDELIBLE MARK ON THE MORE THAN 450,000 INDIVIDUALS AND FAMILIES SERVED, AND CONTINUES TO DELIVER ON 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 3 LANGUAGES. THIS AGENCY IS ABLE TO SERVE SOUTH FLORIDA'S DIVERSE COMMUNITY. TWO-THIRDS O

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 \$ 2,927,943 including grants of \$ 24,043) (Revenue \$ 152,434)
See Additional Data

4b (Code:) (Expenses \$ 2,383,038 including grants of \$) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 668,672 including grants of \$) (Revenue \$ 101,145)
See Additional Data

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

4e Total program service expenses ▶ 5,979,653

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 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 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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



Section A. Governing Body and Management

Table with 5 main rows (1a-1b, 2, 3, 4, 5, 6, 7a-7b, 8a-8b, 9) and 3 columns: Question, Yes, No. Includes questions about voting members, family relationships, management control, and governance decisions.

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

Table with 10 main rows (10a-10b, 11a-b, 12a-c, 13, 14, 15a-b, 16a-b) and 3 columns: Question, Yes, No. Includes questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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 COOCFO 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.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSIE BACALLAO PRESIDENT/ C	40.00			X			195,808	0	0	
(2) LUIS F PINZON VP/DIR OF PR	40.00			X			160,226	0	0	
(3) VIRGINIA K CIELO COO/CFO	40.00			X			132,128	0	0	
(4) ANTHONY ABBATE DIRECTOR	2.00	X					0	0	0	
(5) MARITZA ALVAREZ DIRECTOR	2.00	X					0	0	0	
(6) EDUARDO BELLO DIRECTOR	2.00	X					0	0	0	
(7) CAROLINA CARDOZO DIRECTOR	2.00	X					0	0	0	
(8) GISELLE CUSHING DIRECTOR	2.00	X					0	0	0	
(9) LESLI CARTAYA FRANCO DIRECTOR	2.00	X					0	0	0	
(10) DR ROLANDO GARCIA DIRECTOR	2.00	X					0	0	0	
(11) GUILLERMO GOMEZ DIRECTOR	2.00	X		X			0	0	0	
(12) JOHN GUERRERO CHAIR ELECT	2.00	X		X			0	0	0	
(13) DANIEL HERZ DIRECTOR	2.00	X					0	0	0	
(14) SCOTT KARLEN DIRECTOR	2.00	X					0	0	0	
(15) CHRISTINA PARADOWSKI SECRETARY	2.00	X		X			0	0	0	
(16) DEBORAH PENA DIRECTOR	2.00	X					0	0	0	
(17) EMMA PFISTER TREASURER	2.00	X		X			0	0	0	

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Contributions, Gifts, Grants and Other Similar Amounts, and 1h Total.

Table for Program Service Revenue with 5 columns. Rows include 2a-2f for various services and 2g Total.

Table for Other Revenue with 5 columns. Rows include 3-11 for investment income, rental income, fundraising events, gaming activities, and sales of inventory, and 12 Total revenue.

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	24,043	24,043		
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	488,162	488,162		
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	4,040,100	3,835,097	176,459	28,544
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	23,004		23,004	
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)	260,704	231,439	28,665	600
12 Advertising and promotion	24,828	21,484		3,344
13 Office expenses	272,613	260,701	8,715	3,197
14 Information technology	73,104	71,101	1,476	527
15 Royalties				
16 Occupancy	317,598	316,712	246	640
17 Travel	49,672	49,225	381	66
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	92,523	87,977	4,100	446
20 Interest	20,961	20,663	14	284
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	157,526	150,154	6,856	516
23 Insurance	41,395	40,961	310	124
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	373,077	373,077		
b EMPLOYEE EVENTS	10,420	8,857	1,548	15
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,269,730	5,979,653	251,774	38,303
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,769,353	1	1,811,107
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	2,113,257	3	1,892,713
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	55,278	9	66,537
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,908,077		
	b Less: accumulated depreciation	1,510,473	1,412,882	10c style="text-align: right;">1,397,604
	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	103,193	15	34,680
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,453,963	16	5,202,641	
Liabilities	17 Accounts payable and accrued expenses	350,312	17	297,366
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	714,605	23	810,005
	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	202,550	25	377,720
	26 Total liabilities. Add lines 17 through 25	1,267,467	26	1,485,091
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,357,652	27	1,369,877
	28 Net assets with donor restrictions	2,828,844	28	2,347,673
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	4,186,496	32	3,717,550	
33 Total liabilities and net assets/fund balances	5,453,963	33	5,202,641	

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	5,785,565
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,269,730
3	Revenue less expenses. Subtract line 2 from line 1	3	-484,165
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,186,496
5	Net unrealized gains (losses) on investments	5	15,219
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	3,717,550

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID:

Software Version:

EIN: 59-2230272

Name: HISPANIC UNITY OF FLORIDA INC

Form 990 (2019)

Form 990, Part III, Line 4a:

LANGUAGE & EDUCATION 2,371 CLIENTS RECEIVED EDUCATION SERVICES. ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL): IS A PROGRAM DESIGNED FOR ADULT STUDENTS, 18 YEARS AND OLDER, TO COMMUNICATE COMPETENTLY IN ENGLISH AND PERFORM IN THE SKILL AREAS OF LISTENING, SPEAKING, READING, AND WRITING. 778 STUDENTS LEARNED ENGLISH VIA ESOL CLASSES IN PARTNERSHIP WITH BROWARD COUNTY PUBLIC SCHOOLS. FAMILY STRENGTHENING PROGRAM: IS A RESEARCH-BASED TRAINING PROGRAM THAT TEACHES PARENTS THE IMPORTANCE OF HOW ENGAGING IN NURTURING BEHAVIORS PROMOTES HEALTHY PHYSICAL AND EMOTIONAL DEVELOPMENT IN CHILDREN. PARENTS LEARN STRATEGIES TO AVOID TRIGGER BEHAVIOR RESULTING IN AN INCREASE OF SELF-AWARENESS, SELF-ESTEEM, AND POSITIVE REINFORCEMENT. WE SERVED 89 FAMILIES, 166 CHILDREN AND 138 PARENTS/CAREGIVERS. UNITY 4KIDS (U4K) PROGRAM: IS AN EARLY LEARNING CENTER THAT PROVIDES CHILDREN AND THEIR FAMILIES WITH EARLY LITERACY AND SCHOOL READINESS SERVICES. BY YEAR END, 85% OF THE FAMILIES WERE READING TO THEIR CHILD A MINIMUM OF FIVE DAYS PER WEEK. THE CENTER MAINTAINED ITS NATIONAL EARLY CHILDHOOD PROGRAM ACCREDITATION (NECPA) IN 2019 THAT IS VALID FOR THE NEXT THREE YEARS. WE SERVED 40 FAMILIES, 41 CHILDREN, AND 75 PARENTS. 100% OF PRESCHOOLERS WERE READY FOR KINDERGARTEN AND DEMONSTRATED MEETING OR EXCEEDING EXPECTATIONS IN THE PHONOLOGICAL AWARENESS, PRINT KNOWLEDGE, ORAL LANGUAGE/VOCABULARY 2,371 CLIENTS RECEIVED EDUCATION SERVICES. UNITY 4TEENS (U4T) PROGRAM: IS A YEAR-ROUND PROGRAM FOR MIDDLE AND HIGH SCHOOL AGE YOUTH THAT PROVIDES EDUCATION AND ENRICHMENT ACTIVITIES. THESE ACTIVITIES HELP STUDENTS ATTAIN ACADEMIC AND SOCIAL SUCCESS, REDUCE RISK BEHAVIORS, AND TEACH LIFE SKILLS SO THEY MAY GROW INTO SELF-SUFFICIENT, PRODUCTIVE ADULTS. WE SERVED 345 STUDENTS FROM: APOLLO, ATTUCKS, MCNICOL AND OLSEN MIDDLE SCHOOLS & 754 STUDENTS FROM MIRAMAR AND STRANAHAN HIGH SCHOOLS (AND 74 ADULTS SERVED THROUGH 2GEN AT STRANAHAN) 100% OF PARTICIPANTS DID NOT OBTAIN A NEW LAW VIOLATION. 100% OF PARTICIPANTS DID NOT BECOME PREGNANT NOR CAUSE PREGNANCY. 100% OF PARTICIPANTS DID NOT USE ALCOHOL AND/OR DRUGS. 100% OF PARTICIPANTS WERE PROMOTED TO THE NEXT GRADE. 99% OF DECREASED EXTERNAL SUSPENSIONS AND UNEXCUSED ABSENCES. 86% OF PARTICIPANTS IMPROVED IN READING, MATH AND SCIENCE. 2GEN-COMPASS PERFORMANCE A TWO-GENERATION (2GEN) APPROACH THAT OFFERS PARALLEL AND COMPLEMENTARY SERVICES TO PARENTS AND CHILDREN WHILE OUTCOMES ARE TRACKED FOR EACH GROUP SIMULTANEOUSLY. 90% OF STUDENTS WHO APPLIED FOR FAFSA, RECEIVED A RESPONSE 100% OF THE YOUTH PURSUED HIGHER EDUCATION AND/OR VOCATIONAL SKILL TRAINING PROGRAM 100% OF YOUTH GRADUATED HIGH SCHOOL

Form 990, Part III, Line 4b:

ECONOMIC MOBILITY & ENTREPRENEURSHIP IN WHICH 10,821 INDIVIDUALS INCREASED THEIR KNOWLEDGE ABOUT FINANCIAL MATTERS AND RECEIVED FINANCIAL LITERACY TRAINING TO CREATE NEW BUDGETING AND SAVINGS HABITS. WORKFORCE DEVELOPMENT ASSISTED A TOTAL 210 PARTICIPANTS 89% OF PARTICIPANTS ACQUIRED EMPLOYMENT OR A BETTER JOB. 57% RETAINED THEIR EMPLOYMENT FOR A MINIMUM OF THREE MONTHS. 50% OF GRADUATES FROM THE CUSTOMER SERVICE AND SALES TRAINING ACQUIRED A NATIONAL CERTIFICATION. INCOME SUPPORT 3,280 CLIENTS RECEIVED: ACCESS TO FOOD COMPRANDO RICO Y SANO (BUYING HEALTHY AND DELICIOUS) SERVED 2,800 PARTICIPANTS. 1,340 SNAP (FOOD SUPPORT) APPLICATIONS WERE COMPLETED, IMPACTING MORE THAN 3,350 INDIVIDUALS. PROMOTORES DE SALUD (COMMUNITY HEALTH WORKERS) CONDUCTED CHARLAS (SMALL EDUCATIONAL SESSIONS) TO 860 ADULTS TO PROMOTE HEALTH-CONSCIOUS SHOPPING, SMART FOOD CHOICES, AND COST-SAVING STRATEGIES. ACCESS TO HEALTHCARE TE AYUDO (GET COVERED) PROGRAM SERVED 1,080 FAMILY MEMBERS. 545 INDIVIDUALS WERE ELIGIBLE FOR FREE OR LOW-COST AFFORDABLE HEALTHCARE, 335 FAMILY MEMBERS NOW HAVE ACCESS TO HEALTH INSURANCE. 50%+ WERE ENROLLED IN A PLAN: ACA, MEDICAID, AND KIDCARE PLANS. 70% ESTABLISHED A PRIMARY CARE DOCTOR OF THEIR CHOICE AFTER RECEIVING CASE MANAGEMENT SERVICES FROM HUF HEALTH NAVIGATORS. VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM 5,974 TAX RETURNS COMPLETED 75+ VOLUNTEERS AND 35 VITA STAFF. 6.3 MILLION IN TAX REFUNDS & 1.6 MILLION IN SAVINGS IN TAX PREPARATION FEES. 7.9 MILLION IN ECONOMIC IMPACT IN BROWARD COUNTY. 54 ELECTED OFFICIALS FROM 14 CITIES IN BROWARD COUNTY BECAME VITA CHAMPIONS. THEY PROMOTED THE VITA PROGRAM TO RESIDENTS IN THEIR RESPECTIVE COMMUNITIES. FINANCIAL CAPABILITY, WEALTH, AND ASSET BUILDING 671 PARTICIPANTS 502 PARTICIPANTS ATTENDED FINANCIAL LITERACY WORKSHOPS AND FINANCIAL COACHING SESSIONS WHERE THEY LEARNED SKILLS TO ACHIEVE FINANCIAL GOALS AND IMPROVE THEIR FINANCIAL LIVES. 169 FAMILIES ATTENDED FIRST-TIME HOMEBUYERS SEMINAR, RECEIVED FINANCIAL COACHING, AND HOUSING COUNSELING. EMERGING ENTREPRENEURS 686 PARTICIPANTS BROWARD COUNTY - 38 WORKSHOPS TO 627 ASPIRING & EXISTING SMALL BUSINESS OWNERS. MIAMI-DADE COUNTY - FIVE WORKSHOPS TO 59 ASPIRING & EXISTING SMALL BUSINESS OWNERS.

Form 990, Part III, Line 4c:

CITIZENSHIP, CIVIC ENGAGEMENT, LEGAL & EQUAL TREATMENT/OPPORTUNITY SOUTH FLORIDA IS HOME TO THE 3RD LARGEST NUMBER OF GREEN CARD HOLDERS (LEGAL PERMANENT RESIDENTS) IN THE NATION, READY TO BECOME U.S. CITIZENS. HUF SERVED 2,882 CLIENTS IN THEIR GOAL OF REALIZING THEIR DREAM OF CITIZENSHIP. WE HAVE 20+ CITIZENSHIP CENTERS IN SOUTH FLORIDA. PATHWAYS TO CITIZENSHIP PROGRAM BROWARD COUNTY 1,645 ASPIRING CITIZENS WERE SERVED AND 1,100 RECEIVED ASSISTANCE WITH THE NATURALIZATION APPLICATION FORM (N-400). 722 INDIVIDUALS RECEIVED OTHER IMMIGRATION SERVICES. MIAMI-DADE COUNTY 200 ASPIRING CITIZENS WERE SERVED AND 125 RECEIVED ASSISTANCE WITH THE NATURALIZATION APPLICATION FORM (N-400). VOTER REGISTRATION & LEGAL SERVICES 120 CITIZENS REGISTERED TO VOTE. 120 CLIENTS RECEIVED LEGAL SERVICES THROUGH LEGAL AID SERVICE OF BROWARD COUNTY. 75 CLIENTS RECEIVED FREE LEGAL IMMIGRATION SERVICES - THOSE WITH POSSIBLE IMMIGRATION RELIEF WERE ASSIGNED A PRO BONO ATTORNEY TO ASSIST THEM WITH THEIR CASE. FLORIDA COUNTS: THIS COALITION OF STATEWIDE FUNDERS AWARDED HUF FUNDS TO HIRE A CENSUS CAMPAIGN COORDINATOR TO ASSIST WITH OUTREACH AND MARKETING OF THE 2020 CENSUS IN BROWARD COUNTY. PRICE WATERHOUSE COOPER (PWC) RE-IMAGINE FUND: INVESTED IN THE LEARNING CAF WHICH, IN PARTNERSHIP WITH BROWARD COLLEGE WILL TEACH ENGLISH AS WELL AS PROVIDE INTEGRATION SUPPORT TO THESE NEW AMERICANS.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	3,470,471	4,587,004	4,439,544	7,453,016	5,407,544	25,357,579
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	3,470,471	4,587,004	4,439,544	7,453,016	5,407,544	25,357,579
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.						25,357,579

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	3,470,471	4,587,004	4,439,544	7,453,016	5,407,544	25,357,579
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	48	197	229	4,465	64,689	69,628
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.). . .	109,545	327,324	78,493	71,428		586,790
11 Total support. Add lines 7 through 10						26,013,997
12 Gross receipts from related activities, etc. (see instructions)					12	1,094,388

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	97.480 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	97.510 %

- 16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	SPECIAL EVENTS 176,013 MISCELLANEOUS INCOME 410,777

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
HISPANIC 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? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

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

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		458,106		458,106
b Buildings		2,017,719	1,200,500	817,219
c Leasehold improvements				
d Equipment		333,010	227,221	105,789
e Other		99,242	82,752	16,490
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,397,604

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	377,720

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	5,846,681
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	15,219
b	Donated services and use of facilities	2b	29,850
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	16,047
e	Add lines 2a through 2d	2e	61,116
3	Subtract line 2e from line 1	3	5,785,565
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	5,785,565

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	6,315,627
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	29,850
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	16,047
e	Add lines 2a through 2d	2e	45,897
3	Subtract line 2e from line 1	3	6,269,730
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	6,269,730

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-2230272

Name: HISPANIC UNITY OF FLORIDA INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	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, 2019 AND 2018, THERE WERE NO UNCERTAIN 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 2016.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	DIRECT FUNDRAISING EXP REPORTED ON PART VIII, LINE 8B 16,047

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	DIRECT FUNDRAISING EXP REPORTED ON PART VII LINE 8B 16,047

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ENTREPRENEURIAL</u> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts	75,800			75,800
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	75,800			75,800
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	16,047			16,047
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				16,047
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				59,753

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

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

**Schedule I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Department of the
Treasury
Internal Revenue Service

Name of the organization
HISPANIC UNITY OF FLORIDA INC

Employer identification number
59-2230272

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3 Enter total number of other organizations listed in the line 1 table ▶ _____

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) HOUSING	13	16,286			
(2) UTILITIES	11	3,022			
(3) FOOD, CLOTHES, TRANSPORTA	15	4,735			
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation

Schedule J (Form 990) Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019 Open to Public Inspection

Name of the organization HISPANIC UNITY OF FLORIDA INC

Employer identification number 59-2230272

Part I Questions Regarding Compensation

Table with 3 columns: Question, Yes, No. Rows include questions 1a through 9 regarding compensation reporting, including travel, housing, severance, and contingent compensation.

Part III **Supplemental Information**

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

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

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2019

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990 - ORGANIZATION'S MISSION</p>	<p>OUR COUNTRY IS A BEACON OF FREEDOM AND OPPORTUNITY. WE CONSIDER HISPANIC UNITY OF FLORIDA, INC. (HUF) THE SOUTHERN OUTPOST OF ELLIS ISLAND. WELCOMING NEWCOMERS TO OUR COUNTRY AND GUIDING THEM ON THEIR OFTEN DIFFICULT, BUT ALWAYS HOPEFUL, LIFE-LONG PROCESS OF LEARNING WHAT IT MEANS TO BE AN AMERICAN IS AT THE HEART OF OUR WORK. HISPANIC UNITY OF FLORIDA WAS ORIGINALLY FOUNDED IN 1982 BY COMMUNITY LEADERS TO GUIDE THESE ASPIRING AMERICANS ON THEIR JOURNEY TO THEIR AMERICAN DREAM AND TO EASE THE ACCULTURATION PROCESS. TODAY, HUF IS BROWARD COUNTY'S LARGEST 501(C) (3) DEDICATED TO THE IMMIGRANT POPULATION. FOR 38 YEARS, THIS AGENCY HAS LEFT AN INDELIBLE MARK ON THE MORE THAN 450,000 INDIVIDUALS AND FAMILIES SERVED, AND CONTINUES TO DELIVER ON 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 3 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 2019, THE AGENCY SERVED 16,000 CHILDREN AND FAMILIES. HUF OFFERS ASSISTANCE AT THREE MAIN OFFICE LOCATIONS AND PROVIDES EXTENDED SERVICES AT 50 OUTREACH LOCATIONS. THE AGENCY FOCUSED ON THESE MAJOR AREAS: ECONOMIC MOBILITY & ENTREPRENEURSHIP, CITIZENSHIP & CIVIC ENGAGEMENT, AND LANGUAGE & EDUCATION AND ALSO PROVIDED SERVICES IN THE AREAS OF HEALTH & WELL BEING, EQUAL TREATMENT & OPPORTUNITY AND PUBLIC POLICY & ADVOCACY. 2019 HIGHLIGHTS NATIONAL FOUNDATIONS PARTNERING WITH HUF KRESGE FOUNDATION NEXTGEN INITIATIVE: THE KRESGE FOUNDATION SELECTED HUF FOR A TWO-YEAR AWARD TO ASSIST THE AGENCY IN STRENGTHENING ITS 2GEN (TWO-GENERATION) WORK WHILE ALSO STRENGTHENING HUF'S LEADERSHIP TEAM. CHAN ZUCKERBERG INITIATIVE: INVESTED IN HUF'S PUBLIC POLICY AND ADVOCACY WORK. IT IS HUF'S FIRST CZI GRANT. THE GRANT WILL BE USED TO HIRE A PUBLIC POLICY & ADVOCACY FELLOW TO LEAD THE ORGANIZATION'S POLICY AND ADVOCACY INITIATIVES. ANNIE E. CASEY FOUNDATION: INVESTED IN HUF'S 2GEN APPROACH AND IS FUNDING HUF'S PUBLIC POLICY AND ADVOCACY. NATIONAL ASSOCIATION FOR LATINO COMMUNITY ASSET BUILDERS (NALCAB): FINANCIAL CAPABILITY & WEALTH BUILDING PROGRAM AND IS ALSO FUNDING TECHNICAL ASSISTANCE AND PLACE-BASED FINANCIAL RESEARCH. AMERICAN ASSOCIATION OF UNIVERSITY WOMEN: TWO-YEAR GRANT TO SUPPORT TEEN GIRLS IN HUF'S UNITY 4TEEN YOUTH DEVELOPMENT YEAR-ROUND PROGRAM. NEWMAN'S OWN (PAUL NEWMAN'S FOUNDATION): INVESTED IN HUF TO FIGHT FOOD INSECURITY THROUGH OUR COMPRANDO RICO Y SANO PROGRAM THAT PROVIDES FOOD SUPPORTS AS WELL AS NUTRITION AND FINANCIAL EDUCATION. STATE & LOCAL FOUNDATIONS INVEST IN HUF SUSIE & ALAN LEVAN FAMILY FOUNDATION: SUSIE, ALAN AND THEIR FAMILY SELECTED HUF AS THE ORGANIZATION IN WHICH TO INVEST THEIR PHILANTHROPIC FUNDS. OVER THE NEXT THREE YEARS, THE LEVAN FAMILY WILL BE SUPPORTING HUF'S CITIZENSHIP PROGRAM AND ASSISTING THOUSAND</p>

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Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	S OF NEW AMERICANS ON THEIR JOURNEY TO BECOMING U.S. CITIZENS. SALAH FOUNDATION: INVESTED IN OUR YOUTH AND THEIR FAMILIES THROUGH OUR 2GEN, UNITY 4TEENS YEAR ROUND, SCHOOL-BASED PROGRAM. FLORIDA COUNTS: THIS COALITION OF STATEWIDE FUNDERS AWARDED HUF FUND TO HIRE A CENSUS COORDINATOR TO ASSIST WITH OUTREACH AND MARKETING OF THE 2020 CENSUS IN BROWARD COUNTY. PRICE WATERHOUSE COOPER (PWC) RE-IMAGINE FUND: INVESTED IN THE LEARNING CAFE WHICH, IN PARTNERSHIP WITH BROWARD COLLEGE WILL TEACH ENGLISH AS WELL AS PROVIDE INTEGRATION SUPPORT TO THESE NEW AMERICANS.

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>LANGUAGE & EDUCATION 2,371 CLIENTS RECEIVED EDUCATION SERVICES. ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL): IS A PROGRAM DESIGNED FOR ADULT STUDENTS, 18 YEARS AND OLDER, TO COMMUNICATE COMPETENTLY IN ENGLISH AND PERFORM IN THE SKILL AREAS OF LISTENING, SPEAKING, READING, AND WRITING. 778 STUDENTS LEARNED ENGLISH VIA ESOL CLASSES IN PARTNERSHIP WITH BROWARD COUNTY PUBLIC SCHOOLS. FAMILY STRENGTHENING PROGRAM: IS A RESEARCH-BASED TRAINING PROGRAM THAT TEACHES PARENTS THE IMPORTANCE OF HOW ENGAGING IN NURTURING BEHAVIORS PROMOTES HEALTHY PHYSICAL AND EMOTIONAL DEVELOPMENT IN CHILDREN. PARENTS LEARN STRATEGIES TO AVOID TRIGGER BEHAVIOR RESULTING IN AN INCREASE OF SELF-AWARENESS, SELF-ESTEEM, AND POSITIVE REINFORCEMENT. WE SERVED 89 FAMILIES, 166 CHILDREN AND 138 PARENTS/CAREGIVERS. UNITY 4KIDS (U4K) PROGRAM: IS AN EARLY LEARNING CENTER THAT PROVIDES CHILDREN AND THEIR FAMILIES WITH EARLY LITERACY AND SCHOOL READINESS SERVICES. BY YEAR END, 85% OF THE FAMILIES WERE READING TO THEIR CHILD A MINIMUM OF FIVE DAYS PER WEEK. THE CENTER MAINTAINED ITS NATIONAL EARLY CHILDHOOD PROGRAM ACCREDITATION (NECPA) IN 2019 THAT IS VALID FOR THE NEXT THREE YEARS. WE SERVED 40 FAMILIES, 41 CHILDREN, AND 75 PARENTS. 100% OF PRESCHOOLERS WERE READY FOR KINDERGARTEN AND DEMONSTRATED MEETING OR EXCEEDING EXPECTATIONS IN THE PHONOLOGICAL AWARENESS, PRINT KNOWLEDGE, ORAL LANGUAGE/VOCABULARY 2,371 CLIENTS RECEIVED EDUCATION SERVICES. UNITY 4TEENS (U4T) PROGRAM: IS A YEAR-ROUND PROGRAM FOR MIDDLE AND HIGH SCHOOL AGE YOUTH THAT PROVIDES EDUCATION AND ENRICHMENT ACTIVITIES. THESE ACTIVITIES HELP STUDENTS ATTAIN ACADEMIC AND SOCIAL SUCCESS, REDUCE RISK BEHAVIORS, AND TEACH LIFE SKILLS SO THEY MAY GROW INTO SELF-SUFFICIENT, PRODUCTIVE ADULTS. WE SERVED 345 STUDENTS FROM: APOLLO, ATTUCKS, MCNICOL AND OLSEN MIDDLE SCHOOLS & 754 STUDENTS FROM MIRAMAR AND STRANAHAN HIGH SCHOOLS (AND 74 ADULTS SERVED THROUGH 2GEN AT STRANAHAN) 100% OF PARTICIPANTS DID NOT OBTAIN A NEW LAW VIOLATION. 100% OF PARTICIPANTS DID NOT BECOME PREGNANT NOR CAUSE PREGNANCY. 100% OF PARTICIPANTS DID NOT USE ALCOHOL AND/OR DRUGS. 100% OF PARTICIPANTS WERE PROMOTED TO THE NEXT GRADE. 99% OF DECREASED EXTERNAL SUSPENSIONS AND UNEXCUSED ABSENCES. 86% OF PARTICIPANTS IMPROVED IN READING, MATH AND SCIENCE. 2GEN-COMPASS PERFORMANCE A TWO-GENERATION (2GEN) APPROACH THAT OFFERS PARALLEL AND COMPLEMENTARY SERVICES TO PARENTS AND CHILDREN WHILE OUTCOMES ARE TRACKED FOR EACH GROUP SIMULTANEOUSLY. 90% OF STUDENTS WHO APPLIED FOR FAFSA, RECEIVED A RESPONSE 100% OF THE YOUTH PURSUED HIGHER EDUCATION AND/OR VOCATIONAL SKILL TRAINING PROGRAM 100% OF YOUTH GRADUATED HIGH SCHOOL</p>

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>ECONOMIC MOBILITY & ENTREPRENEURSHIP IN WHICH 10,821 INDIVIDUALS INCREASED THEIR KNOWLEDGE ABOUT FINANCIAL MATTERS AND RECEIVED FINANCIAL LITERACY TRAINING TO CREATE NEW BUDGETING AND SAVINGS HABITS. WORKFORCE DEVELOPMENT ASSISTED A TOTAL 210 PARTICIPANTS 89% OF PARTICIPANTS ACQUIRED EMPLOYMENT OR A BETTER JOB. 57% RETAINED THEIR EMPLOYMENT FOR A MINIMUM OF THREE MONTHS. 50% OF GRADUATES FROM THE CUSTOMER SERVICE AND SALES TRAINING ACQUIRED A NATIONAL CERTIFICATION. INCOME SUPPORT 3,280 CLIENTS RECEIVED: ACCESS TO FOOD COMPRANDO RICO Y SANO (BUYING HEALTHY AND DELICIOUS) SERVED 2,800 PARTICIPANTS. 1,340 SNAP (FOOD SUPPORT) APPLICATIONS WERE COMPLETED, IMPACTING MORE THAN 3,350 INDIVIDUALS. PROMOTORES DE SALUD (COMMUNITY HEALTH WORKERS) CONDUCTED CHARLAS (SMALL EDUCATIONAL SESSIONS) TO 860 ADULTS TO PROMOTE HEALTH- CONSCIOUS SHOPPING, SMART FOOD CHOICES, AND COST-SAVING STRATEGIES. ACCESS TO HEALTHCARE TE AYUDO (GET COVERED) PROGRAM SERVED 1,080 FAMILY MEMBERS. 545 INDIVIDUALS WERE ELIGIBLE FOR FREE OR LOW-COST AFFORDABLE HEALTHCARE, 335 FAMILY MEMBERS NOW HAVE ACCESS TO HEALTH INSURANCE. 50%+ WERE ENROLLED IN A PLAN: ACA, MEDICAID, AND KIDCARE PLANS. 70% ESTABLISHED A PRIMARY CARE DOCTOR OF THEIR CHOICE AFTER RECEIVING CASE MANAGEMENT SERVICES FROM HUF HEALTH NAVIGATORS. VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM 5,974 TAX RETURNS COMPLETED 75+ VOLUNTEERS AND 35 VITA STAFF. 6.3 MILLION IN TAX REFUNDS & 1.6 MILLION IN SAVINGS IN TAX PREPARATION FEES. 7.9 MILLION IN ECONOMIC IMPACT IN BROWARD COUNTY. 54 ELECTED OFFICIALS FROM 14 CITIES IN BROWARD COUNTY BECAME VITA CHAMPIONS. THEY PROMOTED THE VITA PROGRAM TO RESIDENTS IN THEIR RESPECTIVE COMMUNITIES. FINANCIAL CAPABILITY, WEALTH, AND ASSET BUILDING 671 PARTICIPANTS 502 PARTICIPANTS ATTENDED FINANCIAL LITERACY WORKSHOPS AND FINANCIAL COACHING SESSIONS WHERE THEY LEARNED SKILLS TO ACHIEVE FINANCIAL GOALS AND IMPROVE THEIR FINANCIAL LIVES. 169 FAMILIES ATTENDED FIRST-TIME HOMEBUYERS SEMINAR, RECEIVED FINANCIAL COACHING, AND HOUSING COUNSELING. EMERGING ENTREPRENEURS 686 PARTICIPANTS BROWARD COUNTY - 38 WORKSHOPS TO 627 ASPIRING & EXISTING SMALL BUSINESS OWNERS. MIAMI-DADE COUNTY - FIVE WORKSHOPS TO 59 ASPIRING & EXISTING SMALL BUSINESS OWNERS.</p>

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	CITIZENSHIP, CIVIC ENGAGEMENT, LEGAL & EQUAL TREATMENT/OPPORTUNITY SOUTH FLORIDA IS HOME TO THE 3RD LARGEST NUMBER OF GREEN CARD HOLDERS (LEGAL PERMANENT RESIDENTS) IN THE NATION, READY TO BECOME U.S. CITIZENS. HUF SERVED 2,882 CLIENTS IN THEIR GOAL OF REALIZING THEIR DREAM OF CITIZENSHIP. WE HAVE 20+ CITIZENSHIP CENTERS IN SOUTH FLORIDA. PATHWAYS TO CITIZENSHIP PROGRAM BROWARD COUNTY 1,645 ASPIRING CITIZENS WERE SERVED AND 1,100 RECEIVED ASSISTANCE WITH THE NATURALIZATION APPLICATION FORM (N-400). 722 INDIVIDUALS RECEIVED OTHER IMMIGRATION SERVICES. MIAMI-DADE COUNTY 200 ASPIRING CITIZENS WERE SERVED AND 125 RECEIVED ASSISTANCE WITH THE NATURALIZATION APPLICATION FORM (N-400). VOTER REGISTRATION & LEGAL SERVICES 120 CITIZENS REGISTERED TO VOTE. 120 CLIENTS RECEIVED LEGAL SERVICES THROUGH LEGAL AID SERVICE OF BROWARD COUNTY. 75 CLIENTS RECEIVED FREE LEGAL IMMIGRATION SERVICES - THOSE WITH POSSIBLE IMMIGRATION RELIEF WERE ASSIGNED A PRO BONO ATTORNEY TO ASSIST THEM WITH THEIR CASE. FLORIDA COUNTS: THIS COALITION OF STATEWIDE FUNDERS AWARDED HUF FUNDS TO HIRE A CENSUS CAMPAIGN COORDINATOR TO ASSIST WITH OUTREACH AND MARKETING OF THE 2020 CENSUS IN BROWARD COUNTY. PRICE WATERHOUSE COOPER (PWC) RE-IMAGINE FUND: INVESTED IN THE LEARNING CAF WHICH, IN PARTNERSHIP WITH BROWARD COLLEGE WILL TEACH ENGLISH AS WELL AS PROVIDE INTEGRATION SUPPORT TO THESE NEW AMERICANS.

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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 ADEQUATE TIME FOR BOARD REVIEW, INPUT AND APPROVAL.

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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 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 AN ATTESTATION TO A ROBUST CODE OF ETHICS.

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER, AND OTHER OFFICERS AND 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 LOCAL LIKE-KIND ORGANIZATIONS TO USE THE COMPENSATION OF THOSE COMPARABLE POSITIONS. 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.

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	AS STATED FOR LINE 15A ABOVE.

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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.

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Return Reference	Explanation
FORM 990, PART XI, LINE 9	DIRECT FUNDRAISING EXP REPORTED ON PART VIII, LINE 8B 16,047 DIRECT FUNDRAISING EXP REPORTED ON PART VIII LINE 8B -16,047