Forr	990-T	E>	empt Organization (and proxy tax	Bus un	siness Income der section 6033(Fax Retur	3°4	OMB /	No 1545-0047	
	,	For calendar year 2019 or other tax year beginning $10/01$, 2019, and ending $09/30$, 2020								
Dens	rtment of the Treasury	►Go to www.irs gov/Form9907 for instructions and the latest information								
	nal Revenue Service	▶Do	not enter SSN numbers on this form a				:)(3)	Open to P 501(c)(3) (ublic Inspection for Organizations Only	
ΑT	Check box if		Name of organization (Check be				D Employ	yer identifi	cation number	
٠. ٢	address changed		HISPANIC BUSINESS II			,	(Employ	ees' trust, se	e instructions)	
B E	cempt under section	1	OF FLORIDA, INC.							
_	_ //	Print	Number, street, and room or suite no	f o D O	hov con instructions	· · · · · ·	50-33	41405		
^	501(C)(/3)	or_	Number, street, and room of suite no		DOX, SEE ITSTRUCTIONS				ss activity code	
	408(e) 220(e)	Type	2001 5255 60700777			* 0 0		tructions)	ss activity code	
	_408A530(a)	1	3201 EAST COLONIAL			A20				
	529(a).		City or town, state or province, country	, and a	ZIP or foreign postal code					
	ook value of all assets		ORLANDO, FL 32803				90009	9		
al	end of year	F Gro	up exemption number (See instructi	ons)	>					
	3,594,841.	G Che	eck organization type 🕨 X 501	(c) co	rporation 501(c)	trust	401(a) t	rust	Other trust	
HE	nter the number of	the orga	inization's unrelated trades or busine	sses	<u>▶</u> 1	Describe	the only	(or first) ui	nrelated	
			ERTISING INCOME		•	complete Parts I	-V If more	than one.	describe the	
			end of the previous sentence, cor	nnlete		·		•		
	rade or business, th		•	p.o.c	Transfer and tr, complete a co	3/100010 /// 10/ 00/	517 GGG711G11	.		
			corporation a subsidiary in an affili	atad a	roup or a parent subadient	antrolled group?			Yes X No	
	•		•	_		ontrolled group?		– ∟] 165 [···] 140	
			identifying number of the parent cor	porati	on ▶	e number ▶ 40	7 420-	E072		
			JGUSTO SANABRIA							
Pa	rt Unrelated	Trade o	or Business Income		(A) Income	(B) Expen	ses		(C) Net	
1 a	Gross receipts or s	sales								
b	Less returns and allowa	nces	c Balance ▶	1c						
2	Cost of goods sol	ld (Sched	ule A, line 7)	2						
3	Gross profit Sub	tract line	2 from line 1c	3						
4a			ttach Schedule D)	4a						
b			Part II, line 17) (attach Form 4797)	4b				_		
			rusts	4c						
c	•					/_				
5			r an S corporation (attach statement)	5		/				
6	•			6						
7	Unrelated debt-fir	nanced in	come (Schedule E)	_ 7						
8	Interest, annuities, roya	alties, and re	nts from a controlled organization (Schedule F)	8						
9	Investment income of a	section 50	1(c)(7), (9), or (17) organization (Schedule G)	9						
10	Exploited exempt	activity in	ncome (Schedule I)	10						
11	Advertising incom	ne (Sched	lule J)	11	6,076.	4	,808.		1,268.	
12	Other income (Se	e instruc	tions, attach schedule)	12						
13	Total Combine lir	nes 3 thro	ough 12	13/	6,076.	4	,808.		1,268.	
	Deduction	ns Not	Taken Elsewhere (See ınstr	uctic	ns for limitations on d	eductions) ([Deductio	ns must	be directly	
			ne unrelated business incom						•	
14			directors, and trustees (Schedule K)		DECENTE)	. 14	_		
14					KEUL	~			· · - ·	
15	_		<i>. [</i>		- 202		. 15	····		
16			. /	1	AUG 1 1 202	'··/��	. 16			
17			/				. 17			
18			see instructions)			$\overline{IT} \cdot \overline{I} \cdots$. 18			
19	Taxes and licenses	s	<i>. [</i>		OGDEN		. 19			
20			4562)		· Line and the last of the las					
21			on Schedule A and elsewhere on re				21b		_	
22	Depletion		<u>/ </u>				. 22			
23			compensation plans							
24			3							
25			Schedule I).							
								_		
26			chedule J)							
27			chedule)							
28	/		s 14 through 27						1 000	
29			le income before net operating						1,268.	
30	,		g loss arısıng ın tax years beginnin							
31			income Subtract line 30 from line	29 .	<u> </u>	<u> </u>	. 31		1,268.	
	Paperwork Reducti	on Act N	otice, see instructions.					For	m 990-T (2019)	
/JSA			•				ſ	^		

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_	390- ľ (Sr		<u> </u>					Page 2
Pai	_	Total Unrelated Business Taxable			 i i			
32،		of unrelated business taxable income comp						
•		ons)					1,2	268.
33	Amount	s paid for disallowed fringes						
34	Charita	ple contributions (see instructions for limitation rule	es)		34			
35	Total u	nrelated business taxable income before pro-	e-2018 NOLs and specific	deduction Subtract	line			
	34 from	the sum of lines 32 and 33			.9		1,2	268.
36-	Deducti	on for net operating loss arising in tax	years beginning before	January 1, 2018	(see			
	instruct	ons)			36			
37		unrelated business taxable income before specif					1,2	268.
38		deduction (Generally \$1,000, but see line 38 ins			/) 		1,0	000.
39.	Unrelat	ed business taxable income Subtract line 3	8 from line 37 If line 3	B is greater than line	37			
1	onter th	e smaller of zero or line 37		o io grouter area area	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		2	268.
Dat		Tax Computation	· · · · · · · · · · · · · · · · · · ·	<u> </u>	• • • • • • • • • • • • • • • • • • • •			
	<u> </u>	ations Taxable as Corporations. Multiply line 39	b.: 249/ (0.24)			,		56.
40								
41		Taxable at Trust Rates. See instru						
		unt on line 39 from Tax rate schedule or		•	. 			
42	•	x. See instructions						
	•	ive minimum tax (trusts only)			3 4			
44	Tax on	Noncompliant Facility Income. See instructions						
45	Total. A	dd lines 42, 43, and 44 to line 40 or 41, whicheven	er applies	<u></u>	\ 45			56
Par	t V	Tax and Payments						
46 a	Foreign	tax credit (corporations attach Form 1118, trusts	attach Form 1116)	46a				
, b	Other c	edits (see instructions)		46b				
С	General	business credit Attach Form 3800 (see instruction	ns)	46c				
		or prior year minimum tax (attach Form 8801 or 88						
		edits. Add lines 46a through 46d			46e			
47		line 46e from line 45						56.
48		es Check if from Form 4255 Form 8611						
49		k. Add lines 47 and 48 (see instructions)			. \			56.
50		t 965 tax liability paid from Form 965-A or Form						
		ts A 2018 overpayment credited to 2019			· · · 30 			
								
		timated tax payments						
		osited with Form 8868						
		organizations Tax paid or withheld at source (see		_				
		withholding (see instructions)						
		or small employer health insurance premiums (atta		51f				
g		edits, adjustments, and payments Form 2439						
	F	orm 4136 Other	Total ▶	51g				
52		yments. Add lines 51a through 51g			52	•		
53	Estimate	ed tax penalty (see instructions) Check if Form 22	220 is attached	夷	53			
54	Tax due	. If line 52 is less than the total of lines 49, 50, a	nd 53, enter amount owed .		1 . ▶ 54			56.
55		ment. If line 52 is larger than the total of lines 4						
56		amount of line 55 you want		Refunde				
Par		Statements Regarding Certain Act		rmation (see instru	ictions)			
57		time during the 2019 calendar year, did th				authority	Yes	No
•.		financial account (bank, securities, or other)						
		Form 114, Report of Foreign Bank and Fi						
		roint 114, Report of Foreign Bank and 1	, CCOUNTS II TES,	enter the name of	the foleign	Country		X
	here ►							X
58	-	ne tax year, did the organization receive a distrib	`	ntor or, or transferor to, a	a foreign trust	′ · · · ·		
		see instructions for other forms the organization m						
<u>59</u>		e amount of tax-exempt interest received or accru		-4.44 -4	- 44- ba-1 -1	u baantata		-4 :
	tru	der penalties of perjury, I declare that I have examined this e, correct, and complete Declaration of preparer (other than taxpa	return, including accompanying sch ayer) is based on all information of white	equies and statements, and to th preparer has any knowledge	o the best of my	, knowledge a	uio belie	21, IT 15
Sigr	וֹ 🍆 וֹ	1-11	-11		May the I	RS discuss	this re	etum
Her		1000	0/10/201/ CEO.	PRESIDENT	with the	preparer sho		
_	Sı	gnature of officer	Date / Title		(see instruction	ons)?X Yes	s	No
		Print/Type preparer's name P	reparere-signature	Date	Check if	PTIN		_
Paid		TARA MILLER	Tara Hiller	07/22/2021	self-employed			
•	arer	Firm's name BDO USA, LLP			Firm's EIN ▶	13-5381	590	
Use	Only	Firm's address ▶ 450 S ORANGE AVE, SI	UITE 550, ORLANDO,	FL 32801	Phone no 40			

Form **990-T** (2019)

Schedule A - Cost of Go	<u>oo</u> ds Sold. E	nter metho	d of inventory	valuation	<u> </u>			_		
1' Inventory at beginning of year . 1			6	Inventory	ry at end of year 6					
2 Purchases	2				Cost of goods sold. Subtract line 6 from line 5 Enter here and in Part					
3 Cost of labor	3			6 from lir				1		
4a Additional section 263A co	osts			I, line 2			7	_		-
(attach schedule)			8			section 263A (w	•		Yes	No
b Other costs (attach schedu			property produced							
5 Total. Add lines 1 through				to the orga	anization?			<u> </u>		<u></u>
Schedule C - Rent Income	(From Real	Property a	nd Personal	Property	Leased V	Vith Real Propei	ty)			
(see instructions)										
1 Description of property			·				_			
(1)								<u> </u>		
(2)						 				
(3)			<u> </u>							
	0.01					T				
		erved or accru	-			1				
(a) From personal property (if the for personal property is more the more than 50%)	percent	age of rent for pe	al and personal property (if the ent for personal property exceeds ent is based on profit or income) 3(a) Deductions direct in columns 2(a) a						ome	
(1)										
(2)										
3)							-			
(4)								,		
Total		Total						i		
c) Total income. Add totals of co	olumns 2(a) and	2(b) Enter	•			(b) Total deduction Enter here and on				
nere and on page 1, Part I, line 6	, column (A)	▶				Part I, line 6, colur				
Schedule E - Unrelated De	ebt-Financed	Income (se	e instructions	3)						
			2 Gross inco	ome from or	3 (Deductions directly cor debt-financ			le to	
1 Description of deb	t-financed property		allocable to de			raight line depreciation		(b) Other deduction		
	-		ļ	•	(atta	ch schedule)		(attach sched	iule)	
1)			_							
2)			- -			_				
3) .										
4 Amount of average	5 Average ad	usted hasis				+				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property (attach schedule)			6 Colu 4 divi by colu	ded	7 Gross income reportable (column 2 x column 6)		_	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
		,		%						
1) 2)				%						
3)	_			%				_		
4)				- /v						
.,			·		Enter her	e and on page 1,	Ente	r here and o	n page	e 1, B)

Form 990-T (2019)	witing Davidtie	o and Be	nto Fr	om Contro	llad O		-ations	/aaa :aata::at		Page 4	
Schedule F - Interest, Ann	iuities, Royaltie			on Contro ontrolled Org			zations	see instruct	ions)		
1 Name of controlled organization	, ,				4 Total of specified payments made		fied inclu	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)										<u> </u>	
(4)											
Nonexempt Controlled Organi						10	Part of colu	ımn Q that is	1 1	Deductions directly	
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specific payments made	ed 	inc	luded in the			nected with income in column 10	
(1)	·								ļ	_	
(2)		-				 			 		
(3)						<u> </u>		"	-		
(4)						En	dd columns ter here and irt I, line 8, o	on page 1,	Ent	id columns 6 and 11 er here and on page 1, rt I, line 8, column (B)	
Totals		<u> </u>	<u></u>		<u></u> ▶	L					
Schedule G-Investment In	ncome of a Sec	ction 501	<u>(c)(7),</u>	• • •		nizati	on (see	nstructions)		E Tatal dad atas	
1 Description of income	2 Amount o	fincome		3 Deduc directly con (attach sch	nected		4 Set-asides (attach schedule)		5 Total deductions and set-asides (col 3 plus col 4)		
(1)			,								
(2)						1					
(3)	 		_								
(4)	Enter here and Part I, line 9, c									Enter here and on page 1, Part I, line 9, column (B)	
Totals											
Schedule I-Exploited Exe		come, Ot	her Th	an Adverti	sing Ir	ncome	(see ins	tructions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Experdirect connecte producti unrela business (nses tly of with on of ted	4 Net incomfrom unrelated or business in 2 minus cold if a gain, cold cold 5 thro	ee (loss) ed trade (column umn 3) impute	5. G from	ross income activity tha ot unrelated ness income	s income tivity that inrelated column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)											
(4)											
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, F line 10, c	Part I,							Enter here and on page 1, Part II, line 25	
Schedule J- Advertising In	come (see instr	uctions)		L						<u> </u>	
Part I Income From Per			onsol	idated Bas	is						
income i rom i en	2 Gross			4 Adverti	sing					7 Excess readership costs (column 6	
1 Name of periodical	advertising income	3 Dire advertising		2 minus co a gain, con cols 5 thro	3) If	5 Circulation 6 I		6 Reado		minus column 5, but not more than column 4)	
(1)				,						1	
(2)				· -				<u> </u>			
(3)											
(4)										1	
Totals (carry to Part II, line (5))							<u>.</u>			Form 990-T (2019)	

Page 5

Part II., Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)EVENT PROGRAMS	6,076	4,808	1,268			
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			-	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	6,076.	4,808.				

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)	_	%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

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