

CITRIN COOPERMAN & COMPANY, LLP  
290 W. MT. PLEASANT AVENUE #3310  
LIVINGSTON, NJ 07039

HISPANIC FEDERATION, INC.  
55 EXCHANGE PLACE, 5TH FLOOR  
NEW YORK, NY 10005

|||||

CLIENT'S COPY

Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization: HISPANIC FEDERATION, INC. D Employer identification number: 13-3573852 E Telephone number: (212) 233 8955 G Gross receipts \$: 11,171,980. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.HISPANICFEDERATION.ORG K Form of organization: L Year of formation: 1990 M State of legal domicile: NY

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance... 8-12 Revenue... 13-19 Expenses... 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer: JOSE CALDERON, PRESIDENT Date: 5/12/17. Paid Preparer: Print/Type preparer's name: ALEX SERRANO, CPA Preparer's signature: [Signature] Date: 5/10/17 Check if self-employed: [ ] PTIN: P00171588 Firm's name: CITRIN COOPERMAN & COMPANY, LLP Firm's EIN: 22-2428965 Firm's address: 290 W. MT. PLEASANT AVENUE #3310 LIVINGSTON, NJ 07039 Phone no. 973-218-0500

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: A SERVICE-ORIENTED MEMBERSHIP ORGANIZATION OF HEALTH AND HUMAN SERVICE AGENCIES DEDICATED TO ADDRESSING THE NEEDS OF HISPANIC-AMERICANS IN THE NEW YORK METROPOLITAN AREA.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 2,926,819. including grants of \$ 862,985. ) (Revenue \$ ) THE COMMUNITY ASSISTANCE PROGRAM PROVIDES EMERGENCY ASSISTANCE TO MEMBERS OF THE LATINO COMMUNITY.

4b (Code: ) (Expenses \$ 3,179,493. including grants of \$ 94,535. ) (Revenue \$ ) THE TECHNICAL SUPPORT PROGRAM PROVIDES MANAGERIAL, ORGANIZATIONAL AND OTHER RELATED TECHNICAL ASSISTANCE TO LATINO HEALTH AND HUMAN SERVICE AGENCIES.

4c (Code: ) (Expenses \$ 1,301,587. including grants of \$ 81,835. ) (Revenue \$ ) THE ADVOCACY PROGRAM PROVIDES COUNSELING AND OTHER RELATED SERVICES TO MEMBERS OF THE LATINO COMMUNITY.

4d Other program services (Describe in Schedule O.) (Expenses \$ 748,078. including grants of \$ 676,023. ) (Revenue \$ )

4e Total program service expenses 8,155,977.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

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

Input box for Schedule O check

Main table with columns for question ID, description, and Yes/No checkboxes. Includes rows for backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 22		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 22		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

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

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) ARMINDA FIGUEROA MEMBER	0.50	X					0.	0.	0.	
(2) CARLOS L. SANTIAGO MEMBER	0.50	X					0.	0.	0.	
(3) BRIAN F. DORAN MEMBER	0.50	X					0.	0.	0.	
(4) CRISTINA SCHWARZ MEMBER	0.50	X					0.	0.	0.	
(5) INDRANI M. FRANCHINI MEMBER	0.50	X					0.	0.	0.	
(6) MIGUEL CENTENO MEMBER	0.50	X					0.	0.	0.	
(7) JOSE M. RIVERA MEMBER	0.50	X					0.	0.	0.	
(8) LINO GARCIA MEMBER	0.50	X					0.	0.	0.	
(9) LUCIA BALLAS-TRAYNOR VICE CHAIR	0.50	X					0.	0.	0.	
(10) MANUEL CHINEA MEMBER	0.50	X					0.	0.	0.	
(11) DELPHINE MENDEZ DE LEON ASSISTANT SECRETARY	0.50	X					0.	0.	0.	
(12) RAMON J. PINEDA CHAIR	0.50	X					0.	0.	0.	
(13) RICARDO A. VENEGAS TREASURER	0.50	X					0.	0.	0.	
(14) SARA ERICHSON MEMBER	0.50	X					0.	0.	0.	
(15) JUAN OTERO SECRETARY	0.50	X					0.	0.	0.	
(16) JOSE RIVERA-ALERS MEMBER	0.50	X					0.	0.	0.	
(17) EMILIO GONZALEZ MEMBER	0.50	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAY HERSHENSON MEMBER	0.50	X					0.	0.	0.	
(19) MARGARET LAZO MEMBER	0.50	X					0.	0.	0.	
(20) NATHALIE RAYES MEMBER	0.50	X					0.	0.	0.	
(21) LUIS ROSERO MEMBER	0.50	X					0.	0.	0.	
(22) JOSE CALDERON PRESIDENT	35.00			X			202,142.	0.	37,652.	
(23) FRANKIE MIRANDA SENIOR VICE PRESIDENT	35.00				X		142,740.	0.	26,587.	
(24) DORIS GUZMAN VP FINANCE & ADMINISTRATIO	35.00				X		123,194.	0.	23,483.	
(25) MARTHA L. BAHAMON VICE PRESIDENT DEVELOPMENT	35.00				X		125,400.	0.	23,601.	
(26) JOSE DAVILA VICE PRESIDENT POLICY	35.00				X		100,431.	0.	15,077.	
<b>1b Sub-total</b>							693,907.	0.	126,400.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							693,907.	0.	126,400.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	1,277,302.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	3,011,733.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	6,483,356.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		10,772,391.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		268.			268.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	124,437.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....		0.			
	<b>c</b> Rental income or (loss) .....		124,437.				
	<b>d</b> Net rental income or (loss) .....		124,437.	124,437.			
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
	<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,277,302. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	274,884.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	396,121.			
<b>c</b> Net income or (loss) from fundraising events .....			-121,237.			-121,237.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11</b>	<b>a</b> _____						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....			10,775,859.	124,437.	0.	-120,969.	

**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	1,642,951.	1,642,951.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	72,427.	72,427.		
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	693,908.	562,354.	28,147.	103,407.
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	1,649,675.	1,336,924.	66,916.	245,835.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	121,883.	83,562.	24,702.	13,619.
9 Other employee benefits	391,593.	268,471.	79,365.	43,757.
10 Payroll taxes	192,837.	132,207.	39,082.	21,548.
11 Fees for services (non-employees):				
a Management				
b Legal	14,493.		14,493.	
c Accounting	59,791.	55,438.	4,353.	
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 Sch O.)				
12 Advertising and promotion				
13 Office expenses	80,532.	68,375.	9,729.	2,428.
14 Information technology				
15 Royalties				
16 Occupancy	98,496.	98,496.		
17 Travel	138,670.	114,333.	17,139.	7,198.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29,293.	29,293.		
20 Interest	64,648.	17,853.	43,645.	3,150.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	169,979.	112,357.	57,065.	557.
23 Insurance	37,323.	21,618.	15,705.	
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 <b>SUBCONTRACT EXPENSE</b>	1,216,921.	1,216,921.		
b <b>PUBLIC RELATIONS</b>	1,016,954.	803,603.	770.	212,581.
c <b>CONSULTANTS</b>	707,705.	600,742.	86,418.	20,545.
d <b>INTERNSHIPS</b>	405,507.	405,268.	239.	
e All other expenses	908,034.	512,784.	73,585.	321,665.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	9,713,620.	8,155,977.	561,353.	996,290.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	699,277.	<b>1</b>	1,829,585.
	<b>2</b> Savings and temporary cash investments .....	1,583,458.	<b>2</b>	1,630,756.
	<b>3</b> Pledges and grants receivable, net .....	1,336,946.	<b>3</b>	1,110,918.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	84,642.	<b>9</b>	106,173.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,666,448.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,022,197.	<b>10c</b>	4,644,251.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	230,621.	<b>14</b>	222,814.
	<b>15</b> Other assets. See Part IV, line 11 .....	10,400.	<b>15</b>	15,360.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	8,711,264.	<b>16</b>	9,559,857.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	159,319.	<b>17</b>	242,791.
	<b>18</b> Grants payable .....	406,297.	<b>18</b>	213,518.
	<b>19</b> Deferred revenue .....	50,000.	<b>19</b>	23,985.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,695,118.	<b>23</b>	1,619,394.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	2,600.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,313,334.	<b>26</b>	2,099,688.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	6,157,087.	<b>27</b>	7,026,243.
	<b>28</b> Temporarily restricted net assets .....	240,843.	<b>28</b>	433,926.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	6,397,930.	<b>33</b>	7,460,169.	
<b>34</b> Total liabilities and net assets/fund balances .....	8,711,264.	<b>34</b>	9,559,857.	

**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	10,775,859.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,713,620.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,062,239.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,397,930.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,460,169.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
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?	X	
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	X	

Form 990 (2016)

**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.

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

OMB No. 1545-0047

**2016**

Open to Public Inspection

<b>Name of the organization</b> <p style="text-align:center;">HISPANIC FEDERATION, INC.</p>	<b>Employer identification number</b> <p style="text-align:center;">**-***3852</p>
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**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 **section 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		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4229004.	4701170.	5775991.	5946910.	9423889.	30076964.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4229004.	4701170.	5775991.	5946910.	9423889.	30076964.
<b>5</b> 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) .....						2466102.
<b>6 Public support.</b> Subtract line 5 from line 4.						27610862.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	4229004.	4701170.	5775991.	5946910.	9423889.	30076964.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	299.	1,003.	797.	397.	268.	2,764.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						30079728.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	91.79 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	89.12 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** 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 in line 12 on 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>10a</b> 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 10b below.</i>		
<b>b</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>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

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

<b>Section C - Distributable Amount</b>		(A) Prior Year	Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

**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.)

Horizontal lines for supplemental information.

CLIENT'S COPY



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

HISPANIC FEDERATION, INC.

Employer identification number

\*\* - \*\*\* 3852

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization <b>HISPANIC FEDERATION, INC.</b>	Employer identification number <b>** - ***3852</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WALMART 702 SW 8TH STREET BENTONVILLE, AR 72716	\$ 260,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MICHAEL AND SUSAN DELL FOUNDATION PO BOX 163867 AUSTIN, TX 78716	\$ 363,533.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE FORD FOUNDATION 320 E 43RD STREET NEW YORK, NY 10017	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	OPEN SOCIETY FOUNDATION 224 WEST 57TH STREET NEW YORK, NY 10019	\$ 905,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	5000 BROADWAY PRODUCTIONS, INC 5030 BROADWAY, SUITE 807 NEW YORK, NY 10034	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	GATES FOUNDATION 500 FIFTH AVENUE NORTH SEATTLE, WA 98109	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>HISPANIC FEDERATION, INC.</b>	Employer identification number  <b>** - ***3852</b>
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**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization  <b>HISPANIC FEDERATION, INC.</b>	Employer identification number  <b>** - *** 3852</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>HISPANIC FEDERATION, INC.</b>	Employer identification number <b>**-***3852</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2016

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	63,000.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	63,000.													
<b>d</b>	Other exempt purpose expenditures	11,786,200.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	11,849,200.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	742,460.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	185,615.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount	423,347.	559,151.	613,659.	742,460.	2,338,617.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					3,507,926.
<b>c</b> Total lobbying expenditures	63,000.	63,000.	63,000.	63,000.	252,000.
<b>d</b> Grassroots nontaxable amount	105,837.	139,788.	153,415.	185,615.	584,655.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					876,983.
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

**Name of the organization** HISPANIC FEDERATION, INC. **Employer identification number**  
\*\*-\*\*\*3852

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of a 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 Tax 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 8/17/06, 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? .....

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)? .....

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 .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		599,813.		599,813.
b Buildings		5,398,322.	1,447,710.	3,950,612.
c Leasehold improvements		44,052.	29,744.	14,308.
d Equipment		599,782.	520,264.	79,518.
e Other		24,479.	24,479.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,644,251.

**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)		
<b>Total.</b> (Col. (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)		
<b>Total.</b> (Col. (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)	
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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



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

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

1	Total revenue, gains, and other support per audited financial statements		1	12,911,439.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	1,739,459.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	396,121.	
e	Add lines 2a through 2d	2e		2,135,580.
3	Subtract line 2e from line 1		3	10,775,859.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	10,775,859.

**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	11,849,200.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,739,459.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	396,121.	
e	Add lines 2a through 2d	2e		2,135,580.
3	Subtract line 2e from line 1		3	9,713,620.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	9,713,620.

**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.

**PART X, LINE 2:**

HF QUALIFIES AS A CHARITABLE ORGANIZATION AS DEFINED BY INTERNAL REVENUE CODE SECTION 501(C)(3) AND, ACCORDINGLY, IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(A). ADDITIONALLY, SINCE HF IS A SECTION 509(A)(2) PUBLICLY SUPPORTED ORGANIZATION, CONTRIBUTIONS MADE TO HF QUALIFY FOR THE MAXIMUM CHARITABLE CONTRIBUTION DEDUCTION UNDER THE INTERNAL REVENUE CODE. HF IS ALSO EXEMPT FROM NEW YORK STATE AND NEW YORK CITY INCOME TAXES.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

SPECIAL EVENT DIRECT EXPENSES - GALA 380,479.  
 SPECIAL EVENT DIRECT EXPENSES - NIGHT OF 1000 FRIENDS 15,642.

**Part XIII** Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XI, LINE 2D 396,121.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES - GALA 380,479.

SPECIAL EVENT DIRECT EXPENSES - NIGHT OF 1000 FRIENDS 15,642.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 396,121.





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA DINNER (event type)	NIGHT OF 1000 FRIENDS (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	1,480,986.	71,200.		1,552,186.
	<b>2</b> Less: Contributions .....	1,219,495.	57,807.		1,277,302.
	<b>3</b> Gross income (line 1 minus line 2) .....	261,491.	13,393.		274,884.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	261,491.	13,393.		274,884.
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....	70,695.			70,695.
	<b>9</b> Other direct expenses .....	48,293.	2,249.		50,542.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				396,121.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-121,237.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
	<b>2</b> Cash prizes .....				
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
Revenue	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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 to be 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Part IV** Supplemental Information *(continued)*

CLIENT'S COPY

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization **HISPANIC FEDERATION, INC.** Employer identification number **\*\* - \*\*\* 3852**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ACCION EAST INC 80 MAIDEN LANE NEW YORK, NY 10038	** - *** 7234	501(C)(3)	17,500.	0.			CORE GRANT
EL PUENTE 211 SOUTH 4TH ST BROOKLYN BROOKLYN, NY 11211	** - *** 4265	501(C)(3)	46,982.	0.			CORE GRANT
CARIBBEAN CULTURAL CTR AFRICAN 1825 PARK AVENUE SUITE 602 NEW YORK, NY 10035	** - *** 4001		10,000.	0.			CORE GRANT
COMMUNITY RESOURCE CENTER PO BOX 312 MAMARONECK, NY 10543	** - *** 8682	501(C)(3)	8,944.	0.			FARMWORKER ACT REGIONAL
NORTHERN MANHATTAN ARTS ALLIANCE NOMAA - THE CORNERSTONE CENTER 178 BENNETT AVE - NEW YORK, NY 10040	** - *** 7496	501(C)(3)	27,130.	0.			CORE GRANT
CHURCHES UNITED FOR FAIR HOUSING 66 WHIPPLE STREET BROOKLYN, NY 11206	** - *** 8161	501(C)(3)	11,614.	0.			NON PROFIT STABILIZATION FUND

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **97.**

**3** Enter total number of other organizations listed in the line 1 table **6.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CONNECTIONS FOR YOUTH 369 EAST 149TH STREET, 7TH FLOOR BRONX, NY 10455	**-***2112	501(C)(3)	18,750.	0.			NON PROFIT STABILIZATION FUND
ST. ANN'S CORNER OF HARM REDUC 886 WESTCHESTER AVE BRONX, NY 10459	**-***4008	501(C)(3)	22,000.	0.			NSF & HIV GRANT
COPAY INC 21 NORTH STATION PLAZA REAR NECK, NY 11021	**-***2496	501(C)(3)	12,500.	0.			CORE GRANT
COMMITTEE HISP. CHILDREN & FAM 110 WILLIAM ST, 18TH FL. NEW YORK, NY 10038	**-***2003	501(C)(3)	33,750.	0.			CORE GRANT
CONNECTICUT PUERTO RICAN FORUM 95 PARK STREET HARTFORD, CT 06106	**-***5027	501(C)(3)	13,250.	0.			CORE & GIVING GRANT
DOMINICO AMERICAN SOCIETY 40-27 97TH ST CORONA, NY 11368	**-***9895	501(C)(3)	13,950.	0.			NSF GRANT
LATINO COMMISSION ON AIDS 24 W 25TH ST, 9TH FL. NEW YORK, NY 10010	**-***9466	501(C)(3)	11,000.	0.			CIELO LATINO GALA
NORTHERN MANHATTAN COALITION 665 WEST 182ND STREET NEW YORK, NY 10033	**-***5591	501(C)(3)	7,500.	0.			CORE GRANT
PUERTO RICAN ASSOC HUMAN DEV 100 1ST ST. PERTH AMBOY, NJ 08861	**-***6610	501(C)(3)	7,500.	0.			CORE GRANT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPANISH SPEAKING ELDERLY COUNCIL 460 ATLANTIC AVE, 1ST FL BROOKLYN, NY 11217	** - ***0462	501(C)(3)	41,750.	0.			NSF & CORE GRANT
TEATRO CIRCULO 65 EAST 4TH STREET, #11 NEW YORK, NY 10003	** - ***5585	501(C)(3)	14,937.	0.			NSF GRANT
CYPRESS HILLS CHILD CARE CORP 3295 FULTON STREET BROOKLYN, NY 11208	** - ***6118	501(C)(3)	18,750.	0.			NSF GRANT
UNITED PALACE OF CULTURAL ARTS 4140 BROADWAY NEW YORK, NY 10033	** - ***4007	501(C)(3)	50,000.	0.			DISCRETIONARY GRANT
WESTCHESTER HISPANIC COALITION 46 WALLER AVENUE WHITE PLAINS, NY 10605	** - ***5219	501(C)(3)	7,500.	0.			CORE GRANT
CALPULLI MEXICAN DANCE COR INC 25-12 77TH ST EAST ELMHURST, NY 11370	** - ***2440	501(C)(3)	16,250.	0.			NON PROFIT STABILIZATION FUND
CASITA MARIA 928 SIMPSON ST, 6TH FL BRONX, NY 10459	** - ***3994	501(C)(3)	14,000.	0.			SER SALUDABLE FITNESS CHALLENGE GRANT EMBLEM HEALTH
CLEMENTE SOTO VELEZ CULTURAL 107 SUFFOLK, RM#312 NEW YORK, NY 10002	** - ***5337	501(C)(3)	8,267.	0.			NON PROFIT STABILIZATION FUND
COALITION FOR HISP. FAM. SERV. 315 WYCKOFF AVE BROOKLYN, NY 11237	** - ***6023	501(C)(3)	7,000.	0.			SER SALUDABLE FITNESS CHALLENGE GRANT EMBLEM HEALTH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOMINICAN WOMENS DEV CTR 519 WEST 189TH ST NEW YORK, NY 10040	**-***3885	501(C)(3)	28,250.	0.			CORE GRANT
GOOD OLD LOWER EAST SIDE, INC 169 AVENUE B NEW YORK, NY 10009	**-***5659	501(C)(3)	18,750.	0.			NON PROFIT STABILIZATION FUND
HISPANIC CTR GREATER DANBURY 4 HARMONY ST DANBURY, CT 06810	**-***6978	501(C)(3)	6,000.	0.			CORE GRANT
HISPANIC HEALTH COUNCIL INC 175 MAIN ST HARTFORD, CT 06106	**-***8979	501(C)(3)	5,000.	0.			ANNUAL GALA SPONSHORSHIP
HOTEL ALBANY 40 LODGE ST ALBANY, NY 12207	**-***5247		5,000.	0.			REUNION LATINA AIDS NYS LATINO CONFERENCE
I CHALLENGE MYSELF, INC. 1460 BROADWAY NEW YORK, NY 10036	**-***3423	501(C)(3)	15,000.	0.			NON PROFIT STABILIZATION FUND
JUNTA FOR PROGRESSIVE ACTION 169 GRAND AVENUE NEW HAVEN, CT 06513	**-***6862	501(C)(3)	10,000.	0.			CORE GRANT
LATINO JUSTICE PRLDEF 99 HUDSON ST., 14TH FL NEW YORK, NY 10013	**-***2664	501(C)(3)	45,000.	0.			DISCRETIONARY NSF CORE GRANT
LATINO PASTORAL ACTION CENTER 14 WEST 170TH ST BRONX, NY 10452	**-***3350	501(C)(3)	14,478.	0.			NON PROFIT STABILIZATION FUND

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOISAIDA INC 12 AVENUE D NEW YORK, NY 10009	**-***3183	501(C)(3)	17,500.	0.			LOISAIDA FESTIVAL SER SALUDABLE CORE
MASA-MEXED, INC 135 EAST 22ND ST., RM#1010 NEW YORK, NY 10032	**-***0210	501(C)(3)	18,546.	0.			NON PROFIT STABILIZATION FUND
NEW IMMIGRANT COMM EMPOWERMENT 37-41 77TH STREET, 2ND FL JACKSON HEIGHTS, NY 11372	**-***0625	501(C)(3)	17,592.	0.			NON PROFIT STABILIZATION FUND
NY COUNCIL ON ADOPT CHILDREN 589 EIGHT AVE., 15TH FL NEW YORK, NY 10018	**-***6780	501(C)(3)	25,000.	0.			CORE & NSF GRANT
P. R. E. G. O. N. E. S. 571-575 WALTON AVENUE BRONX, NY 10451	**-***6893	501(C)(3)	14,952.	0.			NON PROFIT STABILIZATION FUND
SOUTHSIDE UNITED HOUSING DEV. 434 SOUTH 5TH STREET BROOKLYN, NY 11211	**-***8359	501(C)(3)	22,500.	0.			NON PROFIT STABILIZATION FUND
SPANISH THEATRE REPERTORY CO 138 EAST 27TH ST NEW YORK, NY 10016	**-***2755	501(C)(3)	36,250.	0.			CORE & NSF GRANT
SURE WE CAN, INC 219 MCKIBBIN ST. BROOKLYN, NY 11206	**-***7947	501(C)(3)	28,748.	0.			NSF & DISCRETIONARY GRANT
THE RESOURCE CNT FOR COMMUNITY 402 EAST 152ND ST NEW YORK, NY 10003	**-***3303	501(C)(3)	18,750.	0.			NON PROFIT STABILIZATION FUND

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN YOUTH ALLIANCE INTL 432 EAST, 149TH ST., 2ND FL BRONX, NY 10455	** - ***9182	501(C)(3)	18,750.	0.			NON PROFIT STABILIZATION FUND
VIOLENCE INTERVENTION PROG INC P.O.BOX 1161 TRIBOROUGH STATION NEW YORK, NY 10035	** - ***0337	501(C)(3)	46,477.	0.			NSF, CORE & DISCRETIONARY GRANT
VOCES LATINAS INC 37-63 83RD ST., SUITE B JACKSON HEIGHTS, NY 11372	** - ***2651	501(C)(3)	25,000.	0.			NSF & CORE GRANT
SAN JUAN CENTER INC 1283 MAIN STREET HARTFORD, CT 06103	** - ***0788	501(C)(3)	12,000.	0.			CONTRIBUTION GALA SPONSORSHIP AND CORE
MATRIX PUBLIC HEALTH SOLUTIONS 794 EDGEWOOD AVE NEW HAVEN, CT 06515	** - ***5123	501(C)(3)	20,000.	0.			AETNA YOUTH HEALTH EXPLORERS
REGIONAL AID FOR INTERIM NEEDS 2405 EAST TREMONT AVENUE BRONX, NY 10461	** - ***3586	501(C)(3)	5,000.	0.			GALA SPONSORSHIP
BRIDGEPORT CARIBE YOUTH LEAGUE 1067 PARK AVENUE BRIDGEPORT, CT 06604	** - ***1577	501(C)(3)	28,500.	0.			YOUTH HEALTH EXPLORERS AND CORE
LATINO SOCIAL WORK COALITION 55 EXCHANGE PLACE 5TH FLOOR NEW YORK, NY 10005	** - ***9899	501(C)(3)	10,000.	0.			DISCRETIONARY GRANT
NATL LATINA INST REPRODUCTIVE 50 BROAD STREET, SUITE 1937 NEW YORK, NY 10005	** - ***1734	501(C)(3)	16,000.	0.			CORE GRANT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CINE ART ENTERT PRODUCTION INC 1194 SHERMAN AVENUE SUITE 1C BRONX, NY 10456	**_***9816		15,000.	0.			DISCRETIONARY GRANT
ACACIA NETWORK HOUSING 1064 FRANKLIN AVE BRONX, NY 10456	**_***6866	501(C)(3)	10,000.	0.			DISCRETIONARY GRANT
ALBANIA ROSARIO UPTOWN MGT INC 2100 LINWOOD AVE SUITE 14N FORT LEE, NJ 07024	**_***8262		18,500.	0.			UPTOWN FASHION WEEK
AMBER CHARTER SCHOOL 220 EAST 106TH STREET NEW YORK, NY 10029	**_***9814	501(C)(3)	7,500.	0.			CORE GRANT
BRONX PARENT HOUSING NETWORK 1171 WASHINGTON AVENUE BRONX, NY 10456	**_***0758	501(C)(3)	22,500.	0.			NON PROFIT STABILIZATION FUND
EXODUS TRANSITIONAL COMM INC 2271 THIRD AVENUE NEW YORK, NY 10035	**_***1465	501(C)(3)	30,000.	0.			NSF & CORE GRANT
FEED AND FORTIFY COMMUNITY ORG 12472 LAKE UNDERHILL RD UNIT 337 ORLANDO, FL 32828	**_***5050	501(C)(3)	20,000.	0.			NATIONAL HUNGER RELIEF INITIATIVE FL
MAYOR'S FUND TO ADVANCE NYC 253 BROADWAY 6TH FLOOR NEW YORK, NY 10007	**_***3906	501(C)(3)	10,000.	0.			DISCRETIONARY GRANT
NATL MOB AGAINST SWEATSHOPS P.O. BOX 130293 NEW YORK, NY 10013	**_***0438	501(C)(3)	18,750.	0.			NON PROFIT STABILIZATION FUND

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESTAURANT OPP. CENTERS UNITED 275 7TH AVENUE, SUITE1703 NEW YORK, NY 10001	** - ***9141	501(C)(3)	22,500.	0.			NON PROFIT STABILIZATION FUND
THE POINT COMM DEV COR 940 GARRISON AVENUE BRONX, NY 10474	** - ***5140	501(C)(3)	13,250.	0.			NON PROFIT STABILIZATION FUND
TRINITY HEALING CENTER 7304 5TH AVENUE, PMB#272 BROOKLYN, NY 11209	** - ***5905	501(C)(3)	15,312.	0.			NON PROFIT STABILIZATION FUND
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	** - ***0110	501(C)(3)	11,638.	0.			US FUND OF UNICEF UNIDOS POR ECUADOR
ASOCIACION TEPEYAC DE NY 251 WEST 14TH STREET NEW YORK, NY 10011	** - ***9930	501(C)(3)	5,000.	0.			DISCRETIONARY GRANT
ADELANTE OF SUFFOLK COUNTY INC 10 THIRD AVENUE BRENTWOOD, NY 11717	** - ***4552	501(C)(3)	15,847.	0.			CORE GRANT
ALIANZA AMERICAS 1638 S. BLUE ISLAND AVENUE CHICAGO, IL 60608	** - ***6826	501(C)(3)	10,000.	0.			DISCRETIONARY GRANT
BORICUA VOTA, INC 4630 KIRKMAN RD. #195 ORLANDO, FL 32765	** - ***9254		11,000.	0.			GRANT FL CIVIC ENGAGEMENT
CATHOLIC MIGRATION SRVS INC. 191 JORALEMON STREET, 4TH FLOOR BROOKLYN, NY 11201	** - ***4818	501(C)(3)	7,500.	0.			STABILIZATION FUND GRANT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIRCULO DE LA HISPANIDAD 26 WEST PARK AVENUE LONG BEACH, NY 11561	** - ***5327	501(C)(3)	15,706.	0.			FARMWORKERS ACT REGIONAL
CITIZENS UNION FND CITY OF NY 299 BROADWAY, STE 700 NEW YORK, NY 10007	** - ***9188	501(C)(3)	5,000.	0.			SPONSORSHIP CITIZENS SPRING EVENT
CONGRESO DE LATINOS UNIDOS INC 216 W. SOMERSET STREET PHILADELPHIA, PA 19133	** - ***1143	501(C)(3)	20,000.	0.			NATIONAL HUNGER RELIEF INITIATIVE
CONGRESS HISPANIC CAUCUS INST 1128 16TH STREET, NW WASHINGTON, DC 20036	** - ***4225	501(C)(3)	5,000.	0.			DISCRETIONARY GRANT
HISPANIC BROTHERHOOD 59 CLINTON AVENUE ROCKVILLE, NY 11570	** - ***6443	501(C)(3)	5,479.	0.			FOOD ASSISTANCE HUNGER RELIEF
DUENDE ARTS INC 270 5TH STREET #2C BROOKLYN, NY 11215	** - ***3149	501(C)(3)	5,000.	0.			DISCRETIONARY GRANT
DYNAMIC COMM DEVELOPMENT CORP 3550 BISCAYNE BLVD SUITE 304 MIAMI, FL 33137	** - ***4762	501(C)(3)	5,000.	0.			EVENT SPONSORSHIP SUMMIT FL
FARMWORKER JUSTICE 1126 16TH STREET, NW SUITE 270 WASHINGTON, DC 20036	** - ***6708	501(C)(3)	5,000.	0.			DISCRETIONARY GRANT
GRAHAM WINDHAM 1 PIERREPONT PLAZA SUITE 901 BROOKLYN, NY 11201	** - ***6426	501(C)(3)	5,000.	0.			DISCRETIONARY GRANT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER NY LABOR RELIGION C 125 MAIDEN LANE 5TH FLOOR NEW YORK, NY 10038	** - ***4010	501(C)(3)	5,000.	0.			FARMWORKERS ACT REGIONAL
HISPANIC COUNSELING CENTER 344 FULTON AVENUE HEMPSTEAD, NY 11550	** - ***2214	501(C)(3)	10,000.	0.			CORE GRANT
HISPANIC FAMILY COUNSELING INC 8636 FORT JEFFERSON BLVD. ORLANDO, FL 32822	** - ***2123	501(C)(3)	10,000.	0.			MENTAL HEALTH SOMOS FL
HISPANIC HEALTH COUNCIL INC 175 MAIN STREET HARTFORD, CT 06106	** - ***8979	501(C)(3)	12,500.	0.			CORE GRANT
HISPANIC HEALTH INITIATIVES 70 SPRING VISTA DRIVE, UNIT 2 DEBARY, FL 32713	** - ***4481	501(C)(3)	10,640.	0.			DISCRETIONARY GRANT
JUST 3 INC 900 3RD AVENUE UNIT 320-223 BROOKLYN, NY 11232	** - ***4223	501(C)(3)	5,000.	0.			EVENT SPONSORSHIP BALANCE CALORIE INITIATIVE
KISSIMMEE FAMILY MISSION INC 575 W. CARROLL STREET KISSIMMEE, FL 34741	** - ***7835	501(C)(3)	20,265.	0.			NATIONAL HUNGER RELIEF INITIATIVE FL
LATINO COMMUNITY SERVICES 184 WETHERSFIELD AVENUE HARTFORD, CT 06114	** - ***9957	501(C)(3)	15,000.	0.			CORE GRANT
LATINO U COLLEGE ACCESS INC. 75 VIRGINIA ROAD WHITE PLAINS, NY 10603	** - ***1285	501(C)(3)	5,000.	0.			FACILITATION OF WORKSHOP HS FOR ARTS

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LONG ISLAND JOBS WITH JUSTICE 390 RABRO DRIVE 2ND FLOOR HAUPPAUGE, NY 11788	**-***5901	501(C)(3)	5,000.	0.			FARMWORKERS ACT REGIONAL
MORRIS COUNTY ORG FOR HISP AFF 95-97 BASSETT HIGHWAY DOVER, NJ 07801	**-***7333	501(C)(3)	5,000.	0.			DISCRETIONARY GRANT
MUJERES LATINAS EN ACCION 103-06 39TH AVENUE 1 FLOOR CORONA, NY 11368	**-***3642	501(C)(3)	10,500.	0.			NON PROFIT STABILIZATION FUND
NEW GEORGES 109 WEST 27TH STREET STE 9A NEW YORK, NY 10001	**-***9172		50,000.	0.			GRANT FUNDS FOR ALLIGATOR
PLANNED PARENTHOOD FEDERATION 123 WILLIAM STREET 10TH FLOOR NEW YORK, NY 10038	**-***4147	501(C)(3)	10,000.	0.			DISCRETIONARY GRANT
PUERTO RICAN ACTION BOARD 90 JERSEY AVENUE NEW BRUNSWICK, NJ 08901	**-***4440	501(C)(3)	10,000.	0.			CORE GRANT
PUERTO RICAN CULTURAL CENTER 2739 W. DIVISION ST. CHICAGO, IL 60622	**-***7778	501(C)(3)	5,000.	0.			DISCRETIONARY GRANT
RURAL & MIGRANT MINISTRY P.O.BOX 4757 POUGHKEEPSIE, NY 12602	**-***7596	501(C)(3)	15,000.	0.			GRANT JUSTICE FOR FARMWORKERS
RYASAP 2470 FAIRFIELD AVENUE BRIDGEPORT, CT 06605	**-***7699	501(C)(3)	7,500.	0.			CORE GRANT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEPA MUJER INC 185 OVAL DRIVE ISLANDIA, NY 11749	**-***9566	501(C)(3)	5,000.	0.			FARMWORKERS ACT REGIONAL
THALIA SPANISH THEATRE, INC 41-17 GREEPOINT AVENUE SUNNYSIDE, NY 11104	**-***8611	501(C)(3)	12,500.	0.			CORE GRANT
THE PUBLIC THEATER 425 LAFAYETTE STREET NEW YORK, NY 10003	**-***4852	501(C)(3)	10,000.	0.			DISCRETIONARY GRANT
UNITED NEIGHBORHOOD HOUSES 70 WEST 36TH STREET NEW YORK, NY 10018	**-***3409	501(C)(3)	6,000.	0.			DISCRETIONARY GRANT
WESLEYAN UNIVERSITY 237 HIGH STREET MIDDLETOWN, CT 06459	**-***6959	501(C)(3)	5,000.	0.			DISCRETIONARY GRANT
WORKERS CENTER OF CENTRAL NY 2013 EAST GENESEE ST. SYRACUSE, NY 13210	**-***6974	501(C)(3)	5,000.	0.			FARMWORKERS ACT REGIONAL
REGIONAL AID FOR INTERIM NEEDS 811 MORRIS PARK AVENUE BRONX, NY 10462	**-***3586	501(C)(3)	10,000.	0.			CORE GRANT

Schedule I (Form 990)

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SMALL COMMUNITY SCHOLARSHIPS	134	72,427.	0.	FMV	

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

PART I, LINE 2:

THE HISPANIC FEDERATION (HF)FOLLOWS SPECIFIC CRITERIA FOR DETERMINING THAT THE GRANT RECIPIENTS CAN PARTICIPATE IN THE PROGRAM AND THE AMOUNTS FOR WHICH THEY QUALIFY. THE HF MONITORS THE WORK PERFORMED BY THE GRANT RECIPIENTS TO ENSURE THAT GRANT MONEY IS BEING USED FOR ITS INTENDED PURPOSES. HF PERFORMS SITE VISITS REGULARLY. THE GRANT RECIPIENTS AGENCIES ARE REQUIRED TO SUBMIT REPORTS TO HF IN ACCORDANCE WITH THEIR GRANT'S COMPLIANCE REQUIREMENTS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**HISPANIC FEDERATION, INC.**

Employer identification number

**\*\* - \*\*\* 3852**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOSE CALDERON PRESIDENT	(i)	202,142.	0.	0.	10,849.	26,803.	239,794.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FRANKIE MIRANDA SENIOR VICE PRESIDENT	(i)	142,740.	0.	0.	8,002.	18,585.	169,327.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

HISPANIC FEDERATION, INC.

Employer identification number

\*\* - \*\*\*3852

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

THE HISPANIC FEDERATION PROVIDES GRANTS AND SERVICES TO A BROAD NETWORK OF LATINO NON-PROFIT AGENCIES SERVING THE MOST VULNERABLE MEMBERS OF THE HISPANIC COMMUNITY AND ADVOCATES NATIONALLY WITH RESPECT TO THE VITAL ISSUES OF EDUCATION, HEALTH, IMMIGRATION, ECONOMIC EMPOWERMENT, CIVIC ENGAGEMENT AND THE ENVIRONMENT.

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

THE GRANT-MAKING PROGRAM PROVIDES FINANCIAL ASSISTANCE TO COMMUNITY BASED ORGANIZATIONS WORKING IN THE LATINO COMMUNITY. THE PROGRAM ASSISTS ORGANIZATIONS IN NEED OF START-UP FUNDING AND OTHER FINANCIAL ASSISTANCE FOR EXISTING ORGANIZATIONS.

EXPENSES \$ 748,078. INCLUDING GRANTS OF \$ 676,023. REVENUE \$ 0.

**FORM 990, PART VI, SECTION A, LINE 7A:**

THE BOARD OF DIRECTORS HAS THE ABILITY TO ELECT OTHER MEMBERS OF THE GOVERNING BODY.

**FORM 990, PART VI, SECTION B, LINE 11B:**

MANAGEMENT RECEIVES A COPY OF THE 990 BEFORE IT IS FILED ALONG WITH AN AUDITED COPY OF THE FINANCIAL STATEMENTS AND COMPARES THE TWO FOR COMPLETENESS AND RAISE QUESTIONS ABOUT ANY POSSIBLE CORRECTIONS OR CONCERNS. THE BOARD OF DIRECTORS RECEIVES A COPY OF THE 990 AFTER IT IS FILED WITH THE IRS.

**FORM 990, PART VI, SECTION B, LINE 12C:**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization HISPANIC FEDERATION, INC.	Employer identification number **-***3852
---	--

ONCE A YEAR, ALL DIRECTORS, OFFICERS AND CERTAIN EMPLOYEES MUST SIGN A CONFLICT OF INTEREST QUESTIONNAIRE, DISCLOSING ANY PERSONAL, BUSINESS OR FINANCIAL INTEREST OR ACTIVITIES THAT MAY CONFLICT OR APPEAR TO CONFLICT WITH THE INTEREST OF HF.

FORM 990, PART VI, SECTION B, LINE 15:

THE HIRING OF THE PRESIDENT OF HF IS THE SOLE RESPONSIBILITY OF THE BOARD OF DIRECTORS. THE BOARD MAY CHOOSE TO UTILIZE A SEARCH FIRM OR A SPECIAL COMMITTEE OF THE BOARD, OR BOTH. THE PRESIDENT MUST BE ELECTED BY A MAJORITY VOTE AT A REGULAR OR SPECIAL MEETING OF THE BOARD OF DIRECTORS. THE HIRING OF FULL-TIME AND PART-TIME PERSONNEL, INCLUDING KEY EMPLOYEES IS THE SOLE RESPONSIBILITY OF THE PRESIDENT OR HIS/HER DESIGNEE. QUALIFIED PERSONNEL FROM WITHIN HF MAY BE CONSIDERED FOR REASSIGNMENT OR PROMOTION TO AVAILABLE VACANT OR NEW POSITIONS PRIOR TO RECRUITMENT AND APPOINTMENT FROM OUTSIDE SOURCES.

FORM 990, PART VI, SECTION C, LINE 19:

HF MAKES ITS FINANCIAL STATEMENTS AND FORM 990 & CHAR500 TAX RETURNS AVAILABLE TO THE PUBLIC ON ITS WEBSITE. ALL OTHER INFORMATION IS AVAILABLE UPON REQUEST.

LINE 12C

ONCE A YEAR, ALL DIRECTORS, OFFICERS AND CERTAIN EMPLOYEES MUST SIGN A CONFLICT OF INTEREST QUESTIONNAIRE, DISCLOSING ANY PERSONAL, BUSINESS OR FINANCIAL INTEREST OR ACTIVITIES THAT MAY CONFLICT OR APPEAR TO CONFLICT WITH THE INTEREST OF HF.

LINE 15B



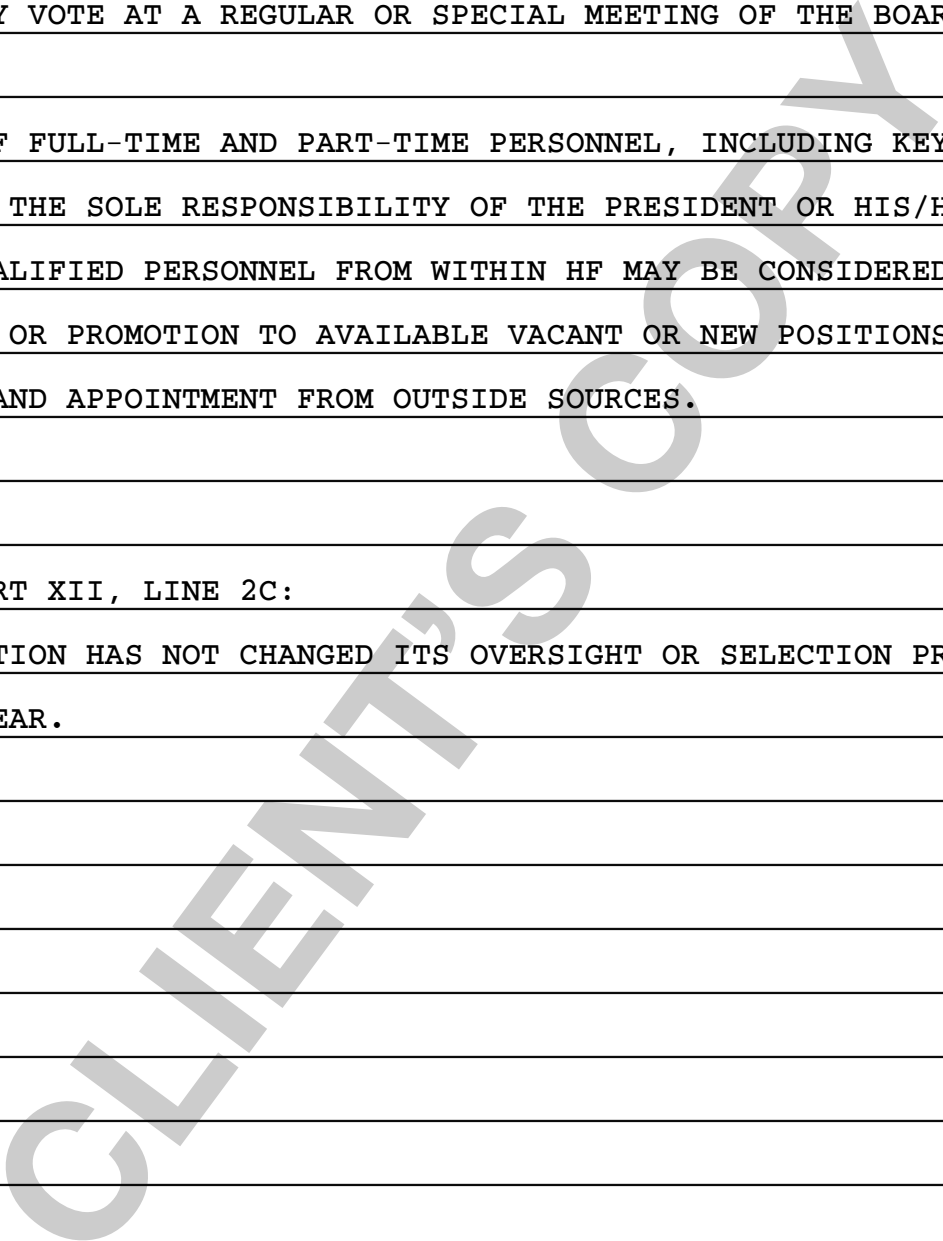
Name of the organization HISPANIC FEDERATION, INC.	Employer identification number **-***3852
---	--

THE HIRING OF THE PRESIDENT OF HF IS THE SOLE RESPONSIBILITY OF THE BOARD OF DIRECTORS. THE BOARD MAY CHOOSE TO UTILIZE A SEARCH FIRM OR A SPECIAL COMMITTEE OF THE BOARD, OR BOTH. THE PRESIDENT MUST BE ELECTED BY A MAJORITY VOTE AT A REGULAR OR SPECIAL MEETING OF THE BOARD OF DIRECTORS.

THE HIRING OF FULL-TIME AND PART-TIME PERSONNEL, INCLUDING KEY EMPLOYEES IS THE SOLE RESPONSIBILITY OF THE PRESIDENT OR HIS/HER DESIGNEE. QUALIFIED PERSONNEL FROM WITHIN HF MAY BE CONSIDERED FOR REASSIGNMENT OR PROMOTION TO AVAILABLE VACANT OR NEW POSITIONS PRIOR TO RECRUITMENT AND APPOINTMENT FROM OUTSIDE SOURCES.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT OR SELECTION PROCESS DURING THE YEAR.



2016 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	OTHER														
51	LOAN FEES	04/01/09		168M		HY43	27,000.				27,000.	19,729.		1,003.	20,732.
	* 990 PAGE 10 TOTAL OTHER						27,000.				27,000.	19,729.		1,003.	20,732.
	* 990 PAGE 10 TOTAL -						27,000.				27,000.	19,729.		1,003.	20,732.
	BUILDINGS														
1	CONDOMINIUM	07/20/06	SL	39.00		MM16	5,398,322.				5,398,322.	1,309,291.		138,419.	1,447,710.
	* 990 PAGE 10 TOTAL BUILDINGS						5,398,322.				5,398,322.	1,309,291.		138,419.	1,447,710.
	OTHER														
35	CLOSING COSTS	07/20/06		468M		HY43	304,465.				304,465.	73,844.		7,807.	81,651.
	* 990 PAGE 10 TOTAL OTHER						304,465.				304,465.	73,844.		7,807.	81,651.
	* 990 PAGE 10 TOTAL -						5,702,787.				5,702,787.	1,383,135.		146,226.	1,529,361.
	MACHINERY & EQUIPMENT														
36	AIR CONDITIONING	07/20/06	SL	15.00		16	33,136.				33,136.	20,801.		2,209.	23,010.
43	WINDOWS	09/20/07	SL	15.00		16	10,916.				10,916.	6,006.		728.	6,734.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						44,052.				44,052.	26,807.		2,937.	29,744.
	* 990 PAGE 10 TOTAL -						44,052.				44,052.	26,807.		2,937.	29,744.
	LAND														
33	LAND	07/20/06	L				599,813.				599,813.			0.	

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL LAND						599,813.				599,813.	0.		0.	0.
	* 990 PAGE 10 TOTAL -						599,813.				599,813.	0.		0.	0.
	FURNITURE & FIXTURES														
26	AMEX - FURNITURE & FRAMES	07/01/06	SL	10.00		16	2,967.				2,967.	2,967.		0.	2,967.
29	THE ATLANTIC G-FURNITURE	07/01/06	SL	10.00		16	225,271.				225,271.	225,270.		1.	225,271.
32	FURNITURE	07/01/06	SL	10.00		16	5,475.				5,475.	5,475.		0.	5,475.
53	OFFICE FURNITURE	02/26/10	SL	10.00		16	3,047.				3,047.	1,804.		305.	2,109.
54	OFFICE FURNITURE	01/12/10	SL	10.00		16	3,047.				3,047.	1,830.		305.	2,135.
60	OFFICE FURNITURE	09/30/11	SL	5.00		16	1,766.				1,766.	1,500.		266.	1,766.
76	OFFICE FURNITURE - TABLES	01/14/14	SL	10.00		16	5,226.				5,226.	1,046.		523.	1,569.
77	OFFICE FURNITURE- CHAIRS	06/30/14	SL	10.00		16	1,143.				1,143.	171.		114.	285.
78	QUILL CORP - OFFICE FURNITURE	09/08/14	SL	10.00		16	1,003.				1,003.	133.		100.	233.
87	OFFICE FURNITURE	06/12/15	SL	10.00		16	1,412.				1,412.	82.		141.	223.
106	OFFICE FURNITURE	08/20/16	SL	10.00		16	6,393.				6,393.			213.	213.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						256,750.				256,750.	240,278.		1,968.	242,246.
	MACHINERY & EQUIPMENT														
2	COMPUTER	06/25/01	SL	5.00		16	9,875.				9,875.	9,875.		0.	9,875.
3	2 TELEPHONE	06/14/01	SL	5.00		16	866.				866.	866.		0.	866.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
4	COMPUTER LR/MR	07/23/01	SL	5.00		16	2,872.				2,872.	2,872.		0.	2,872.
5	COMPUTER EQUIPMENT	11/19/01	SL	5.00		16	4,362.				4,362.	4,362.		0.	4,362.
6	COMPUTER EQUIPMENT	12/05/01	SL	5.00		16	7,538.				7,538.	7,538.		0.	7,538.
7	PRINTER	04/05/02	SL	5.00		16	1,821.				1,821.	1,821.		0.	1,821.
8	COMPUTER SOFTWARE	04/26/02	SL	5.00		16	1,364.				1,364.	1,364.		0.	1,364.
9	MP PROJECTOR	05/22/02	SL	5.00		16	2,683.				2,683.	2,683.		0.	2,683.
10	ACCESORY PRINTER	10/09/02	SL	5.00		16	1,899.				1,899.	1,899.		0.	1,899.
11	VOICE MAIL SYSTEM	10/08/02	SL	5.00		16	2,000.				2,000.	2,000.		0.	2,000.
12	2 COMPUTERS	09/17/02	SL	5.00		16	1,516.				1,516.	1,516.		0.	1,516.
13	COMPUTERS	12/01/02	SL	5.00		16	1,517.				1,517.	1,517.		0.	1,517.
14	COMPUTER SCANNER	02/25/02	SL	5.00		16	893.				893.	893.		0.	893.
15	SERVER	10/29/03	SL	5.00		16	5,611.				5,611.	5,611.		0.	5,611.
16	SERVER UPGRADE	11/14/03	SL	5.00		16	2,420.				2,420.	2,420.		0.	2,420.
17	SEARCH SOFTWARE	08/09/04	SL	5.00		16	1,402.				1,402.	1,402.		0.	1,402.
18	LAPTOP COMPUTER	02/23/04	SL	5.00		16	1,514.				1,514.	1,514.		0.	1,514.
19	BATTERY BACK UP-SERVE	05/06/04	SL	5.00		16	889.				889.	889.		0.	889.
20	SOFTWARE - ONLINE VOTER REGISTRATION	05/24/04	SL	5.00		16	2,995.				2,995.	2,995.		0.	2,995.
21	DELL COMPUTER	08/07/05	SL	5.00		16	1,149.				1,149.	1,149.		0.	1,149.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
22	DELL COMPUTER	08/10/05	SL	5.00		16	1,345.				1,345.	1,345.		0.	1,345.
23	DELL COMPUTER & MONITOR	11/09/05	SL	5.00		16	2,687.				2,687.	2,687.		0.	2,687.
24	DELL LAPTOP	02/13/05	SL	5.00		16	1,692.				1,692.	1,691.		0.	1,691.
25	FUNDRAISING SOFTWARE	04/27/05	SL	5.00		16	5,393.				5,393.	5,393.		0.	5,393.
27	LINEAR TECH - SOFTWARE	07/01/06	SL	10.00		16	63,156.				63,156.	63,156.		0.	63,156.
28	REAL TIME SERV - V. EQUIP	07/01/06	SL	10.00		16	40,706.				40,706.	40,706.		0.	40,706.
30	TELEPHONE SYSTEM	07/01/06	SL	10.00		16	23,731.				23,731.	23,730.		1.	23,731.
31	LINEAR TECH - SOFTWARE	07/01/06	SL	5.00		16	12,469.				12,469.	12,469.		0.	12,469.
37	PLASMA SCREEN	11/01/07	SL	5.00		16	5,805.				5,805.	5,805.		0.	5,805.
38	PLASMA SCREEN	09/01/07	SL	5.00		16	4,820.				4,820.	4,820.		0.	4,820.
39	GENERATOR	07/20/07	SL	5.00		16	794.				794.	794.		0.	794.
40	DELL COMPUTER	10/02/07	SL	5.00		16	1,719.				1,719.	1,719.		0.	1,719.
44	OFFICE SOFTWARE - TELE	09/01/08	SL	5.00		16	1,020.				1,020.	1,020.		0.	1,020.
45	OFFICE SOFTWARE - TELE	08/25/08	SL	5.00		16	1,020.				1,020.	1,020.		0.	1,020.
46	2 COMP LINEAR TECH	12/22/08	SL	10.00		16	5,000.				5,000.	3,500.		500.	4,000.
47	LINEAR SOFTWARE	08/01/08	SL	10.00		16	1,057.				1,057.	786.		106.	892.
52	LINEAR TECH - COMPUTER PURCHASE	02/05/10	SL	5.00		16	2,998.				2,998.	2,998.		0.	2,998.
55	INSTALLATION - BACKUP SERVER	04/15/10	SL	5.00		16	4,402.				4,402.	4,402.		0.	4,402.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
56	COMPUTER	01/01/11	SL	5.00		16	5,059.				5,059.	5,059.		0.	5,059.
57	COMPUTER EQUIPMENT	05/01/11	SL	5.00		16	1,370.				1,370.	1,279.		91.	1,370.
61	COMPUTER EQUIPMENT	10/13/11	SL	5.00		16	1,969.				1,969.	1,674.		295.	1,969.
62	COMPUTER	11/11/11	SL	5.00		16	2,168.				2,168.	1,808.		360.	2,168.
63	COMPUTER	11/11/11	SL	5.00		16	1,353.				1,353.	1,129.		224.	1,353.
64	LINEAR TECH DISK NETWORK	01/01/12	SL	5.00		16	975.				975.	780.		195.	975.
65	DELL COMPUTER	07/17/12	SL	5.00		16	946.				946.	646.		189.	835.
66	DELL COMPUTER PACKAGE	08/01/12	SL	5.00		16	5,991.				5,991.	4,093.		1,198.	5,291.
67	DELL COMPUTER	02/14/14	SL	5.00		16	4,625.				4,625.	1,773.		925.	2,698.
68	DELL COMPUTER	05/19/14	SL	5.00		16	3,875.				3,875.	1,227.		775.	2,002.
69	DELL COMPUTER	05/19/14	SL	5.00		16	1,221.				1,221.	386.		244.	630.
70	DELL COMPUTER	05/19/14	SL	5.00		16	736.				736.	233.		147.	380.
71	DELL COMPUTER	06/16/14	SL	5.00		16	1,910.				1,910.	573.		382.	955.
72	DELL COMPUTER	09/30/14	SL	5.00		16	810.				810.	203.		162.	365.
73	DELL COMPUTER	09/30/14	SL	5.00		16	1,175.				1,175.	294.		235.	529.
74	DELL COMPUTER	09/30/14	SL	5.00		16	1,070.				1,070.	268.		214.	482.
75	DELL COMPUTER	09/30/14	SL	5.00		16	2,679.				2,679.	670.		536.	1,206.
79	DVD PLAYER SYSTEM	06/14/14	SL	5.00		16	925.				925.	293.		185.	478.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
80	VIDEO PROJECTOR SYSTEM	06/14/14	SL	5.00		16	4,028.				4,028.	1,276.		806.	2,082.
81	WINDOW AIR CONDITIONERS	06/30/14	SL	5.00		16	2,173.				2,173.	652.		435.	1,087.
82	PORTABLE AIR CONDITIONER	06/30/14	SL	5.00		16	1,152.				1,152.	345.		230.	575.
83	TELEPHONE	06/13/14	SL	5.00		16	1,229.				1,229.	389.		246.	635.
84	PRINTER	06/30/14	SL	5.00		16	1,308.				1,308.	393.		262.	655.
85	TELEPHONE	07/16/14	SL	5.00		16	819.				819.	232.		164.	396.
86	TELEPHONE	06/01/15	SL	5.00		16	3,209.				3,209.	375.		642.	1,017.
88	EQUIPMENT - PROJECTOR	09/11/15	SL	5.00		16	760.				760.	51.		152.	203.
89	EQUIPMENT	07/29/15	SL	5.00		16	1,356.				1,356.	113.		271.	384.
90	DELL COMPUTER	07/13/15	SL	5.00		16	1,093.				1,093.	109.		219.	328.
91	DELL COMPUTER	09/29/15	SL	5.00		16	3,030.				3,030.	101.		606.	707.
92	DELL COMPUTER	02/01/15	SL	5.00		16	1,572.				1,572.	288.		314.	602.
93	DELL COMPUTER	04/13/15	SL	5.00		16	6,007.				6,007.	901.		1,201.	2,102.
94	DELL COMPUTER	05/30/15	SL	5.00		16	1,581.				1,581.	184.		316.	500.
95	DELL COMPUTER	11/02/15	SL	5.00		16	3,044.				3,044.	101.		609.	710.
96	PROJECTOR	09/30/15	SL	5.00		16	1,507.				1,507.	75.		301.	376.
97	IPAD	09/30/15	SL	5.00		16	1,197.				1,197.	60.		239.	299.
98	COMPUTER	07/01/16	SL	5.00		16	1,618.				1,618.			162.	162.

2016 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
99	COMPUTER	07/01/16	SL	5.00		16	2,056.				2,056.			206.	206.
100	COMPUTER	07/01/16	SL	5.00		16	6,005.				6,005.			601.	601.
101	COMPUTER	07/01/16	SL	5.00		16	5,019.				5,019.			502.	502.
102	SERVER	06/26/16	SL	5.00		16	1,173.				1,173.			117.	117.
103	COMPUTER	06/30/16	SL	5.00		16	1,069.				1,069.			107.	107.
104	TELEPHONE	08/13/16	SL	5.00		16	1,963.				1,963.			164.	164.
105	SERVER	08/13/16	SL	5.00		16	1,119.				1,119.			93.	93.
107	SERVER	08/27/16	SL	5.00		16	1,160.				1,160.			77.	77.
108	COMPUTER	08/27/16	SL	5.00		16	1,218.				1,218.			81.	81.
109	SERVER	08/28/16	SL	5.00		16	1,713.				1,713.			114.	114.
110	COMPUTER	08/28/16	SL	5.00		16	6,089.				6,089.			406.	406.
111	COMPUTER	08/28/16	SL	5.00		16	1,114.				1,114.			74.	74.
112	COMPUTER	09/29/16	SL	5.00		16	1,577.				1,577.			79.	79.
113	COMPUTER	12/28/16	SL	5.00		16	1,218.				1,218.			0.	0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						343,033.				343,033.	261,260.		16,760.	278,020.
	* 990 PAGE 10 TOTAL - TRANSPORTATION EQUIPMENT						599,783.				599,783.	501,538.		18,728.	520,266.
58	FORD VEHICLE	05/25/11	SL	5.00		16	21,681.				21,681.	19,873.		1,808.	21,681.



2016 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
59	VEHICLE ADDITIONS	06/30/11	SL	5.00		16	2,798.				2,798.	2,520.		278.	2,798.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						24,479.				24,479.	22,393.		2,086.	24,479.
	* 990 PAGE 10 TOTAL -						24,479.				24,479.	22,393.		2,086.	24,479.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						6,997,914.				6,997,914.	1,953,602.		170,980.	2,124,582.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						6,957,410.			0.	6,957,410.	1,953,602.			2,121,586.
	ACQUISITIONS						40,504.			0.	40,504.	0.			2,996.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						6,997,914.			0.	6,997,914.	1,953,602.			2,124,582.
	ENDING ACCUM DEPR											2,124,582.			
	ENDING BOOK VALUE											4,873,332.			

# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
120 Broadway  
New York, NY 10271

**2016**  
**Open to Public Inspection**



## 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) <b>01/01/2016</b> and Ending (mm/dd/yyyy) <b>12/31/2016</b>		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <b>HISPANIC FEDERATION, INC.</b>	Employer Identification Number (EIN): <b>13-3573852</b>
	Mailing Address: <b>55 EXCHANGE PLACE, 5TH FLOOR</b>	NY Registration Number: <b>04-76-56</b>
	City / State / ZIP: <b>NEW YORK, NY 10005</b>	Telephone: <b>212 2338955</b>
	Website: <b>WWW.HISPANICFEDERATION.ORG</b>	Email: <b>DGUZMAN@HISPANICFED</b>
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT		
Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com		

## 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

President or Authorized Officer:		<b>JOSE CALDERON</b> PRESIDENT	<b>5/12/17</b>
	Signature	Print Name and Title	Date
Chief Financial Officer or Treasurer:		<b>DORIS GUZMAN</b> VP FINANCE & ADMIN	<b>5/12/17</b>
	Signature	Print Name and Title	Date

## 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

**3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

**3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

## 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

## 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>250.</u>	Total fee: \$ <u>275.</u>	Make a single check or money order payable to: <b>"Department of Law"</b>
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Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

990

OMB No. 1545-0172

**2016**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Attachment  
Sequence No. **179**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**HISPANIC FEDERATION, INC.**

**FORM 990 PAGE 10**

**\*\* - \*\*\*3852**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,010,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	162,170.

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System**

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

**Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	162,170.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main rows (30-36) and 12 columns for vehicle usage metrics (a-f) and availability (Yes/No).

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 5 rows (37-41) and 2 columns (Yes/No).

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2016 tax year: Table with 6 columns.

43 Amortization of costs that began before your 2016 tax year 43 8,810.

44 Total. Add amounts in column (f). See the instructions for where to report 44 8,810.

# CHAR500

## Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors).
- Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

### Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
 Charities Bureau Registration Section  
 120 Broadway  
 New York, NY 10271

#### Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

**DUAL** filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com)

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).