

Return of Organization Exempt From Income Tax

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

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

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

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HISPANIC FEDERATION, INC.		D Employer identification number 13-3573852
	Doing business as		E Telephone number 212-233-8955
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 38,856,585.
	55 EXCHANGE PLACE, 5TH FLOOR		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10005		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: FRANKIE MIRANDA		H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: HTTPS://HISPANICFEDERATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1990
M State of legal domicile: NY			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE HISPANIC FEDERATION IS TO EMPOWER AND ADVANCE THE HISPANIC COMMUNITY.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 17
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 16
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 284
	6 Total number of volunteers (estimate if necessary) 6 40
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 49,383,030. Prior Year 36,121,382. Current Year
	9 Program service revenue (Part VIII, line 2g) 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 639,200. 316,253.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 75,154. 594,986.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 50,097,384. 37,032,621.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 19,971,774. 15,449,711.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6,617,797. 7,472,117.
	16 a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 1,557,163.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,554,165. 11,787,449.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 35,143,736. 34,709,277.
19 Revenue less expenses. Subtract line 18 from line 12 14,953,648. 2,323,344.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 50,299,555. Beginning of Current Year 47,745,174. End of Year
	21 Total liabilities (Part X, line 26) 6,607,344. 3,703,095.
	22 Net assets or fund balances. Subtract line 21 from line 20 43,692,211. 44,042,079.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	FRANKIE MIRANDA, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MIKE SCHALL	MIKE SCHALL	05/15/23		P02024184
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	SAX LLP	81-2950760		212-661-8640	
Firm's address			Phone no.		
1040 AVENUE OF THE AMERICAS-16TH FL NEW YORK, NY 10018			212-661-8640		

May the IRS discuss this return with the preparer shown above? See instructions 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 U.S.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 17,354,336. including grants of \$ 8,894,005.) (Revenue \$) COMMUNITY ASSISTANCE PROGRAMS THAT SUPPORT AND UPLIFT LATINO FAMILIES AND COMMUNITIES WITH DIRECT SOCIAL SERVICES IN THE AREAS OF EDUCATION, IMMIGRATION, HEALTH CARE, ECONOMIC DEVELOPMENT, AND THE ENVIRONMENT. IN 2022, THE ORGANIZATION FOCUSED ITS EFFORTS ON EMERGENCY ASSISTANCE, FARM AND FOOD WORKERS RELIEF AID, AND REDUCING THE IMPACT OF COVID-19 IN LATINO COMMUNITIES NATIONWIDE.

4b (Code:) (Expenses \$ 3,721,346. including grants of \$ 490,637.) (Revenue \$) TECHNICAL ASSISTANCE PROGRAMS DESIGNED TO HELP ITS NETWORK OF LATINO NONPROFIT MEMBER AGENCIES SUPPORT THEIR CORE OPERATIONAL AND INFRASTRUCTURAL NEEDS, INCLUDING BOARD GOVERNANCE, STAFF LEADERSHIP DEVELOPMENT, FUNDRAISING, FINANCIAL MANAGEMENT, STRATEGIC PLANNING, PROGRAM DEVELOPMENT AND OTHER CRITICAL AREAS.

4c (Code:) (Expenses \$ 5,618,275. including grants of \$ 5,212,803.) (Revenue \$) ORGANIZATIONAL DEVELOPMENT ASSISTANCE THAT FORTIFIES A NETWORK OF MORE THAN 600 LATINO FRONT-LINE GRASSROOTS ORGANIZATIONS WITH EMERGENCY ASSISTANCE, PROGRAMMATIC, AND CAPACITY-BUILDING GRANTS THAT HELP ITS NONPROFIT GRANTEEES ADDRESS EMERGING AND GROWING COMMUNITY AND OPERATIONAL NEEDS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 4,001,577. including grants of \$ 667,386.) (Revenue \$)

4e Total program service expenses 30,695,534.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 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
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 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
8 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
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a 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 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
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 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	
19 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 117	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		284
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	17		
b	Enter the number of voting members included on line 1a, above, who are independent		
	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
DORIS GUZMAN - 212-233-8955
55 EXCHANGE PLACE, 5TH FLOOR, 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) FRANKIE MIRANDA PRESIDENT	35.00	X		X				300,173.	0.	39,379.
(2) BRENT WILKES SR VP - STRATEGY	35.00					X		201,164.	0.	18,555.
(3) DORIS GUZMAN SR VP - FINANCE	35.00					X		173,250.	0.	29,257.
(4) JASLYN JIMENEZ S VP - OPERATIONS	35.00					X		159,095.	0.	28,836.
(5) JESSICA GUZMAN MEJIA VP FOR STRATEGY & IMPACT	35.00					X		129,808.	0.	27,047.
(6) STEPHEN CALENZANI AST. VP FOR DEV.	35.00					X		135,149.	0.	17,489.
(7) MANUEL CHINEA CHAIR	0.50	X		X				0.	0.	0.
(8) MIGUEL CENTENO VICE CHAIR	0.50	X		X				0.	0.	0.
(9) MARCOS TORRES TREASURER	0.50	X		X				0.	0.	0.
(10) NATHALIE RAYES SECRETARY	0.50	X		X				0.	0.	0.
(11) MARGARET LAZO ASSISTANT SEC.	0.50	X		X				0.	0.	0.
(12) DEAN AGUILLEN DIRECTOR	0.50	X						0.	0.	0.
(13) YRTHYA DINZEY-FLORES (THROUGH 1 DIRECTOR	0.50	X						0.	0.	0.
(14) INDRANI M. FRANCHINI DIRECTOR	0.50	X						0.	0.	0.
(15) HECTOR MUJICA DIRECTOR	0.50	X						0.	0.	0.
(16) JUAN OTERO DIRECTOR	0.50	X						0.	0.	0.
(17) FRANK SANCHEZ (THROUGH 11/22) DIRECTOR	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) CARLOS L. SANTIAGO DIRECTOR	0.50	X						0.	0.	0.
(19) JOAN STEINBERG DIRECTOR	0.50	X						0.	0.	0.
(20) INEZ STEWART DIRECTOR	0.50	X						0.	0.	0.
(21) JULIE ANN CROMMETT DIRECTOR	0.50	X						0.	0.	0.
(22) JESSICA R. H-FLANIGAN (THROUGH DIRECTOR	0.50	X						0.	0.	0.
(23) TOM MONTAG DIRECTOR	0.50	X						0.	0.	0.
1b Subtotal								1,098,639.	0.	160,563.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,098,639.	0.	160,563.

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 6

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
CALDERON SOLUTIONS 647 COLONADO ROAD, WEST HEMPSTEAD, NY 11552	FUNDRAISING PLANNING AND DEVELOP.	240,000.
BERLIN ROSEN LTD, 15 MAIDEN LANE SUITE 1600, NEW YORK, NY 10038	COMMUNICATION STRATEGY	187,265.
MAMA GUAVA 3622 CORAL WAY APT 1009, MIAMI, FL 33145	CONSULTING	159,405.
DNF SOLUTIONS, 5 UNION SQUARE WEST 1027, NEW YORK, NY 10003	SERVER MAINTENANCE	159,265.
LANDMARK CONSULTANTS LLC, 1010 PARK STREET SUITE 2W, PEEKSKILL, NY 10566	CONSULTING	148,000.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	2,642,536.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	10,203,447.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	23,275,399.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		36,121,382.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		243,639.		243,639.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				1,421,024.			
	b	Less: cost or other basis and sales expenses	7b	1,348,410.			
	c	Gain or (loss)	7c	72,614.			
d	Net gain or (loss)		72,614.		72,614.		
8 a	Gross income from fundraising events (not including \$ 2,642,536. of contributions reported on line 1c). See Part IV, line 18						
		8a	475,554.				
b	Less: direct expenses	8b	475,554.				
c	Net income or (loss) from fundraising events		0.				
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
		10b					
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code	900099	594,986.	594,986.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			594,986.		
12	Total revenue. See instructions			37,032,621.	0.	0.	
						911,239.	

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 X

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	15,264,831.	15,264,831.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	184,880.	184,880.		
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	369,725.	92,431.	92,431.	184,863.
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	5,452,692.	3,729,858.	1,154,047.	568,787.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	248,546.	171,224.	52,497.	24,825.
9 Other employee benefits	842,400.	564,094.	179,365.	98,941.
10 Payroll taxes	558,754.	368,356.	119,483.	70,915.
11 Fees for services (nonemployees):				
a Management				
b Legal	115,318.	37,500.	76,700.	1,118.
c Accounting	78,500.		78,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	55,815.		55,815.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,844,295.	6,360,579.	166,750.	316,966.
12 Advertising and promotion				
13 Office expenses	209,575.	153,499.	24,538.	31,538.
14 Information technology	233,768.	184,852.	32,832.	16,084.
15 Royalties				
16 Occupancy	374,908.	337,955.	33,018.	3,935.
17 Travel	177,410.	126,113.	17,487.	33,810.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	162,231.	117,676.	29,243.	15,312.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	275,989.	103,458.	167,502.	5,029.
23 Insurance	79,998.		79,998.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>INTERNSHIPS & STIPENDS</u>	1,458,675.	1,457,677.	998.	
b <u>PUBLIC RELATIONS & OUTFITTERS</u>	901,551.	901,551.		
c <u>OTHER EXPENSES</u>	461,318.	302,653.	30,755.	127,910.
d <u>REPAIRS & MAINTENANCE</u>	151,877.	118,240.	14,470.	19,167.
e All other expenses	206,221.	118,107.	50,151.	37,963.
25 Total functional expenses. Add lines 1 through 24e	34,709,277.	30,695,534.	2,456,580.	1,557,163.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	3,306,544.	1	8,979,832.
	2 Savings and temporary cash investments	21,726,903.	2	11,618,753.
	3 Pledges and grants receivable, net	8,538,733.	3	10,558,621.
	4 Accounts receivable, net	72,000.	4	100,000.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	190,024.	9	94,223.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,412,920.		
	b Less: accumulated depreciation	10b 3,248,946.	10c	4,163,974.
	11 Investments - publicly traded securities	12,113,696.	11	11,926,716.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	303,055.
16 Total assets. Add lines 1 through 15 (must equal line 33)	50,299,555.	16	47,745,174.	
Liabilities	17 Accounts payable and accrued expenses	989,455.	17	892,448.
	18 Grants payable	5,336,385.	18	2,327,938.
	19 Deferred revenue	190,000.	19	10,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	91,504.	25	472,709.
	26 Total liabilities. Add lines 17 through 25	6,607,344.	26	3,703,095.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,896,610.	27	12,006,980.
	28 Net assets with donor restrictions	31,795,601.	28	32,035,099.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	43,692,211.	32	44,042,079.
33 Total liabilities and net assets/fund balances	50,299,555.	33	47,745,174.	

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	37,032,621.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,709,277.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,323,344.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	43,692,211.
5	Net unrealized gains (losses) on investments	5	-1,973,476.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	44,042,079.

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 on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization HISPANIC FEDERATION, INC.	Employer identification number 13-3573852
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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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27776180.	23762327.	36942302.	49383030.	36121382.	173985221
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	27776180.	23762327.	36942302.	49383030.	36121382.	173985221
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6739219.
6 Public support. Subtract line 5 from line 4.						167246002

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	27776180.	23762327.	36942302.	49383030.	36121382.	173985221
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,550.	31,232.	121,376.	203,633.	487,278.	851,069.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		129,765.	25,315.	75,154.	594,986.	825,220.
11 Total support. Add lines 7 through 10						175661510
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	95.21	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	95.45	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on 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>		
c Did a disqualified person (as defined on 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

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 HISPANIC FEDERATION, INC.	Employer identification number 13-3573852
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 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) 2022

LHA

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	23,792.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	96,612.													
c	Total lobbying expenditures (add lines 1a and 1b)	120,404.													
d	Other exempt purpose expenditures	34,588,873.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	34,709,277.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	45,000.	139,919.	143,419.	120,404.	448,742.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures		2,559.	38,429.	23,792.	64,780.

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)).

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

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

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

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

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

Part IV Supplemental Information

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

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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization HISPANIC FEDERATION, INC. Employer identification number 13-3573852

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements at the end of the tax year, and yes/no questions about monitoring and reporting.

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.

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including fields for revenue and asset values.

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 make 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 program
 - 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 Term 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? <input type="checkbox"/> | 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		5,702,787.	2,412,875.	3,289,912.
c Leasehold improvements		50,657.	44,602.	6,055.
d Equipment		1,059,663.	791,469.	268,194.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,163,974.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCE	166,409.
(3) OPERATING LEASE LIABILITY	306,300.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB 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	36,192,657.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a -1,973,476.		
	b Donated services and use of facilities	2b 1,189,327.		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	-784,149.
3	Subtract line 2e from line 1		3	36,976,806.
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 55,815.		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	55,815.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	37,032,621.

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	35,842,789.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a 1,189,327.		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	1,189,327.
3	Subtract line 2e from line 1		3	34,653,462.
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 55,815.		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	55,815.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	34,709,277.

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:

THE HISPANIC FEDERATION (HF) DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY MATERIAL, UNCERTAIN TAX POSITIONS. TAX FILINGS FOR PERIODS ENDING DECEMBER 31, 2019 AND LATER ARE SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

HISPANIC FEDERATION, INC.

Employer identification number

13-3573852

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

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

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

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA DINNER (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	3,118,090.		3,118,090.
	2	Less: Contributions	2,642,536.		2,642,536.
	3	Gross income (line 1 minus line 2)	475,554.		475,554.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	475,554.		475,554.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			475,554.
11	Net income summary. Subtract line 10 from line 3, column (d)			0.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a	The organization's facility	13a	%
b	An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law 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.

Part IV Supplemental Information *(continued)*

Area for supplemental information with horizontal ruling lines.

**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.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

HISPANIC FEDERATION, INC.

Employer identification number
13-3573852

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE 1588 CHIQUI 'S UNISEX INC 1584 ST NICHOLAS AVENUE NEW YORK, NY 10040	13-4123707		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
904WARD INC 40 EAST ADAMS STREET SUITE 34 JACKSONVILLE, FL 32202	82-2604507		20,000.	0.			CIVIC EDUCATION, DEVELOPMENT, AND POLICY GRANT
ABBALETAS 1703A 10TH STREET ST CLOUD, FL 34769	82-1301572		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
ACCESS EAST INC P.O. BOX 6028 GREENVILLE, NC 27835	56-1949493		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
ADELANTE ALABAMA WORKER CENTER 2171 ROCKY RIDGE RD BIRMINGHAM, AL 35216	46-5635459		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
THE ADVANCE COMMUNITY OUTREACH 1209 EAST DONEGAN AVENUE KISSIMMEE, FL 34744	81-2461287		18,000.	0.			GRANT SR TRANSPORTATION SUPPORT YO TE LLEVO INITIATIVE

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

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
THE ADVANCE COMMUNITY OUTREACH 1209 EAST DONEGAN AVENUE KISSIMMEE, FL 34744	81-2461287		15,000.	0.			HURRICANE IAN RELIEF
ADVANCE OT INNOVATIONS PC 82 WACCABUC ROAD GOLDENS BRIDGE, NY 10526	27-2676421		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
ADVOCATES FOR YOUTH 1325 G STREET NW SUITE 980 WASHINGTON, DC 20005	52-1173590		30,000.	0.			ADVANCE CHANGE TOGETHER INITIATIVE
AGUILA YOUTH LEADERSH INST INC PO BOX 26392 TEMPE, AZ 85003	20-5820343		10,000.	0.			GROWING STRONGER CAPACITY BUILDING INITIATIVE
AGUILA YOUTH LEADERSH INST INC PO BOX 26392 TEMPE, AZ 85003	20-5820343		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
AID FOR AIDS INTERNATIONAL 131 VARICK STREET SUITE 1006 NEW YORK, NY 10013	13-3954568		10,000.	0.			SPONSORSHIP MY HERO GALA
AID FOR AIDS INTERNATIONAL 131 VARICK STREET SUITE 1006 NEW YORK, NY 10013	13-3954568		10,000.	0.			EMERGENCY ASSISTANCE FOR ASYLUM SEEKERS
AID FOR LIFE INTERNATIONAL INC 131 VARICK STREET SUITE 1006 NEW YORK, NY 10013	83-3055037		10,000.	0.			SPONSORSHIP SUPPORT TO RECENTLY ARRIVED LGBTQ & IMMIGRANTS NY
ALIVIO MEDICAL CENTER INC 966 WEST 21TH STREET CHICAGO, IL 60608	36-3661051		30,000.	0.			COVID 19 EMERGENCY ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ALL STAR CODE INC 276 5TH AVE SUITE 704 #734 NEW YORK, NY 10001	90-0954778		25,000.	0.			LATINO DIGITAL ACCELERATOR INITIATIVE
AMASAR LLC ROAD #141 KM 11.7 JAYUYA, PR 00664	66-0869628		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
AMBER CHARTER SCHOOL 3120 CORLEAR AVE NEW YORK, NY 10463	13-4119814		20,000.	0.			LATINO CORE GRANT
AMERICA ON TECH INC 25 BROADWAY 12TH FLOOR NEW YORK, NY 10004	46-5336001		45,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
AMIGOS MUSEO DEL BARRIO, INC 1230 FIFTH AVENUE NEW YORK, NY 10029	23-7156720		20,000.	0.			LATINO CORE GRANT
AMMORE CONSULTING LLC 19489 PURNELL AVENUE ROCKY RIVER, OH 44116	83-1284874		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
ANGEL OF EDGEWOOD 143 EDGEWOOD STREET HARTFORD, CT 06112	85-3536488		10,064.	0.			HUNGER RELIEF
ANNALISE DAYCARE LLC 2065 DAVIDSON AVE #1C BRONX, NY 10453	82-1377596		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
APD CONSTRUCTION LLC 2750 TAYLOR AVE SUITE B-206 ORLANDO, FL 32806	45-3806585		7,500.	0.			UNFINISHED BUSINESS INITIATIVE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ARIZONA JUSTICE FOR OUR NGHBR PO BOX 11181 TUCSON, AR 85734	82-3785502		60,000.	0.			IMMIGRATION FUND ESPERANZA PROJECT
ARTE INC 26 ATWATER STREET NEW HAVEN, CT 06513	54-2138181		20,000.	0.			COVID 19 EMERGENCY ASSISTANCE
THE ASPEN INSTITUTE INC 2300 N ST NW SUITE 700 WASHINGTON, DC 20037	84-0399006		10,000.	0.			EVENT SPONSORSHIP SUPPORT ECO STATE OF LATINOS
ASSOCIATION LATINO MEN ACTION 3656 N HALSTED CHICAGO, IL 60613	36-4204450		50,000.	0.			ADVANCE CHANGE TOGETHER INITIATIVE
AVENUE FOR JUSTICE INC 100 CENTRE STREET ROOM 1541 NEW YORK, NY 10013	13-3267496		45,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
AYUDA 1990 K STREET NW SUITE 500 WASHINGTON, DC 20006	52-0971440		60,000.	0.			IMMIGRATION FUND ESPERANZA PROJECT
AYUDA 1990 K STREET NW SUITE 500 WASHINGTON, DC 20006	52-0971440		50,000.	0.			GRANT FOR NEWLY ARRIVED MIGRANTS DC
AZTEC DAVES FOOD TRUCK INC 3641 SOUTH 54TH AVENUE CICERO, IL 60804	47-3676475		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
BALLESTER HERMANOS INC PO BOX 364548 SAN JUAN, PR 00936	66-0175269		6,218.	0.			HUNGER RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BALLESTER HERMANOS INC PO BOX 364548 SAN JUAN, PR 00936	66-0175269		16,562.	0.			HUNGER RELIEF
BENJILOCK LLC 2860 E ORANGE GROVE BLVD PASADENA, CA 91107	47-5239971		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
BETH EL FARMWORKER MINISTRY INC 18240 US 301 SOUTH WIMAUMA, FL 33598	59-3004876		15,000.	0.			HURRICANE IAN RELIEF
BETH EL FARMWORKER MINISTRY INC 18240 US 301 SOUTH WIMAUMA, FL 33598	59-3004876		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
BIANCO PRODUCTS LLC 6604 HARNEY RD STE D TAMPA, FL 33610	83-4403045		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
BIONIC INDOOR COMFORT INC 7736 SOUTH PKWY SACRAMENTO, CA 95823	47-2140403		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
BLACK RIVER HEALTH SERVICES IN PO BOX 1488 BURGAW, NC 28425	23-7356223		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
BLUE HILLS CIVIC ASSOCIATION 410 HOMESTEAD AVENUE HARTFORD, CT 06112	06-0876558		50,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
BORICUAS DE CORAZON INC 1291 KINGSWAY RD BRANDON, FL 33510	82-4761709		15,000.	0.			COVID 19 EMERGENCY ASSISTANCE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BORICUAS DE CORAZON INC 1291 KINGSWAY RD BRANDON, FL 33510	82-4761709		10,000.	0.			HURRICANE IAN RELIEF
BOYS & GIRLS CLUBS OF PR INC P O BOX 79526 CAROLINA, PR 00984	66-0327584		100,000.	0.			GRANT TO INSTITUTO DESARROLLO DE LA JUVENTUD PR
BOYS & GIRLS CLUBS OF PR INC P O BOX 79526 CAROLINA, PR 00984	66-0327584		34,467.	0.			CHILD TAX CREDIT EARNED INCOME TAX CREDIT INITIATIVE
BRANDWORKERS INTERNATIONAL INC PO BOX 1257 LONG ISLAND CITY, NY 11101	26-0798625		30,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
BRIDGEPORT CARIBE YOUTH LEAGUE 1067 PARK AVENUE BRIDGEPORT, CT 06604	20-0421577		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
BRIDGEPORT CARIBE YOUTH LEAGUE 1067 PARK AVENUE BRIDGEPORT, CT 06604	20-0421577		20,000.	0.			LATINO CORE GRANT
BRIDGEPORT CARIBE YOUTH LEAGUE 1067 PARK AVENUE BRIDGEPORT, CT 06604	20-0421577		7,500.	0.			SPONSORSHIP CARIBE GALA
BRONX COUNCIL ON THE ARTS INC 2700 EAST TREMONT AVENUE BRONX, NY 10461	13-2601303		45,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
BROWTIQUEMKE BY NATASSHA LLC 5328 W VLIET ST MILWAUKEE, WI 53208	81-0902356		7,500.	0.			UNFINISHED BUSINESS INITIATIVE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BRONXWORKS INC 60 EAST TREMONT AVENUE BRONX, NY 10453	13-3254484		25,000.	0.			EMERGENCY ASSISTANCE FOR BRONX FIRE VICTIMS
BUILDING ONE COMMUNITY 75 SELLECK STREET STAMFORD, CT 06902	27-5024317		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
BURGOS MUNDO ENTERPRISES INC PO BOX 761 SAINT JUST STATION SAINT JUST, PR 00978	66-0693664		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
CARDOSO INSURANCE AGENCY INC 5416 NORWALK BLVD SUITE B5 WHITTIER, CA 90601 - WHITTIER, CA 90601	84-3186173		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
CARMENLAND LLC 135 BELKNAP AVE YONKERS, NY 10710 - YONKERS, NY 10710	81-3353027		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
CAROLINA MIGRANT NETWORK INC 6917 LANCER DRIVE CHARLOTTE, NC 28226 - CHARLOTTE, NC 28226	85-0952850		60,000.	0.			IMMIGRATION FUND ESPERANZA PROJECT
CASA AZUL DE WILSON PO BOX 2134 WILSON, NC 27893 - WILSON, NC 27893	87-3076221		10,000.	0.			LATINO GET OUT THE VOTE PROJECT
CASA AZUL DE WILSON PO BOX 2134 WILSON, NC 27893 - WILSON, NC 27893	87-3076221		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
CASA DE ESPANOL LLC 1101 R STREET SACRAMENTO, CA 95811 - SACRAMENTO, CA 95811	45-3056420		7,500.	0.			UNFINISHED BUSINESS INITIATIVE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CASITA MARIA 928 SIMPSON STREET@BRONX, NY 10459 BRONX, NY 10459	13-1623994		20,000.	0.			LATINO CORE GRANT
CASA SAN JOSE 2116 BROADWAY AVE PITTSBURGH, PA 15216	46-4729004		35,000.	0.			COVID 19 EMERGENCY ASSISTANCE
CASA DE VENEZUELA, INC. 2148 TURNBERRY DRIVE OVIEDO, FL 32765 - OVIEDO, FL 32765	27-4018475		10,000.	0.			HURRICANE IAN RELIEF
CB RILEY PRODUCTION LLC 1693 CARMEL CIRCLE EAST UPLAND, CA 91784 - UPLAND, CA 91784	82-4156261		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
CEIBA INC 174 DIAMOND ST PHILADELPHIA, PA 19122 - PHILADELPHIA, PA 19122	23-2732783		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
CENTRAL AMERICAN REFUGEE CTR 91 N. FRANKLIN STREET SUITE 208 HEMPSTEAD, NY 11550	11-2705005		60,000.	0.			IMMIGRATION FUND ESPERANZA PROJECT
CENTRAL AMERICAN REFUGEE CTR 91 N. FRANKLIN STREET SUITE 208 HEMPSTEAD, NY 11550	11-2705005		10,000.	0.			EMERGENCY ASSISTANCE FOR IMMIGRANT FAMILIES
CENTER FOR BLACK EQUITY 901 6TH ST SW 612A WASHINGTON, DC 20024	20-5933471		50,000.	0.			COVID 19 EMERGENCY ASSISTANCE
CENTER OF GRACE 520 S HARRISON ST OLATHE, KS 66061	48-1251324		20,000.	0.			COVID 19 EMERGENCY ASSISTANCE

Schedule I (Form 990)

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CENTRO SIN FRONTERAS COMM SRVC 2009 WEST 22ND PLACE CHICAGO, IL 60608 USA - CHICAGO, IL 60608	36-3537141		15,000.	0.			COVID 19 EMERGENCY ASSISTANCE
CENTROS SOR ISOLINA FERRE INC PO BOX 7313PONCE, PR 00732 PONCE, PR 00732	66-0277396		40,000.	0.			CHILD TAX CREDIT EARNED INCOME TAX CREDIT INITIATIVE
CENTRO DE TRABAJADORES UNIDOS 10638 S EWING AVE 1ST FLOOR CHICAGO, IL 60617 - CHICAGO, IL 60617	27-1492355		12,500.	0.			COVID 19 EMERGENCY ASSISTANCE
CENTER FOR TRAINING AND CAREER 749 STORY RD SUITE 10 SAN JOSE, CA 95122	94-2400381		10,000.	0.			COVID 19 EMERGENCY ASSISTANCE
CENTRO UNIDO LATINO AMERICANO 79 ACADEMY ST MARION, NC 28752 - MARION, NC 28752	56-2678411		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
CENTRO UNIDO LATINO AMERICANO 79 ACADEMY ST MARION, NC 28752 - MARION, NC 28752	56-2678411		10,000.	0.		GROWING STRONGER CAPACITY BUILDING INITIATIVE	
CHARLOTTE BILINGUAL PRESCHOOL 6300 HIGHLAND AVENUE CHARLOTTE, NC 28215 - CHARLOTTE, NC 28215	36-4522499		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
CHARLOTTE CNTR LEGAL ADVOCACY PO BOX 25558 CHARLOTTE, NC 28229 - CHARLOTTE, NC 28229	56-1202940		60,000.	0.			IMMIGRATION FUND ESPERANZA PROJECT
CHARTER OAK BOXING & YOUTH DEV 81 POPE PARK HIGHWAY HARTFORD, CT 06106 - HARTFORD, CT 06106	06-1310059		35,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND

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

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CHEMICAL ABUSE SERVICES AGENCY 1124 IRANISTAN AVENUE BRIDGEPORT, CT 06605	22-2837833		25,000.	0.		LATINO CORE GRANT	
CHICAGO FED SAN DIEGO CNTY INC 3180 UNIVERSITY AVE. SUITE 400 SAN DIEGO, CA 92104	23-7085960		25,000.	0.		COVID 19 EMERGENCY ASSISTANCE	
CHICAGO WORKERS COLLABORATIVE 1914 S ASHLAND AVENUE CHICAGO, IL 60608 - CHICAGO, IL 60608	26-1470308		25,000.	0.		COVID 19 EMERGENCY ASSISTANCE	
CHURCH OF ST JEROME 230 ALEXANDER AVENUE BRONX, NY 10454	13-1740204		10,000.	0.		EMERGENCY ASSISTANCE FOR ASYLUM SEEKERS	
CHURCH OF ST JEROME 230 ALEXANDER AVENUE BRONX, NY 10454	13-1740204		10,000.	0.		EMERGENCY ASSISTANCE FOR IMMIGRANT FAMILIES	
CHURCHES UNITED FAIR HSNG INC 7 MARCUS GARVEY BLVD BROOKLYN, NY 11206	26-4698161		15,612.	0.		HUNGER RELIEF	
CHURCHES UNITED FAIR HSNG INC 7 MARCUS GARVEY BLVD BROOKLYN, NY 11206	26-4698161		10,000.	0.		EMERGENCY ASSISTANCE FOR ASYLUM SEEKERS	
CHURCHES UNITED FAIR HSNG INC 7 MARCUS GARVEY BLVD BROOKLYN, NY 11206	26-4698161		45,000.	0.		COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND	
CINE ART ENTERT PRODUCTION INC 1194 SHERMAN AVENUE SUITE 1C BRONX, NY 10456	27-1529816		10,000.	0.		GRANT SUPPORT DOMINICAN FILM FESTIVAL	

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

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CIRCULO DE LA HISPANIDAD INC 26 WEST PARK AVENUE LONG BEACH, NY 11561 - LONG BEACH, NY 11561	11-2525327		22,043.	0.			HUNGER RELIEF
CIRCULO DE LA HISPANIDAD INC 26 WEST PARK AVENUE LONG BEACH, NY 11561 - LONG BEACH, NY 11561	11-2525327		24,056.	0.			LATINO CORE GRANT
CLEMENTE SOTO VELEZ CLTRL INC 107 SUFFOLK STREET #312 NEW YORK, NY 10002 USA - NEW YORK, NY 10002	13-3735337		45,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
CLINICA ESPERANZA HOPE CLINIC 60 VALLEY ST SUITE 104 PROVIDENCE, RI 02909	26-1714340		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
CLINICA MSR OSCAR A ROMERO 123 S ALVARADO STREET LOS ANGELES, CA 90057 - LOS ANGELES, CA 90057	95-3881333		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
CMTAS YAUCO INC PO BOX 475 YAUCO, PR 00698	66-0759225		25,000.	0.			PUERTO RICO BIODIGESTER PROJECT GRANT
COALITION FOR HISPANIC FAMILY SERVICES/COAL HOPE GARDEN - 315 WYCKOFF AVE BROOKLYN, NY 11237 - BROOKLYN, NY	13-3546023		61,049.	0.			HUNGER RELIEF
COALITION FOR HUMANE IMM RIGHT 2533 W THIRD STREET SUITE 101 LOS ANGELES, CA 90057	95-4421521		60,000.	0.			IMMIGRATION FUND ESPERANZA PROJECT
COALITION FOR HUMANE IMM RIGHT 2533 W THIRD STREET SUITE 101 LOS ANGELES, CA 90057 USA - LOS ANGELES, CA 90	95-4421521		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE

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

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COALICION LATINO AMERICANA 4938 CENTRAL AVENUE SUITE 101 CHARLOTTE, NC 28205 - CHARLOTTE, NC 28205	58-1945776		25,000.	0.		LATINO DIGITAL ACCELERATOR INITIATIVE	
COALICION LATINO AMERICANA 4938 CENTRAL AVENUE SUITE 101 CHARLOTTE, NC 28205 - CHARLOTTE, NC 28205	58-1945776		7,500.	0.		SPONSORSHIP HISPANIC LATINO HERITAGE GALA	
COALICION LATINO AMERICANA 4938 CENTRAL AVENUE SUITE 101 CHARLOTTE, NC 28205 - CHARLOTTE, NC 28205	58-1945776		40,000.	0.		IMMIGRANT FAMILIES GRANT	
COLLEGE BRIDGE CAFE INC 62-59 108TH STREET APT 7S FOREST HILLS, NY 11375 USA - FOREST HILLS, NY 113	83-1864197		35,000.	0.		COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND	
COLORADO ORG LATINA OP REPROD PO BOX 40991 DENVER, CO 80204 USA - DENVER, CO 80204	84-1569021		50,000.	0.		ADVANCE CHANGE TOGETHER INITIATIVE	
COLUMBIA TAX SERVICES LLC 3707 HARPER AVENUE@BRONX, NY 10466 BRONX, NY 10466	46-3382718		7,500.	0.		UNFINISHED BUSINESS INITIATIVE	
CMMNTY HLTH ALLIANCE PASADENA 455 WEST MONTANA STREET PASADENA, CA 91103 - PASADENA, CA 91103	95-4536824		20,000.	0.		COVID 19 EMERGENCY ASSISTANCE	
COMMITTEE HISP CHILDRN FAM INC 75 BROAD STREET SUITE 620 NEW YORK, NY 10004 USA - NEW YORK, NY 10004	11-2622003		10,000.	0.		LEAD COALITION ADVOCACY PLANNING COMMITTEE	
COMMITTEE HISP CHILDRN FAM INC 75 BROAD STREET SUITE 620 NEW YORK, NY 10004 USA - NEW YORK, NY 10004	11-2622003		7,500.	0.		SPONSORSHIP FOR CHCF GALA	

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

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COMUNIDAD HSPN WALLINGFORD INC 284 WASHINGTON STREET WALLINGFORD, CT 06492	06-1076188		20,000.	0.			LATINO CORE GRANT
COMUNIDAD HSPN WALLINGFORD INC 284 WASHINGTON STREET WALLINGFORD, CT 06492	06-1076188		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
COMUNILIFE INC 462 SEVENTH AVENUE 3RD FL NEW YORK, NY 10018	13-3530299		24,148.	0.			HUNGER RELIEF
COMMUNITY INITIATIVES 1000 BROADWAY SUITE 480 OAKLAND, CA 94607	94-3255070		35,000.	0.			ADVANCE CHANGE TOGETHER INITIATIVE
COMUNIDADES ORGANIZANDO PODER 3702 EAST LAKE STREET MINNEAPOLIS, MN 55406	83-1380358		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
COMMUNITY PARTNERS 1000 NORTH ALAMEDA ST SUITE 240 LOS ANGELES, CA 90012	95-4302067		50,000.	0.			ADVANCE CHANGE TOGETHER INITIATIVE
COMMUNITY RESOURCE CENTER 134 CENTER AVENUE MAMARONECK, NY 10543	31-1678682		35,000.	0.			LATINO CORE GRANT
COMMUNITY RESOURCE CENTER 134 CENTER AVENUE MAMARONECK, NY 10543	31-1678682		20,000.	0.			GROWING STRONGER CAPACITY BUILDING INITIATIVE
COMMUNITY RESOURCE CENTER 134 CENTER AVENUE MAMARONECK, NY 10543	31-1678682		20,000.	0.			GROWING STRONGER CAPACITY BUILDING INITIATIVE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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COMUNIDAD VIDA NUEVA INC 5824 FOREST POINT RD RALEIGH, NC 27610 USA - RALEIGH, NC 27610	20-4348860		10,000.	0.			COVID 19 EMERGENCY ASSISTANCE
COMPASS YOUTH COLLABORATIVE 55 AIRPORT ROAD SUITE 201 HARTFORD, CT 06114 - HARTFORD, CT 06114	31-1768549		45,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
CONEXION AMERICAS 2195 NOLENSVILLE PIKE NASHVILLE, TN 37211 - NASHVILLE, TN 37211	62-1715618		20,000.	0.			COVID 19 EMERGENCY ASSISTANCE
CONNECTICUT PUERTO RICAN FORUM 95-97 PARK STREET 2ND FL HARTFORD, CT 06106 - HARTFORD, CT 06106	06-1385027		45,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
CONNECTICUT PUERTO RICAN FORUM 95-97 PARK STREET 2ND FL HARTFORD, CT 06106 - HARTFORD, CT 06106	06-1385027		25,200.	0.			COVID 19 EMERGENCY ASSISTANCE
COOPERATIVA MIXTA IUPICOOP PO BOX 362881 SAN JUAN, PR 00936-2881 - SAN JUAN, PR 00936	66-0823212		5,600.	0.			HURRICANE FIONA RELIEF
COPAY INC 21 NORTH STATION PLAZA GREAT NECK, NY 11021 USA - GREAT NECK, NY 11021	11-2212496		18,000.	0.			LATINO CORE GRANT
CORAZON COMMUNITY SERVICES 5339 W 25TH STREET CICERO, IL 60804 - CICERO, IL 60804	32-0075474		10,000.	0.			COVID 19 EMERGENCY ASSISTANCE
CORONEL DAVID LAW FIRM PA 6900 TAVISTOCK LAKES BLVD SUITE 400 ORLANDO, FL 32827 - ORLANDO, FL	84-4663713		7,500.	0.			UNFINISHED BUSINESS INITIATIVE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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CORP SERVICIOS SALUD PRIMARIA P.O. BOX 2113 UTUADO, PR 00641 - UTUADO, PR 00641	66-0812599		11,150.	0.			CHILD TAX CREDIT EARNED INCOME TAX CREDIT INITIATIVE
CYBER PRINT MEDIA LTD 1729 LIBBY PLACE #1F@BRONX, NY 1046 BRONX, NY 10461	86-1091372		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
DANNY ASTORIA PUBLIC RELAT LLC 155 W 145TH STREET APT 5C NEW YORK, NY 10039 - NEW YORK, NY 10039	27-3085063		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
DAVIDSON COMMUNITY CENTER 2038 DAVIDSON AVE@BRONX, NY 10453 BRONX, NY 10453	23-7010206		11,053.	0.			HUNGER RELIEF
DEL AMBIENTE INC 8695 SAN MARLO WAY ORLANDO, FL 32825 USA - ORLANDO, FL 32825	86-3595333		50,000.	0.			ADVANCE CHANGE TOGETHER INITIATIVE
DEMOYZ MARKETING GROUP INC 11 BRUNO STREET MOONACHIE, NJ 07074 - MOONACHIE, NJ 07074	46-3178006		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
DESYSCA INC 200 N JOHN YOUNG PKWY STE 201 KISSIMMEE, FL 34741 - KISSIMMEE, FL 34741	47-5152776		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
DOMINICANOS USA INC 369 EAST 149TH STREET 11TH FL@BRONX BRONX, NY 10455	46-3738190		42,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
DOMINICAN WOMEN DEV CENTER 519 WEST 189TH STREET GROUND FLOOR NEW YORK, NY 10040 USA - NEW YORK, NY 100	13-3593885		152,504.	0.			HUNGER RELIEF

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DUO ENTERPRISES LLC 12416 W MONTE VISTA RD AVONDALE, AZ 85392 - AVONDALE, AZ 85392	26-1775356		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
DV7 US ACADEMY HOLDINGS LLC 239 W 14TH STREET FLOOR 1 NEW YORK, NY 10011 - NEW YORK, NY 10011	85-1479577		83,884.	0.			GRANT SOCCER PROGRAM
EC CAM CORP 14061 WEYMOUTH RUN ORLANDO, FL 32828 - ORLANDO, FL 32828	81-3357243		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
EDDIE PARK AVE SHOE REPAIR INC 230 PARK AVENUE NEW YORK, NY 10169 - NEW YORK, NY 10169	82-3372665		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
EG INSURANCE AGENCY INC 5347 S HOYNE AVE CHICAGO, IL 60609 - CHICAGO, IL 60609	83-3879465		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
EL CENTRO DE CORAZON PO BOX 230209 HOUSTON, TX 77223 - HOUSTON, TX 77223	76-0442781		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
EL CENTRO HISPANO INC 2000 CHAPEL HILL ROAD SUITE 26A DURHAM, NC 27707	56-2011661		35,000.	0.			COVID 19 EMERGENCY ASSISTANCE
EL CENTRO INC 650 MINNESOTA AVENUE KANSAS CITY, KS 66101 - KANSAS CITY, KS 66101	36-2904073		30,000.	0.			COVID 19 EMERGENCY ASSISTANCE
EL CENTRO DE LA RAZA 2524 16TH AVE SOUTH SEATTLE, WA 98144 - SEATTLE, WA 98144	91-0899927		10,000.	0.			LATINO DIGITAL ACCELERATOR INITIATIVE

HISPANIC FEDERATION, INC.

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EL CENTRO HISPANO, INC. 346 SOUTH LEXINGTON AVENUE WHITE PLAINS, NY 10606 - WHITE PLAINS, NY 10606	13-4149424		15,000.	0.			LATINO CORE GRANT
EL FUTURO INC 2020 CHAPEL HILL RD STE 23 DURHAM, NC 27707 - DURHAM, NC 27707	80-0122334		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
EL GORDO RESTAURANT NO 4 LLC 291 CENTRAL AVENUE JERSEY CITY, NJ 07307 - JERSEY CITY, NJ 07307	81-3003831		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
EL HOGAR DEL NINO 1710 S LOOMIS ST CHICAGO, IL 60608 - CHICAGO, IL 60608	36-2749858		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
EL TALLER LATINO AMERICANO 985 AMSTERDAM AVENUE 5A NEW YORK, NY 10025 USA - NEW YORK, NY 10025	13-2995536		35,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
END HUNGER CT 800 CONNECTICUT BLVD SUITE 302 A EAST HARTFORD, CT 06108 - EAST HARTFORD, CT 06108	06-1545835		45,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
ENFOQUE IMAGES LLC 841 STATE FAIR BLVD SYRACUSE, NY 13209 - SYRACUSE, NY 13209	84-1736201		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
EP ENERGY ALT DE SAN PATRICIO 16 CALLE BELEN GUAYNABO, PR 00968 - GUAYNABO, PR 00968	66-0783880		99,760.	0.			CONCILIO SALUD INTEGRAL LOIZA
ERLYNS TAXES CORP 2942 PLEASANT HILL ROAD KISSIMMEE, FL 34746 - KISSIMMEE, FL 34746	46-3285607		7,500.	0.			UNFINISHED BUSINESS INITIATIVE

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ESPACIOS ABIERTOS PR INC 867 AVE MUNOZ RIVERA SUITE D 101 SAN JUAN, PR 00925 2127 - SAN	66-0927287		300,000.	0.			CHILD TAX CREDIT EARNED INCOME TAX CREDIT INITIATIVE
FACE PALETTE AESTHETICS 3108 W NATIONAL AVE HALES CORNERS, WI 53215 - HALES CORNERS, WI 53215	86-1526975		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
FARMWORKER ASSOC FLORIDA INC 1264 APOPKA BOULEVARD APOPKA, FL 32703 - APOPKA, FL 32703	59-2683978		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
FARMWORKER ASSOC FLORIDA INC 1264 APOPKA BOULEVARD APOPKA, FL 32703 - APOPKA, FL 32703	59-2683978		10,000.	0.			HURRICANE IAN RELIEF
FARMWORKER LANDSCAPER ADVOCACY 33 N LASALLE #900 CHICAGO, IL 60602 USA - CHICAGO, IL 60602	36-4306362		10,000.	0.			COVID 19 EMERGENCY ASSISTANCE
FARMWORKER LANDSCAPER ADVOCACY 33 N LASALLE #900 CHICAGO, IL 60602 USA - CHICAGO, IL 60602	36-4306362		10,000.	0.			GROWING STRONGER CAPACITY BUILDING INITIATIVE
FDLA GROUP INC 251 WEST 30TH STREET NEW YORK, NY 10001 - NEW YORK, NY 10001	84-4384025		10,000.	0.			GRANT SUPPORT WINTERSPRING UPTOWN FASHION
FDLA GROUP INC 251 WEST 30TH STREET NEW YORK, NY 10001 - NEW YORK, NY 10001	84-4384025		10,000.	0.			GRANT SUPPORT FALL UPTOWN FASHION WEEK
FIFTH AVENUE COMMITTEE INC 621 DEGRAW STREET BROOKLYN, NY 11217 USA - BROOKLYN, NY 11217	11-2475743		20,000.	0.			LATINO CORE GRANT

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FINAL STRETCH EVENTS LLC 662 KELLEY DR NORTH AURORA, IL 60542 - NORTH AURORA, IL 60542	45-5013214		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
FLORIDA IMMIGRANT COALITION 2800 BISCAYNE BLVD SUITE 300 MIAMI, FL 33137	20-2123833		20,000.	0.			CIVIC EDUCATION, DEVELOPMENT, AND POLICY GRANT
FLORIDA RISING TOGETHER INC 10800 BISCAYNE BLVD SUITE 1050 MIAMI, FL 33161	45-3956785		20,000.	0.			CIVIC EDUCATION, DEVELOPMENT, AND POLICY GRANT
FONDOS UNIDOS PUERTO RICO INC PO BOX 191914 SAN JUAN, PR 00919-1914 - SAN JUAN, PR 00919	66-0269222		43,322.	0.			CHILD TAX CREDIT EARNED INCOME TAX CREDIT INITIATIVE
FPJ AMUSEMENTS & ENTERT SRVCS 467 EAST 156TH STREET@BRONX, NY 104 BRONX, NY 10455	26-2592972		59,000.	0.			SPONSORSHIP LONGWOOD AVENUE FESTIVAL
FPJ AMUSEMENTS & ENTERT SRVCS 467 EAST 156TH STREET@BRONX, NY 104 BRONX, NY 10455	26-2592972		59,000.	0.			SPONSORSHIP LONGWOOD AVENUE FESTIVAL SEPTEMBER
FPJ AMUSEMENTS & ENTERT SRVCS 467 EAST 156TH STREET@BRONX, NY 104 BRONX, NY 10455	26-2592972		47,000.	0.			SPONSORSHIP MORRISON AVENUE FESTIVAL - BRONX
FPSD INVESTMENT LLC 6010 HOFFNER AVE ORLANDO, FL 32822 - ORLANDO, FL 32822	82-2613882		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
FUND LATINOAMERICANA ACCION SO 6666 HARWIN DRIVE SUITE 370 HOUSTON, TX 77036	76-0430109		30,000.	0.			ADVANCE CHANGE TOGETHER INITIATIVE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
GADS HILL CENTER 1919 W CULLERTON STREET CHICAGO, IL 60608 - CHICAGO, IL 60608	36-2167082		50,000.	0.			COVID 19 EMERGENCY ASSISTANCE
GALERIA STUDIO 24 2779 FOLSOM STREET STE A SAN FRANCISCO, CA 94110 - SAN FRANCISCO, CA 94110	94-2495604		75,000.	0.			SUPPORT THE CARAVAN FOR THE CHILDREN CAMPAIGN
THE GARDINER FOUNDATION 3227 LURTING AVENUE/BRONX, NY 10469 BRONX, NY 10469	32-0207075		15,002.	0.			HUNGER RELIEF
GIRLS FOR TECHNOLOGY INC 750 MAIN ST SUITE 1210 HARTFORD, CT 06103 - HARTFORD, CT	46-5696249		45,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
GOLD STAR PRIME FUNDING INC 103 THAYER ST #A24 NEW YORK, NY 10040 - NEW YORK, NY 10040	81-5287860		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
GOTHAM CITY BAKERY LLC 2074 WALLACE AVENUE #307/BRONX, NY BRONX, NY 10462	46-5235633		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
GROUP J & D INVESTMENT INC 912 BISHOP PARK CT APT 1125 WINTER PARK, FL 32792 - WINTER PARK, FL 32792	83-2074736		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
GUADALUPE CENTERS INC 1015 AVENIDA CESAR E CHAVEZ KANSAS CITY, MO 64108 - KANSAS CITY, MO 64108	44-0610781		30,000.	0.			COVID 19 EMERGENCY ASSISTANCE
THE GUATEMALAN MAYA CENTER INC 430 N G STREET LAKE WORTH, FL 33460 - LAKE WORTH, FL 33460	65-0355018		40,000.	0.			CIVIC EDUCATION, DEVELOPMENT, AND POLICY GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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THE GUATEMALAN MAYA CENTER INC 430 N G STREET LAKE WORTH, FL 33460 - LAKE WORTH, FL 33460	65-0355018		50,000.	0.			COVID 19 EMERGENCY ASSISTANCE
GUARDARRAYA UNIDOS PAT ED INC PO BOX 471 PATILLAS, PR 00723 - PATILLAS, PR 00723	66-0846764		30,000.	0.			CHILD TAX CREDIT EARNED INCOME TAX CREDIT INITIATIVE
HACKER LAB INC 2533 R STREET SACRAMENTO, CA 95816 - SACRAMENTO, CA 95816	46-5052435		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
HARTFORD KNIGHTS CORP 90 BRAINARD ROAD HARTFORD, CT 06114	83-0368833		35,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
HEAVENLY LANDSCAPING LAWN LLC 2634 MAGGIORE CIRCLE KISSMEE, FL 34746 - KISSMEE, FL 34746	47-1537486		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
HEXA COLLECTIVE LLC 2 TUDOR CITY PLACE 6LS NEW YORK, NY 10017 - NEW YORK, NY 10017	82-5202675		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
HISPANIC ADVOCACY COMMUNITY EMPWR 155 WEASHA STREET S STE 105 SAINT PAUL, MN 55107 - SAINT PAUL, MN 55107	41-1900934		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
HSPNC ALLIANCE SOUTHEASTERN CT 170 STATE STREET NEW LONDON, CT 06320 - NEW LONDON, CT 06320	02-0573328		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
HISPANIC BROTHERHOOD INC 59 CLINTON AVENUE ROCKVILLE CENTRE, NY 11570	11-2716443		39,435.	0.			HUNGER RELIEF

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HISPANIC COUNSELING CENTER 344 FULTON AVENUE HEMPSTEAD, NY 11550 - HEMPSTEAD, NY 11550	11-2592214		17,000.	0.			LATINO CORE GRANT
HISPANIC HEALTH COUNCIL INC 175 MAIN STREET C/O FINANCE DEPARTMENT HARTFORD, CT 06106 - HARTFORD, CT	06-1018979		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
HISPANIC HEALTH COUNCIL INC 175 MAIN STREET C/O FINANCE DEPARTMENT HARTFORD, CT 06106 - HARTFORD, CT	06-1018979		45,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
HISPANIC LIAISON CHATHAM CNTY 200 N CHATHAM AVENUE SILVER CITY, NC 27344 - SILVER CITY, NC 27344	56-1974043		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
HISPANICS IN PHILANTROPY 414 13TH STREET SUITE 200 OAKLAND, CA 94612 USA - OAKLAND, CA 94612	94-3040607		50,000.	0.			COVID 19 EMERGENCY ASSISTANCE
COMMUNITY RESOURCE CENTER 134 CENTER AVENUE MAMARONECK, NY 10543 USA - MAMARONECK, NY 10543	31-1678682		10,000.	0.			EMERGENCY ASSISTANCE FOR ASYLUM SEEKERS
HOLLISTER YOUTH ALLIANCE 310 FOURTH STREET STE 101 HOLLISTER, CA 95023 - HOLLISTER, CA 95023	77-0377245		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
THE HOME FOR LITTLE WANDERERS 10 GUEST STREET BOSTON, MA 02135 USA - BOSTON, MA 02135	04-2104764		7,885.	0.			HUNGER RELIEF
HONOR 41 38 SIERRA MADRE WAY RANCHO MIRAGE, CA 92270 USA - RANCHO MIRAGE, CA 92270	46-0929050		50,000.	0.			ADVANCE CHANGE TOGETHER INITIATIVE

Schedule I (Form 990)

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H O P 22 BARBER SHOP LLC 1654 S ALLPORT STREET CHICAGO, IL 60608 - CHICAGO, IL 60608	83-2564292		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
HOPE COMMUNITY CENTER INC 1016 NORTH PARK AVENUE APOPKA, FL 32712 - APOPKA, FL 32712	56-2551312		20,000.	0.			CIVIC EDUCATION, DEVELOPMENT, AND POLICY GRANT
HOPE COMMUNITY CENTER INC 1016 NORTH PARK AVENUE APOPKA, FL 32712 - APOPKA, FL 32712	56-2551312		30,000.	0.			COVID 19 EMERGENCY ASSISTANCE
HUNTS POINT A FOR CHILDREN 1231 LAFAYETTE AVENUE SB BRONX, NY 10474 USA - BRONX, NY 10474	20-8503907		45,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
HUNTS POINT A FOR CHILDREN 1231 LAFAYETTE AVENUE SB BRONX, NY 10474 USA - BRONX, NY 10474	20-8503907		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
IATI THEATER 64 EAST 4TH STREET, 2ND FLOOR NEW YORK, NY 10003 USA - NEW YORK, NY 10003	13-3111859		32,543.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
IBERO AMERICAN ACTION LEAGUE 124 EVERGREEN STREET ROCHESTER, NY 14605 1019 USA - ROCHESTER, NY 14605	16-0954745		15,000.	0.			LATINO CORE GRANT
IBERO AMERICAN ACTION LEAGUE 124 EVERGREEN STREET ROCHESTER, NY 14605 1019 USA - ROCHESTER, NY 14605	16-0954745		10,000.	0.			LEAD COALITION ADVOCACY PLANNING COMMITTEE
I CHALLENGE MYSELF INC 712 W 184TH STREET SUITE C NEW YORK, NY 10033 - NEW YORK, NY 10033	56-2423423		20,000.	0.			LATINO CORE GRANT

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

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I CHALLENGE MYSELF INC 712 W 184TH STREET SUITE C NEW YORK, NY 10033 - NEW YORK, NY 10033	56-2423423		8,165.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
ID STUDIO THEATER P R CNTR INC 311 E 140TH STREET BRONX, NY 10454	70-0991159		35,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
IMAGE BLDERS CONSULT GROUP INC 155 S COURT AVE # 1612 ORLANDO, FL 32801 - ORLANDO, FL 32801	20-2263423		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
INICIATIVA ACCION PUERTORRIQUE 4855 DISTRIBUTION CT UNIT #11 ORLANDO, FL 32822	47-4537122		7,000.	0.			GRANT SUPPORT YO TE LLEVO INITIATIVE FL
INQUILINOS BORICUA ACCION INC 405 SHAWMUT AVENUE BOSTON, MA 02118 - BOSTON, MA 02118	23-7090081		40,000.	0.			COVID 19 EMERGENCY ASSISTANCE
INSPIRING MINDS CONSULTING INC 108 S PALERMO AVE ORLANDO, FL 32825 - ORLANDO, FL 32825	81-1452426		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
INST P R / HISPANIC ELDERLY 300 EAST 175TH STREET BRONX, NY 10457	13-2987263		10,000.	0.			SPONSORSHIP LPRHE SENIORS CONFERENCE
INSTITUTO DEL PROGRESO LATINO 2520 S WESTERN AVENUE CHICAGO, IL 60608 - CHICAGO, IL 60608	36-2937375		15,000.	0.			HUNGER RELIEF
INSTITUTO DEL PROGRESO LATINO 2520 S WESTERN AVENUE CHICAGO, IL 60608 - CHICAGO, IL 60608	36-2937375		25,000.	0.			EMERGENCY ASSISTANCE FOR IMMIGRANT FAMILIES

Schedule I (Form 990)

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INTRNPNLS NTRK PUBL SCHL INC 50 BROADWAY SUITE 1601 NEW YORK, NY 10004 - NEW YORK, NY 10004	03-0547067		10,000.	0.			LEAD COALITION ADVOCACY PLANNING COMMITTEE
IPIC STUDIO INC 1961 S SAN PEDRO STREET LOS ANGELES, CA 90011 - LOS ANGELES, CA 90011	27-0195379		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
J & P ENTREPRENEURS DALLAS LLC 1600 ABRAMS ROAD #38 DALLAS, TX 75214 - DALLAS, TX 75214	47-1317655		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
JERKY CHIPS LLC 8860 POZE BLVD THOMTON, CO 80229 - THOMTON, CO 80229	83-3558521		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
JJS HOME IMPROVEMENTS LLC 34 LYMAN PLACE DOBBS FERRY, NY 10522 - DOBBS FERRY, NY 10522	45-2940068		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
JLS TECHNOLOGY USA LLC 6885 NORTHWICH DR WINDERMERE, FL 34786 - WINDERMERE, FL 34786	46-4450437		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
JMC VENTURES INTERNATIONAL LLC PO BOX 191962 SAN JUAN, PR 00919 - SAN JUAN, PR 00919	81-1978333		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
JOSE SANTIAGO INC P.O. BOX 191795 SAN JUAN, PR 00919-1795 - SAN JUAN, PR 00919	66-0259598		7,752.	0.			HUNGER RELIEF
JOSE SANTIAGO INC P.O. BOX 191795 SAN JUAN, PR 00919-1795 - SAN JUAN, PR 00919	66-0259598		7,990.	0.			HUNGER RELIEF

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JOSE SANTIAGO INC P.O. BOX 191795 SAN JUAN, PR 00919-1795 - SAN JUAN, PR 00919	66-0259598		7,752.	0.			HUNGER RELIEF
JOSE SANTIAGO INC P.O. BOX 191795 SAN JUAN, PR 00919-1795 - SAN JUAN, PR 00919	66-0259598		9,548.	0.			HUNGER RELIEF
JOSE SANTIAGO INC P.O. BOX 191795 SAN JUAN, PR 00919-1795 - SAN JUAN, PR 00919	66-0259598		11,505.	0.			HUNGER RELIEF
JOSE SANTIAGO INC P.O. BOX 191795 SAN JUAN, PR 00919-1795 - SAN JUAN, PR 00919	66-0259598		5,025.	0.			HUNGER RELIEF
JOSE SANTIAGO INC P.O. BOX 191795 SAN JUAN, PR 00919-1795 - SAN JUAN, PR 00919	66-0259598		12,668.	0.			HUNGER RELIEF
JOSE SANTIAGO INC P.O. BOX 191795 SAN JUAN, PR 00919-1795 - SAN JUAN, PR 00919	66-0259598		13,520.	0.			HUNGER RELIEF
JOSE SANTIAGO INC P.O. BOX 191795 SAN JUAN, PR 00919-1795 - SAN JUAN, PR 00919	66-0259598		13,158.	0.			HUNGER RELIEF
JOSE SANTIAGO INC P.O. BOX 191795 SAN JUAN, PR 00919-1795 - SAN JUAN, PR 00919	66-0259598		6,275.	0.			HUNGER RELIEF
JOSE SANTIAGO INC P.O. BOX 191795 SAN JUAN, PR 00919-1795 - SAN JUAN, PR 00919	66-0259598		25,389.	0.			HUNGER RELIEF

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JOSE SANTIAGO INC P.O. BOX 191795 SAN JUAN, PR 00919-1795 - SAN JUAN, PR 00919	66-0259598		12,266.	0.			HUNGER RELIEF
JOURNEY 2 HAPPINESS DAYCARE 370 FORT WASHINGTON AVENUE #110 NEW YORK, NY 10033 - NEW YORK, NY 10033	46-4069164		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
JUAN PABLO DUARTE FOUNDATION 4211 BROADWAY GW BRIDGE MARKETPLACE SUITE 23A	14-1840245		12,000.	0.			SPONSORSHIP THE 23RD ANNUAL FESTIVAL DEL BOULEVARD
JUJABEL LLC 628 ROSE MALLOW DRIVE ZEBULON, NC 27597 - ZEBULON, NC 27597	47-5250866		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
JUNTOS 600 WASHINGTON AVE UNIT 180A PHILADELPHIA, PA 19147 - PHILADELPHIA, PA 19147	01-0769538		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
JUNTA FOR PROGRESSIVE ACTION 169 GRAND AVENUE NEW HAVEN, CT 06513 USA - NEW HAVEN, CT 06513	23-7066862		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
JUSTICE FOR FAMILIES LTD 2090 HONEYWELL AVENUE/BRONX, NY 104 BRONX, NY 10460	45-2625169		35,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
JV PAINTING PROFESSIONAL LLC 831 HANFORD DR DELTONA, FL 32738 - DELTONA, FL 32738	82-3071826		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
KEM BUSINESS SOLUTIONS INC 933 LEE ROAD SUITE 402 ORLANDO, FL 32812 - ORLANDO, FL 32812	46-1659408		7,500.	0.			UNFINISHED BUSINESS INITIATIVE

HISPANIC FEDERATION, INC.

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

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KIDS FIRST PEDIATRIC THRYPY INC 6833 KENTON PLACE EASTVALE, CA 92880 - EASTVALE, CA 92880	26-2988590		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
KIDSVILLE PEDIATRICS IV PA 11886 LAKE UNDERHILL RD ORLANDO, FL 32825 - ORLANDO, FL 32825	13-4311321		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
KISSIMMEE PRODUCE INC 1421 N JOHN YOUNG PKWY KISSIMMEE, FL 34741 - KISSIMMEE, FL 34741	20-2682647		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
KNIGHT LIFE SECURITY LLC 23 STADDEN ST PROVIDENCE, RI 02907 - PROVIDENCE, RI 02907	84-3787413		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
KNOCK AND DROP IOWA 1000 E 14TH ST DES MOINES, IA 50316 - DES MOINES, IA 50316	85-0633938		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
KONROB LLC 1159 LOS PALOS STREET LOS ANGELES, CA 90023 - LOS ANGELES, CA 90023	81-3863541		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
LA AMISTAD INC 3434 ROSWELL ROAD ATLANTA, GA 30305 - ATLANTA, GA 30305	20-5359559		20,000.	0.			GROWING STRONGER CAPACITY BUILDING INITIATIVE
LA CASITA CENTER INC 223 E MAGNOLIA AVE LOUISVILLE, KY 40208 - LOUISVILLE, KY 40208	74-3178408		50,000.	0.			COVID 19 EMERGENCY ASSISTANCE
LA COMUNIDAD INC 471 BROADWAY SUITE 1 EVERETT, MA 02149 - EVERETT, MA 02149	04-3470866		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE

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LA CONEXION 126 S CHURCH ST POB 186 BOWLING GREEN, OH 43402 - BOWLING	46-3222812		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
LA JORNADA 62-40 WOODHAVEN BLVD P68 REGO PARK, NY 11374 - REGO PARK, NY 11374	37-1659512		12,398.	0.			HUNGER RELIEF
LAKE NONA INSURANCE INC 166 CENTER STREET SUITE 205 A CAPE CANAVERAL, FL 32920 - CAPE CANAVERAL, FL	47-3515663		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
LAS AMERICAS IMM ADVOCACY CTR 1500 E YANDELL DR EL PASO, TX 79902 USA - EL PASO, TX 79902	74-2472774		20,000.	0.			GROWING STRONGER CAPACITY BUILDING INITIATIVE
LATITUD 10 COCOA PRODUCTS LLC 3318 GREENWICH VILLAGE BLVD APT 101 ORLANDO, FL 32835 - ORLANDO, FL	83-0873496		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
LATIN AMERICAN CHAMBER COMM CH 145 SCALEYBARK RD SUITE C CHARLOTTE, NC 28209	85-4310103		10,000.	0.			GET OUT THE VOTE NC
LATINO ARTS FOUNDATION 3508 NW 63RD TER KANSAS CITY, MO 64151 USA - KANSAS CITY, MO 64151	83-2760983		10,000.	0.			COVID 19 EMERGENCY ASSISTANCE
LATINO COMMISSION ON AIDS INC 24 WEST 25TH STREET 9TH. FL. NEW YORK, NY 10010-2704 - NEW YORK, NY 10010	13-3629466		30,000.	0.			ADVANCE CHANGE TOGETHER INITIATIVE
LATINO COMMUNITY SERVICES INC 28 GRAND STREET 2ND FL HARTFORD, CT 06106 - HARTFORD, CT 06106	06-1259957		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE

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LATINO COMMUNITY SERVICES INC 28 GRAND STREET 2ND FL HARTFORD, CT 06106 - HARTFORD, CT 06106	06-1259957		43,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
LATINO COMMUNITY CENTER 5750 BAUM BLVD SUITE 2 PITTSBURGH, PA 15206 - PITTSBURGH, PA 15206	82-0647985		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
LATINO COMMUNITY DVLPMT CNTR 100 W MORGAN STREET DURHAM, NC 27701 - DURHAM, NC 27701	82-0551614		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
LATIN COMMUNITY HEALTH ADVSR INC 2240 COBBLEFIELD CIR APOPKA, FL 32703	81-3009079		15,000.	0.			COVID 19 EMERGENCY ASSISTANCE
LATIN COMMUNITY HEALTH ADVSR INC 2240 COBBLEFIELD CIR APOPKA, FL 32703	81-3009079		10,000.	0.			HURRICANE IAN RELIEF
LATIN COMMUNITY HEALTH ADVSR INC 2240 COBBLEFIELD CIR APOPKA, FL 32703	81-3009079		10,000.	0.			CIVIC EDUCATION, DEVELOPMENT, AND POLICY GRANT
LATINO GLBT HISTORY PROJECT 2000 14TH ST NW SUITE 105 WASHINGTON, DC 20009	26-0192115		15,000.	0.			ADVANCE CHANGE TOGETHER INITIATIVE
LATINO JUSTICE PRDEF 475 RIVERSIDE DRIVE SUITE 1901 NEW YORK, NY 10115	13-2722664		20,000.	0.			LATINO CORE GRANT
LATINO LINQ 3631 CHAMBLEE TUCKER RD SUITE A 249 ATLANTA, GA 30341	47-4989019		45,000.	0.			ADVANCE CHANGE TOGETHER INITIATIVE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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LATINO POLICY FORUM 180 N MICHIGAN AVENUE SUITE 1250 CHICAGO, IL 60601 - CHICAGO, IL 60601	36-3676873		10,000.	0.			GROWING STRONGER CAPACITY BUILDING INITIATIVE
LATINO U COLLEGE ACCESS INC. 75 VIRGINIA ROAD 2ND FLOOR WHITE PLAINS, NY 10603 - WHITE PLAINS, NY 10603	46-1211285		20,000.	0.			LATINO CORE GRANT
LUMA LATINOS UNIDOS EN MA 198 FERRY ST EVERETT, MA 02149 - EVERETT, MA 02149	26-1364545		10,000.	0.			COVID 19 EMERGENCY ASSISTANCE
LATINO UNION OF CHICAGO 4811 N CENTRAL PARK AVENUE CHICAGO, IL 60625 - CHICAGO, IL 60625	61-1403712		20,000.	0.			GROWING STRONGER CAPACITY BUILDING INITIATIVE
LATINO UNION OF CHICAGO 4811 N CENTRAL PARK AVENUE CHICAGO, IL 60625 - CHICAGO, IL 60625	61-1403712		10,000.	0.			COVID 19 EMERGENCY ASSISTANCE
LATINAS VERGE OF EXCLLNC INC 23-90 29TH STREET #2 QUEENS, NY 11105 USA - QUEENS, NY 11105	46-3732667		35,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
LAUNDRY WORKERS CENTER INC 80 BROAD STREET SUITE 613A NEW YORK, NY 10004 - NEW YORK, NY 10004	82-4172181		10,000.	0.			GROWING STRONGER CAPACITY BUILDING INITIATIVE
LEADERZ BARBERSHOP LLC 4520 W HALLANDALE BEACH BLVD STE 12 PEMBROKE PARK, FL 33023 - PEMBROKE LEIDY M BERNASCONI 3755 E AVENUE Q12 PALMDALE, CA 93550 - PALMDALE, CA 93550	83-4230906		7,500.	0.			UNFINISHED BUSINESS INITIATIVE UNFINISHED BUSINESS INITIATIVE

Schedule I (Form 990)

HISPANIC FEDERATION, INC.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
LGBT CENTER ORLANDO INC 946 N MILLS AVENUE ORLANDO, FL 32803 - ORLANDO, FL 32803	59-1884445		30,000.	0.			ADVANCE CHANGE TOGETHER INITIATIVE
LGBT CTR INTERCULTURAL COLLECT 37-63 83RD STREET SUITE 1B JACKSON HEIGHTS, NY 11372 - JACKSON HEIGHTS, NY 1	82-4397912		25,000.	0.			ADVANCE CHANGE TOGETHER INITIATIVE
LIFE IN MY DAYS INC 88 ROYAL OAK DR WATERBURY, CT 06708 - WATERBURY, CT 06708	81-5093147		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
LISETTE LAVERGNE LAW PC 7080 HOLLYWOOD BLVD SUITE 1100 LOS ANGELES, CA 90028 - LOS ANGELES, CA 90028	82-1862675		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
LA ALLIANCE FOR A NEW ECONOMY 464 LUCAS AVE #202 LOS ANGELES, CA 90017 - LOS ANGELES, CA 90017	95-4459427		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
LOS SURES 213 S. FOURTH ST. BROOKLYN, NY 11211 - BROOKLYN, NY 11211	11-2268359		192,929.	0.			HUNGER RELIEF
LUCILA HOME MADE LLC 4527 N RAVENSWOOD AVE SUITE 106 CHICAGO, IL 60640 - CHICAGO, IL 60640	27-2624422		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
LUIS GARRATON LLC PO BOX 362984 SAN JUAN, PR 00936-2984 USA - SAN JUAN, PR 00936	66-0192858		12,193.	0.			HYGIENE SUPPLIES IN CAGUAS PROYECTO MAFRIA
MADRE LATINA ORGANIZATION INC 232 N ELM STREET WATERBURY, CT 06704 - WATERBURY, CT 06704	46-3164021		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE

HISPANIC FEDERATION, INC.

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

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MAGNAFOTO LLC 7208 W SAND LAKE RD SUITE 305 ORLANDO, FL 32819 - ORLANDO, FL 32819	47-2121456		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
MAGNOLIA VILLAS PROPERTIES LLC P O BOX 782069 ORLANDO, FL 32878 - ORLANDO, FL 32878	83-1316604		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
MAKE THE ROAD NEW YORK 301 GROVE STREET BROOKLYN, NY 11237 USA - BROOKLYN, NY 11237	11-3344389		19,000.	0.			LATINO CORE GRANT
MAKE THE ROAD NEW YORK 301 GROVE STREET BROOKLYN, NY 11237 USA - BROOKLYN, NY 11237	11-3344389		60,000.	0.			IMMIGRATION FUND ESPERANZA PROJECT
MAKE THE ROAD NEW YORK 301 GROVE STREET BROOKLYN, NY 11237 USA - BROOKLYN, NY 11237	11-3344389		10,000.	0.			EMERGENCY ASSISTANCE FOR ASYLUM SEEKERS
MAKE THE ROAD STATE INC 301 GROVE STREET BROOKLYN, NY 11237 USA - BROOKLYN, NY 11237	84-3988830		45,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
MANNA OF LIFE MINISTRIES INC 1101 BOSTON RD BRONX, NY 10456 BRONX, NY 10456	13-4038422		31,902.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
MARY MITCHELL FAMILY YTH INC 2007 MAPES AVENUE BRONX, NY 10460 BRONX, NY 10460	13-3385032		45,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
MASTER CREATIVE PRODUCTIONS LL 4995 HARRIS ST UNION CITY, GA 30291 - UNION CITY, GA 30291	82-4864347		7,500.	0.			UNFINISHED BUSINESS INITIATIVE

Schedule I (Form 990)

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

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MASTER KUTZ ALLSTAR 219 NW 36 ST@MIAMI, FL 33127 MIAMI, FL 33127	26-4015440		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
MASA-MEXED, INC 2770 THIRD AVENUE, 1ST FLOOR BRONX, NY 10455	11-3640210		26,669.	0.			HUNGER RELIEF
MATTIE RHODES CENTER 148 N TOPPING AVE KANSAS CITY, MO 64123 - KANSAS CITY, MO 64123	44-0546343		40,000.	0.			COVID 19 EMERGENCY ASSISTANCE
MCCNY CHARITIES INC 446 W 36TH STREET NEW YORK, NY 10018 - NEW YORK, NY 10018	27-5282132		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
MERCY CENTER 377 EAST 145TH STREET@BRONX, NY 104 BRONX, NY 10454	13-3865634		10,000.	0.			EMERGENCY ASSISTANCE FOR ASYLUM SEEKERS
MERCY CENTER 377 EAST 145TH STREET@BRONX, NY 104 BRONX, NY 10454	13-3865634		18,000.	0.			LATINO CORE GRANT
MERCY CENTER 377 EAST 145TH STREET@BRONX, NY 104 BRONX, NY 10454	13-3865634		10,000.	0.			SPONSORSHIP SUPPORT TRANSFORMING LIVES GALA
MIAMI EDTECH INC 400 NW 26TH STREET MIAMI, FL 33127	83-0907475		10,000.	0.			GROWING STRONGER CAPACITY BUILDING INITIATIVE
MINDFUL SPACE YOGA MEDITATION 883 W FOOTHILL BLVD UPLAND, CA 91786 - UPLAND, CA 91786	84-2998784		7,500.	0.			UNFINISHED BUSINESS INITIATIVE

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

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MIXTECA 245 23RD STREET 2ND FLOOR BROOKLYN, NY 11215 - BROOKLYN, NY 11215	11-3561651		48,041.	0.			HUNGER RELIEF
MORRIS COUNTY ORG FOR HISPANIC AFFAIRS - 95-97 BASSETT HIGHWAY DOVER, NJ 07801	22-2137333		6,094.	0.			HUNGER RELIEF
M R E CLEANING SERVICE INC 3643 N ECONLOCKHATCHEE TRAIL ORLANDO, FL 32817 - ORLANDO, FL 32817	20-8960450		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
M'ROSS MEDIA GROUP INC 12382 ACCIPITER DRIVE ORLANDO, FL 32837	82-5425626		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
MUJERES DE ISLAS, INC PO BOX 358 CULEBRA, PR 00775 - CULEBRA, PR 00775	66-0768054		29,260.	0.			CHILD TAX CREDIT EARNED INCOME TAX CREDIT INITIATIVE
MUJERES LATINAS EN ACCION 2124 W 21ST PLACE CHICAGO, IL 60608 - CHICAGO, IL 60608	36-2877520		20,000.	0.			COVID 19 EMERGENCY ASSISTANCE
MUVEZ LLC 15 WILKINSON AVE SUITE 2D3 JERSEY CITY, NJ 07305 - JERSEY CITY, NJ 07305	82-4859368		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
MVC PRODUCTIONS INC 10895 SW 153RD AVE MIAMI, FL 33196 MIAMI, FL 33196	83-2573459		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
NATIONAL FARMWORKER MINISTRY 112 COX AVENUE SUITE 208 RALEIGH, NC 27605 - RALEIGH, NC 27605	95-2692880		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE

Schedule I (Form 990)

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

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NATL MOB AGAINST SWEATSHOP INC 345 GRAND STREET #1E NEW YORK, NY 10002 USA - NEW YORK, NY 10002	06-1540438		35,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
NATIONAL MUSEUM OF MEXICAN ART 1852 W 19TH STREET CHICAGO, IL 60608 - CHICAGO, IL 60608	36-3225519		10,000.	0.			COVID 19 EMERGENCY ASSISTANCE
NATL MUSEUM OF PR ARTS&CULTURE 3015 W DIVISION CHICAGO, IL 60622 USA - CHICAGO, IL 60622	36-4437224		20,000.	0.			COVID 19 EMERGENCY ASSISTANCE
NC CONGRESS OF LATINO ORG 4907 GARRETT ROAD DURHAM, NC 27707 - DURHAM, NC 27707	51-0526332		20,660.	0.			LATINO GET OUT THE VOTE PROJECT
NC CONGRESS OF LATINO ORG 4907 GARRETT ROAD DURHAM, NC 27707 - DURHAM, NC 27707	51-0526332		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
NC FIELD INC 327 NORTH QUEEN ST SUITE 306 KINSTON, NC 28501 - KINSTON, NC 28501	27-4618713		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
NEIGHBOR HOUSING SRVCS QUN INC 60-20 WOODSIDE AVENUE 2ND FLOOR WOODSIDE, NY 11377 USA - WOODSIDE, NY 11377	47-1267077		45,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
NEUROPSYCHOLOGY CONCIERGE INC 402 5TH AVE SUITE 102 INDIALANTIC, FL 32903 - INDIALANTIC, FL 32903	84-4413356		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
NEW IMMIGRANT COMM EMPOWERMENT 71-29 ROOSEVELT AVENUE , 2ND FLOOR JACKSON HEIGHTS, NY 11372 USA - JACKSON H	11-3560625		10,000.	0.			EMERGENCY ASSISTANCE FOR ASYLUM SEEKERS

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

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NEW WOMEN NEW YORKERS INC 82 NASSAU STREET 952 BROOKLYN, NY 10038 USA - BROOKLYN, NY 10038	47-1784843		35,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
NEW YORK LUXURY LIMO INC 5002 47TH ST IFL WOODSIDE, NY 11377 - WOODSIDE, NY 11377	45-4783749		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
NORTH CAROLINA JUSTICE CENTER 224 S DAWSON ST RALEIGH, NC 27601 - RALEIGH, NC 27601	56-1348186		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
NRTNRN ILLINOIS JUSTC OUR NGH 77 W WASHINGTON ST SUITE 1820 CHICAGO, IL 60601 - CHICAGO, IL 60601	27-3322714		20,000.	0.			COVID 19 EMERGENCY ASSISTANCE
NORTHERN MANHATTAN COALITION 5030 BROADWAY SUITE 639 NEW YORK, NY 10034 USA - NEW YORK, NY 10034	13-3255591		60,000.	0.			IMMIGRATION FUND ESPERANZA PROJECT
NORTHERN MANHATTAN COALITION 5030 BROADWAY SUITE 639 NEW YORK, NY 10034 USA - NEW YORK, NY 10034	13-3255591		10,000.	0.			EMERGENCY ASSISTANCE FOR IMMIGRANT FAMILIES
NORTHERN MHTN IMPROVEMENT CORP 45 WADSWORTH AVENUE NEW YORK, NY 10033 USA - NEW YORK, NY 10033	13-2972415		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
NORTHERN MHTN IMPROVEMENT CORP 45 WADSWORTH AVENUE NEW YORK, NY 10033 USA - NEW YORK, NY 10033	13-2972415		20,000.	0.			LATINO CORE GRANT
NORTHWEST SIDE CDC 5233 W DIVERSEY AVE CHICAGO, IL 60639 USA - CHICAGO, IL 60639	83-1979604		20,000.	0.			GROWING STRONGER CAPACITY BUILDING INITIATIVE

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

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NUESTRA ESCUELA INC 352 CALLE SAN CLAUDIO PMB 133 SUITE 1 SAN JUAN, PR 00926 - SAN JUAN, PR	66-0592559		19,920.	0.			CHILD TAX CREDIT EARNED INCOME TAX CREDIT INITIATIVE
NEW YORK OPPORTUNITY NETWORK INC 85 BOARD STREET 6TH FLOOR NEW YORK, NY 10004 - NEW YORK, NY 10004	43-1984494		10,000.	0.			LEAD COALITION ADVOCACY PLANNING COMMITTEE
OLATHE PUBLIC SCHOOLS FND 300 E LOULA ST OLATHE, KS 66061 USA - OLATHE, KS 66061	48-1190090		20,000.	0.			COVID 19 EMERGENCY ASSISTANCE
OPENING DOORS EDUCATIONAL SRVC 1825 TATTENHAM WAY ORLANDO, FL 32837 - ORLANDO, FL 32837	84-4845734		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
OPERATION EXODUS INNER CITY 4080 BROADWAY #301 NEW YORK, NY 10032 NY - NEW YORK, NY 10032	13-3600728		10,000.	0.			LEAD COALITION ADVOCACY PLANNING COMMITTEE
OPTIMUM GAINS FITNESS LLC 2012 JAFFA DRIVE UNIT 110 SAINT CLOUD, FL 34771 - SAINT CLOUD, FL 34771	84-2023343		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
ORGANIZED COMM AGAINST DEPORT 4811 N CENTRAL PARK AVE CHICAGO, IL 60625 USA - CHICAGO, IL 60625	82-0840451		15,000.	0.			COVID 19 EMERGENCY ASSISTANCE
ORG LATINA TRANS IN TEXAS 7121 HARRISBURG BLVD. HOUSTON, TX 77011 USA - HOUSTON, TX 77011	47-4633481		50,000.	0.			ADVANCE CHANGE TOGETHER INITIATIVE
ORLANDO CENTER FOR JUSTICE INC 1300 N SEMORAN BLVD SUITE 120 ORLANDO, FL 32807 USA - ORLANDO, FL 32807	81-2421015		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE

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

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ORLANDO CENTER FOR JUSTICE INC 1300 N SEMORAN BLVD SUITE 120 ORLANDO, FL 32807	81-2421015		60,000.	0.		IMMIGRATION FUND ESPERANZA PROJECT	
PASO W SUBURBAN ACTION PROJECT 3415 W NORTH AVE STE D MELROSE PARK, IL 60160 - MELROSE PARK, IL 60160	46-2330521		10,000.	0.		COVID 19 EMERGENCY ASSISTANCE	
PAWLS LLC PO BOX 190062 SAN JUAN, PR 00921-3003 - SAN JUAN, PR 00921	66-0940396		7,500.	0.		UNFINISHED BUSINESS INITIATIVE	
PCP UNLIMITED INC 13361 SW 135 AVE MIAMI, FL 33186 MIAMI, FL 33186	22-3936270		7,500.	0.		UNFINISHED BUSINESS INITIATIVE	
PEAK INSURANCE GROUP LLC 10550 E GARDEN DR #104 AURORA, CO 80012 - AURORA, CO 80012	84-4100584		7,500.	0.		UNFINISHED BUSINESS INITIATIVE	
PHE MARKETING LLC 13722 LAGOON ISLE WAY APT 207 ORLANDO, FL 32824 - ORLANDO, FL 32824	81-2911718		7,500.	0.		UNFINISHED BUSINESS INITIATIVE	
POMONA ECONOMIC OPPRTNTY INC PO BOX 2496 POMONA, CA 91769 - POMONA, CA 91769	95-4657497		30,000.	0.		COVID 19 EMERGENCY ASSISTANCE	
POPEYE'S LOCKSMITH LLC 723A WEST 181ST STREET NEW YORK, NY 10033 - NEW YORK, NY 10033	13-4149732		7,500.	0.		UNFINISHED BUSINESS INITIATIVE	
PR ASSOC FOR HUMAN DEVELOPMENT 100 1ST STREET PERTH AMBOY, NJ 08861 USA - PERTH AMBOY, NJ 08861	22-2026610		10,000.	0.		SPONSORSHIP 34TH ANNUAL ROBERTO CLEMENTE GALA	

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PR ASSOC FOR HUMAN DEVELOPMENT 100 FIRST STREET PERT AMBOY, NJ 08861 USA - PERT AMBOY, NJ 08861	22-2026610		27,717.	0.			HUNGER RELIEF
PREGONES PR TRVLNG THTR INC 571 575 WALTON AVENUE@BRONX, NY 10 BRONX, NY 10451	13-3266893		41,900.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
PRIMERO JUSTICIA RGN EXTERIOR 1214 EAST VINE STREET KISSIMMEE, FL 34744 - KISSIMMEE, FL 34744	26-0387609		15,000.	0.			COVID 19 EMERGENCY ASSISTANCE
PRIMARY PSYCHOLOGY CENTRAL, FL 2521 13TH STREET SUITE F SAINT CLOUD, FL 34769 - SAINT CLOUD, FL 34769	46-2758854		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
PRO D SIGNS LLC 2125 ORINOCO DRIVE SUITE 156 ORLANDO, FL 32837 - ORLANDO, FL 32837	83-4192676		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
PROGRESO LATINO INC 626 BROAD STREET CENTRAL FALLS, RI 02863 - CENTRAL FALLS, RI 02863	05-0380608		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
PROYECTO MATRIA INC PO BOX 1334 CAGUAS, PR 00726 - CAGUAS, PR 00726	66-0641575		20,000.	0.			CHILD TAX CREDIT EARNED INCOME TAX CREDIT INITIATIVE
PROYECTO PECES INC PO BOX 647 PUNTA SANTIAGO, PR 00741-0647 USA - PUNTA SANTIAGO, PR 00741	66-0444454		50,000.	0.			CHILD TAX CREDIT EARNED INCOME TAX CREDIT INITIATIVE
PUERTO RICAN CULTURAL CENTER 2531 W. DIVISION ST. CHICAGO, IL 60622 - CHICAGO, IL 60622	23-7347778		25,000.	0.			DISCRETIONARY AWARD POLICY AND ADVOCACY EFFORTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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EL PUENTE 211 SOUTH 4TH. ST. BROOKLYN, NY 11211 USA - BROOKLYN, NY 11211	11-2614265		10,000.	0.			LEAD COALITION ADVOCACY PLANNING COMMITTEE
QUANTUM INTEGRATED SEC CORP PO BOX 50210 TOA BAJA, PR 00950 - TOA BAJA, PR 00950	66-0871416		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
R4 COMMERC REAL ESTATE SOL INC 4740 N CUMBERLAND AVE #253 CHICAGO, IL 60656 - CHICAGO, IL 60656	47-3100685		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
R AND M FRAMING INC 1200 S STREET SUITE C SACRAMENTO, CA 95811 - SACRAMENTO, CA 95811	83-3443991		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
RAPID TAX SOLUTION MORE CORP 2820 MICHIGAN AVE STE A KISSIMMEE, FL 34744 - KISSIMMEE, FL 34744	30-0825633		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
REDLANDS CHRISTIAN MIGRANT INC 402 WEST MAIN STREET IMMOKALEE, FL 34142 - IMMOKALEE, FL 34142	59-1221966		15,000.	0.			HURRICANE IAN RELIEF
RED DERECHOS NINEZ Y JUVENTUD P.O.BOX 190875 SAN JUAN, PR 00919-0875 - SAN JUAN, PR 00919	66-0837840		40,000.	0.			CHILD TAX CREDIT EARNED INCOME TAX CREDIT INITIATIVE
REGIONAL AID FOR INTERIM NEEDS 811 MORRIS PARK AVENUE@BRONX, NY 10 BRONX, NY 10462	13-6213586		15,000.	0.			GRANT ANNUAL GALA SPONSORSHIP
REGIONAL AID FOR INTERIM NEEDS 811 MORRIS PARK AVENUE@BRONX, NY 10 BRONX, NY 10462	13-6213586		20,000.	0.			LATINO CORE GRANT

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RENACER EN VIDA NUEVA INC 121 RESERVE CIR SUITE 109 OVIDEO, FL 32765	87-2612100		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
RESOURCE CENTER FOR COMM DEVELOP DBA HOPELINE - 884 EAST 163RD STREET BRONX, NY 10459	13-3603303		271,928.	0.			HUNGER RELIEF
RH LIGHTING LLC 107 35 77TH ST OZONE PARK, NY 11417 - OZONE PARK, NY 11417	83-4015200		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
RISEABILITY PLLC 2633 E INDIAN SCHOOL RD #310 PHOENIX, AZ 85016 - PHOENIX, AZ 85016	90-0674146		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
RIVERA SISTERS LLC 128 W AMERICA ST #21 ORLANDO, FL 32801 - ORLANDO, FL 32801	84-3148122		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
SAGALU FASHION LLC 2844 ADELAIDE COURT ORLANDO, FL 32824 - ORLANDO, FL 32824	83-4596168		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
SALVADORAN AMERICAN LEAD EDUC 421 S BIXEL STREET SUITE A LOS ANGELES, CA 90017 - LOS ANGELES, CA 90017	95-4702001		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
SALSA SALSA DANCE STD LL INC 55 4TH AVENUE BROOKLYN, NY 11217 - BROOKLYN, NY 11217	20-8340995		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
SALUD SIN FRONTERAS INC 301 GOVERNMENT CENTER DR SUITE 200 WILMINGTON, NC 28403	87-3885522		11,960.	0.			LATINO GET OUT THE VOTE PROJECT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SAN JOSE GRAIL FAMILY SERVICES 2003 E SAN ANTONIO ST SAN JOSE, CA 95116 USA - SAN JOSE, CA 95116	77-0397354		10,000.	0.		COVID 19 EMERGENCY ASSISTANCE	
SAN JUAN CENTER INC 1277 MAIN STREET HARTFORD, CT 06103 USA - HARTFORD, CT 06103	06-0890788		35,000.	0.		COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND	
SECOND CHANCE RE-ENTRY INTTV 157 CHARTER OAK AVENUE HARTFORD, CT 06106 - HARTFORD, CT 06106	84-2846352		35,000.	0.		COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND	
SEMPER NINA LLC 1029 S KENMORE AVE LOS ANGELES, CA 90006 - LOS ANGELES, CA 90006	82-4550682		7,500.	0.		UNFINISHED BUSINESS INITIATIVE	
SER JOBS FOR PROGRESS NTNL INC 100 E ROYAL LANE #130 IRVING, TX 75039 - IRVING, TX 75039	85-0197752		10,000.	0.		LATINO DIGITAL ACC MILWAUKEE WI GRANT	
SER JOBS FOR PROGRESS NTNL INC 100 E ROYAL LANE #130 IRVING, TX 75039 - IRVING, TX 75039	85-0197752		10,000.	0.		LATINO DIGITAL ACC GRANT FT WORTH TX	
SER JOBS FOR PROGRESS NTNL INC 100 E ROYAL LANE #130 IRVING, TX 75039 - IRVING, TX 75039	85-0197752		10,000.	0.		LATINO DIGITAL ACC HOUSTON TX GRANT	
S G FAMILY HEALTH LIFE PLAN CO 803 W KIMBALL AVENUE VISALIA, CA 93277 - VISALIA, CA 93277	84-4249262		7,500.	0.		UNFINISHED BUSINESS INITIATIVE	
SMART NETWORK SOLUTIONS COMM CO 9790 NW 51ST LANE MIAMI, FL 33178 MIAMI, FL 33178	14-1850021		7,500.	0.		UNFINISHED BUSINESS INITIATIVE	

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SOCIAL HUB LLC PO BOX 370373/MIAMI, FL 33137 MIAMI, FL 33137	83-1417556		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
SOLER REALTY NYC 47 EDGECLIFF TERRACE YONKERS, NY 10705 - YONKERS, NY 10705	80-0441291		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
SOLVERA TECH LLC 5258 TUNBRIDGE WELLS LANE ORLANDO, FL 32812 - ORLANDO, FL 32812	84-1816344		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
SOMOS FAMILIA VALLE 12060 NEENACH ST SUN VALLEY, CA 91352 USA - SUN VALLEY, CA 91352	81-5321059		40,000.	0.			ADVANCE CHANGE TOGETHER INITIATIVE
SOMOS FAMILIA PO BOX 16058 OAKLAND, CA 94610 USA - OAKLAND, CA 94610	81-4019488		40,000.	0.			ADVANCE CHANGE TOGETHER INITIATIVE
SOUTHWEST SUBURBAN IMMIGRANT 101 ROCY ROAD SUITE 12 BOLINGBROOK, IL 60440 - BOLINGBROOK, IL 60440	27-3498960		10,000.	0.			COVID 19 EMERGENCY ASSISTANCE
SPANISH COMMUNITY CENTER 309 N EASTERN AVE JOLIET, IL 60432 - JOLIET, IL 60432	36-2679658		12,500.	0.			COVID 19 EMERGENCY ASSISTANCE
SPANISH SPEAKING ELDERLY COUNCIL RAICES - 460 ATLANTIC AVENUE, 1ST FLOOR BROOKLYN, NY 11217	11-2730462		12,109.	0.			HUNGER RELIEF
SPANISH SPEAKING ELDERLY COUNCIL 460 ATLANTIC AVENUE, 1ST FLOOR BROOKLYN, NY 11217 USA - BROOKLYN, NY 11217	11-2730462		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 AVENUE, 1ST FLOOR BROOKLYN, NY 11217	11-2730462		20,000.	0.		LATINO CORE GRANT	
SPANISH THEATRE REPERTORY CO 138 EAST 27TH STREET NEW YORK, NY 10016	13-2672755		25,000.	0.		SPONSORSHIP FILOMENA MARTURANO ANNUAL GALA 54TH ANNIVERSARY	
SP CONTRACTORS INC 764 A PEREA URB GUANAJIBO HOMES MAYAGUEZ, PR 00682 - MAYAGUEZ, PR 00682	66-0986730		42,500.	0.		HURRICANE FIONA RELIEF	
STATEN ISLAND COMM JOB CENTER 774 PORT RICHMOND AVE 2 FLOOR STATEN ISLAND, NY 10302	47-2787706		10,000.	0.		EMERGENCY ASSISTANCE FOR ASYLUM SEEKERS	
SUNRISE AMANECER 1807 E WENDOVER AVE GREENSBORO, NC 27405 - GREENSBORO, NC 27405	83-4663924		20,000.	0.		COVID 19 EMERGENCY ASSISTANCE	
SYRACUSE UNIVERSITY 621 SKYTOP ROAD SUITE 120 SYRACUSE, NY 13244 - SYRACUSE, NY 13244	15-0532081		10,000.	0.		DISCRETIONARY SIGMA LAMBDA UPSILON DVLPNG ENDOWMENT FUND	
TACOMBI FOUNDATION INC 262 BOWERY NEW YORK, NY 10012	83-2550224		35,000.	0.		COVID 19 EMERGENCY ASSISTANCE	
TEATRO CIRCULO LTD 64 EAST 4TH STREET 3RD FL NEW YORK, NY 10003	13-3805585		35,000.	0.		COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND	
TELPOCHCALLI COMMUNITY ED PRJCT 2832 W 24 BLVD CHICAGO, IL 60623 - CHICAGO, IL 60623	71-0961074		24,000.	0.		COVID 19 EMERGENCY ASSISTANCE	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
THALIA SPANISH THEATRE, INC 41-17 GREEPPOINT AVENUE SUNNYSIDE, NY 11104 - SUNNYSIDE, NY 11104	23-7448611		45,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
THALIA SPANISH THEATRE, INC 41-17 GREEPPOINT AVENUE SUNNYSIDE, NY 11104 - SUNNYSIDE, NY 11104	23-7448611		20,000.	0.			LATINO CORE GRANT
THE BOUNTIFUL CITIES PROJ INC PO BOX 898 ASHEVILLE, NC 28802 USA - ASHEVILLE, NC 28802	05-0587434		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
THE TOOLBOX INC 1303 CENTRAL AVE KANSAS CITY, KS 66102 - KANSAS CITY, KS 66102	86-3982273		10,000.	0.			COVID 19 EMERGENCY ASSISTANCE
THE TRANSLATING COALITION 3055 WILSHIRE BLVD SUITE 350 LOS ANGELES, CA 90010	27-3801872		50,000.	0.			ADVANCE CHANGE TOGETHER INITIATIVE
THE WALL LAS MEMORIAS 800 W 6TH ST SUITE 750 LOS ANGELES, CA 90017	95-4468225		15,000.	0.			ADVANCE CHANGE TOGETHER INITIATIVE
TOTAL INDUSTRIAL SUPPLIES INC 4644 TRIBUTE TRL KISSIMMEE, FL 34746 - KISSIMMEE, FL 34746	46-3278857		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
TRANSLATINA NETWORK 137 W 19 STREET 2FL NEW YORK, NY 10011 USA - NEW YORK, NY 10011	47-4807380		10,000.	0.			GROWING STRONGER CAPACITY BUILDING INITIATIVE
TRANSLATINA NETWORK 137 W 19 STREET 2FL NEW YORK, NY 10011 USA - NEW YORK, NY 10011	47-4807380		25,000.	0.			ADVANCE CHANGE TOGETHER INITIATIVE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
TRANS QUEER PUEBLO SEMILLA LIB 1726 EAST ROOSEVELT ST PHOENIX, AZ 85006 USA - PHOENIX, AZ 85006	81-7973625		50,000.	0.			ADVANCE CHANGE TOGETHER INITIATIVE
TRUCKERS ACCOUNTING PRMTG INC 6604 HARNER RD STE D TAMPA, FL 33611 TAMPA, FL 33610	65-0011072		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
TRUE RIDGE 110 EDNEY STREET SUITE A HENDERSONVILLE, NC 28792 - HENDERSONVILLE, NC 28792	82-1094679		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
UNITY IN ACTION 3900 DAKOTA AVE STE 11 SOUTH SIOUX CITY, NE 68776 - SOUTH SIOUX CITY, NE 687	46-5673774		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
UNIDOS POR ECUADOR CENTRAL, FL 300 WILSHIRE BLVD SUITE 237 CASSELBERRY, FL 32707 USA - CASSELBERRY, FL 3270	47-1593075		15,000.	0.			COVID 19 EMERGENCY ASSISTANCE
UNLOCAL INC 45 W 29TH STREET SUITE 203 NEW YORK, NY 10001 - NEW YORK, NY 10001	41-2278265		40,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
UNLIMITED POTENTIAL PO BOX 8814 PHOENIX, AZ 85066 - PHOENIX, AZ 85066	74-2383678		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
UP ART STUDIO LLC 1017 JOYCE ST HOUSTON, TX 77009 - HOUSTON, TX 77009	81-1723774		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
URBAN JUSTICE CENTER 40 RECTOR STREET 9TH FLOOR NEW YORK, NY 10006-1732 - NEW YORK, NY 10006	13-3442022		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
U SAVE INSURANCE GROUP INC 36 S SEMORAN BLVD SUITE A ORLANDO, FL 32807 - ORLANDO, FL 32807	81-3189639		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
VALLEY AIDS COUNCIL 2306 CAMELOT PLAZA CIRCLE HARLINGEN, TX 78550	74-2512591		50,000.	0.			ADVANCE CHANGE TOGETHER INITIATIVE
VECINOS INC 3971 LITTLE SAVANNAH ROAD, 173 HHS	57-1192063		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
VENETIAN COFFEE ROASTERS 203 BASE AVE E VENICE, FL 34285 - VENICE, FL 34285	82-5180915		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
VIOLENCE INTERVENTION PROG INC P O BOX 1161 NEW YORK, NY 10035	13-3540337		20,000.	0.			LATINO CORE GRANT
VISION URBANA INC 207-209 EAST BROADWAY NEW YORK, NY 10002 - NEW YORK, NY 10002	13-3848575		19,370.	0.			COMPUTER LAB GRANT
VISION URBANA INC 207-209 EAST BROADWAY NEW YORK, NY 10002 - NEW YORK, NY 10002	13-3848575		45,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
VISION URBANA INC 207-209 EAST BROADWAY NEW YORK, NY 10002 - NEW YORK, NY 10002	13-3848575		202,169.	0.			HUNGER RELIEF
VMC FOUNDATION 2400 CLOVE DRIVE SAN JOSE, CA 95128 USA - SAN JOSE, CA 95128	77-0187890		50,000.	0.			ADVANCE CHANGE TOGETHER INITIATIVE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
VOCES LATINAS CORP 37- 63 83RD STREET 2ND FL JACKSON HEIGHTS, NY 11372 USA - JACKSON HEIGHTS,	20-2312651		5,004.	0.			LATINO HIV TESTING MONTH FUNDING
WASHINGTON HEIGHTS INWOOD DEV 611 WEST 177TH STREET NEW YORK, NY 10033 USA - NEW YORK, NY 10033	13-2950346		20,000.	0.			GROWING STRONGER CAPACITY BUILDING INITIATIVE
WAVES AHEAD CORP. 1149 AVE AMERICO MIRANDA SAN JUAN, PR 00921 USA - SAN JUAN, PR 00921	66-0886812		100,000.	0.			PUERTO RICO LGBT FUND
WAVES AHEAD CORP. 1149 AVE AMERICO MIRANDA SAN JUAN, PR 00921 USA - SAN JUAN, PR 00921	66-0886812		50,000.	0.			ADVANCE CHANGE TOGETHER INITIATIVE
WAVES AHEAD CORP. 1149 AVE AMERICO MIRANDA SAN JUAN, PR 00921 USA - SAN JUAN, PR 00921	66-0886812		40,000.	0.			ADVANCE CHANGE TOGETHER INITIATIVE
WAYUU LATIN KITCHEN LLC 1409 EAST VINE ST KISSIMMEE, FL 34744 - KISSIMMEE, FL 34744	83-1933424		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
WE CARE TAX & FINANCE SERVICE 1133 S VERMONT AVE SUITE 17 LOS ANGELES, CA 90006 - LOS ANGELES, CA 90006	87-4730926		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
WELCOMING AMERICA P O BOX 747002 ATLANTA, GA 30374-7002 - ATLANTA, GA 30374	27-1049805		25,000.	0.			SPONSORSHIP FOR WELCOMING INTERACTIVE GALA
WESTSIDE COMMUNITY ACTION NETW 2038 JEFFERSON ST KANSAS CITY, MO 64108 USA - KANSAS CITY, MO 64108	43-1718317		40,000.	0.			COVID 19 EMERGENCY ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
WESTERN NC WORKERS CENTER PO BOX 3 HICKORY, NC 28603	86-1120732		25,000.	0.			COVID 19 EMERGENCY ASSISTANCE
WE STAY NOS QUEDAMOS INC 754 MELROSE AVENUE BRONX, NY 10451	13-3724388		7,133.	0.			HUNGER RELIEF
WE STAY NOS QUEDAMOS INC 754 MELROSE AVENUE BRONX, NY 10451	13-3724388		45,000.	0.			COMMUNITIES OF COLOR NONPROFIT STABILIZATION FUND
WHITE CASTLE ENTERPRISES LLC 16025 GALE AVE SUITE A6 CITY OF INDUSTRY, CA 91745	30-1203044		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
WIMAUMA COMMUNITY DVLPMNT CORP 735 LAKEVIEW DRIVE WIMAUMA, FL 33598	51-0625060		20,000.	0.			GROWING STRONGER CAPACITY BUILDING INITIATIVE
WINDHAM PUBLIC SCHOOL DISTRICT 355 HIGH STREET UNIT B WILLIMANTIC, CT 06226	06-1201204		9,901.	0.			HUNGER RELIEF
XPRESS WIRELESS CORP 4915 BROADWAY STORE #8 NEW YORK, NY 10034	45-5493470		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
YO SOY CEVICHE LLC 900 SAINT FRANCIS BLVD #1112 DALY CITY, CA 94015	85-1743739		7,500.	0.			UNFINISHED BUSINESS INITIATIVE
ZAVALA & ASSOCIATES 5416 S KEELER AVE CHICAGO, IL 60632	20-1877602		7,500.	0.			UNFINISHED BUSINESS INITIATIVE

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	353	1,84,880.	0.		

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 TO THE RECIPIENTS. THE GRANT RECIPIENTS AGENCIES ARE REQUIRED TO SUBMIT REPORTS TO HF IN ACCORDANCE WITH THEIR GRANT'S COMPLIANCE REQUIREMENTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

HISPANIC FEDERATION, INC.

Employer identification number

13-3573852

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
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?	2	
3 Indicate which, if any, of the following the 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 checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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	<input checked="" type="checkbox"/>
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>
c Participate in or receive payment from an equity-based compensation arrangement?	4c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b Any related organization?	5b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b Any related organization?	6b	<input checked="" type="checkbox"/>
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	7	<input checked="" type="checkbox"/>
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	8	<input checked="" type="checkbox"/>
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2022

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 and/or 1099-NEC 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) FRANKIE MIRANDA PRESIDENT	(i) 270,173.	(ii) 30,000.	(iii) 0.	18,010.	21,369.	339,552.	0.
(ii) 0.				0.	0.	0.	0.
(2) BRENT WILKES SR VP - STRATEGY	(i) 197,164.	(ii) 4,000.	(iii) 0.	9,285.	9,270.	219,719.	0.
(ii) 0.				0.	0.	0.	0.
(3) DORIS GUZMAN SR VP - FINANCE	(i) 163,250.	(ii) 10,000.	(iii) 0.	10,395.	18,862.	202,507.	0.
(ii) 0.				0.	0.	0.	0.
(4) JASLYN JIMENEZ S VP - OPERATIONS	(i) 149,095.	(ii) 10,000.	(iii) 0.	9,577.	19,259.	187,931.	0.
(ii) 0.				0.	0.	0.	0.
(5) JESSICA GUZMAN MEJIA VP FOR STRATEGY & IMPACT	(i) 121,808.	(ii) 8,000.	(iii) 0.	7,788.	19,259.	156,855.	0.
(ii) 0.				0.	0.	0.	0.
(6) STEPHEN CALENZANI AST. VP FOR DEV.	(i) 129,149.	(ii) 6,000.	(iii) 0.	8,125.	9,364.	152,638.	0.
(ii) 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)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

HISPANIC FEDERATION, INC.

Employer identification number

13-3573852

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

ADVOCACY SERVICES FOCUSED ON ADVANCING THE INTERESTS AND ASPIRATIONS OF
LATINOS AND THEIR COMMUNITY-BASED ORGANIZATIONS THROUGH, AMONG OTHER
THINGS, COALITION BUILDING, POLICY RESEARCH, PUBLIC EDUCATION,
ADVOCACY, AND VOTER MOBILIZATION. IN 2022, MUCH OF THE ORGANIZATION'S
ADVOCACY WORK FOCUSED ON ADVANCING EQUITY IN FEDERAL BENEFITS FOR
PUERTO RICO, VOTER EDUCATION AND TURNOUT, AND EXPANDING IMMIGRANT
JUSTICE AND RIGHTS.

EXPENSES \$ 4,001,577. INCLUDING GRANTS OF \$ 667,386. REVENUE \$ 0.

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

LINE 7A EXPLANATION - THE BOARD OF DIRECTORS HAS THE ABILITY TO ELECT OTHER
MEMBERS OF THE GOVERNING BODY.

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

LINE 11B EXPLANATION - MANAGEMENT RECEIVES A COPY OF THE 990 BEFORE IT IS
FILED ALONG WITH AN AUDITED COPY OF THE FINANCIAL STATEMENTS AND COMPARES
THE TWO FOR COMPLETENESS AND RAISE QUESTIONS ABOUT ANY POSSIBLE CORRECTIONS
OR CONCERNS. THE BOARD OF DIRECTORS RECIEVES A COPY OF THE 990 AFTER IT IS
FILED WITH THE IRS.

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

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

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

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

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.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

HF MAKES ITS FINANCIAL STATEMENTS AND FORM 990 & CHAR-500 TAX RETURNS AVAILABLE TO THE PUBLIC ON ITS WEBSITE. ALL OTHER INFORMATION IS AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

PROGRAM SERVICE EXPENSES	2,141,332.
MANAGEMENT AND GENERAL EXPENSES	166,750.
FUNDRAISING EXPENSES	316,966.
TOTAL EXPENSES	2,625,048.

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SUBCONTRACT EXPENSES:

PROGRAM SERVICE EXPENSES	4,219,247.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,219,247.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	6,844,295.