

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.

A For the 2024 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	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 55 EXCHANGE PLACE 5TH FLOOR				(212) 233-8955	
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10005				G Gross receipts \$ 65,980,967.	
	F Name and address of principal officer: FRANKIE MIRANDA 55 EXCHANGE PLACE 5TH FLOOR, NEW YORK, NY 10005				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
	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				H(c) Group exemption number	
J Website: 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 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	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	176
	6 Total number of volunteers (estimate if necessary)	6	377
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 67,422,582.	Current Year 60,304,796.
	9 Program service revenue (Part VIII, line 2g)	NONE	NONE
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	237,589.	1,258,603.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	255,162.	257,103.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	67,915,333.	61,820,502.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	31,618,176.	32,253,724.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,380,621.	12,476,960.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b Total fundraising expenses (Part IX, column (D), line 25)	1,764,737.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,641,762.	22,457,169.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	61,640,559.	67,187,853.
19 Revenue less expenses. Subtract line 18 from line 12	6,274,774.	-5,367,351.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 60,334,731.	End of Year 60,581,394.
	21 Total liabilities (Part X, line 26)	8,314,678.	13,265,509.
	22 Net assets or fund balances. Subtract line 21 from line 20	52,020,053.	47,315,885.

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				06/09/2025	
	DORIS GUZMAN				Date	
	Type or print name and title				CFO	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date	Check <input type="checkbox"/> if self-employed PTIN
	CATHERINE BENDALL CPA		CATHERINE BENDALL CP		06/09/2025	P00521196
	Firm's name WITHUMSMITH+BROWN PC		Firm's EIN 22-2027092		Phone no. 212-751-9100	
Firm's address 1411 BROADWAY 9TH FLOOR NEW YORK, NY 10018						

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2024)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**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 ☒ No
If "Yes," describe these new services on Schedule O.**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 47,487,302. including grants of \$ 24,739,197.) (Revenue \$)
SEE SCHEDULE O

4b (Code:) (Expenses \$ 1,676,747. including grants of \$ 366,335.) (Revenue \$)
SEE SCHEDULE O

4c (Code:) (Expenses \$ 7,535,731. including grants of \$ 6,288,727.) (Revenue \$)
SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O
(Expenses \$ 3,868,774. including grants of \$ 859,465.) (Revenue \$)

4e Total program service expenses 60,568,554.

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)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	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? If "Yes," complete Schedule C, Part II	4 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? If "Yes," complete Schedule C, Part III	5	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? If "Yes," complete Schedule D, Part I	6 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? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	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? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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? If "Yes," complete Schedule D, Part VI	11a 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? If "Yes," complete Schedule D, Part VII	11b	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? If "Yes," complete Schedule D, Part VIII	11c	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? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e 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)? If "Yes," complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? If "Yes," complete Schedule F, Parts I and IV	14b	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? If "Yes," complete Schedule F, Parts II and IV	15	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? If "Yes," complete Schedule F, Parts III and IV	16	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? If "Yes," complete Schedule G, Part I. See instructions	17	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? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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? If "Yes," complete Schedule I, Parts I and II	21 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>	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>	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>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		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>		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).		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c 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>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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>		
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>		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>		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.	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

X

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

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 176		
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? If "No" to line 3b, provide an explanation on Schedule O			
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?		X	
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?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
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?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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 ☒ X

Section A. Governing Body and Management

	1a	15	1b	14	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		15				
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.						
b Enter the number of voting members included on line 1a, above, who are independent.			1b	14		
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?					2	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?					3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					5	X
6 Did the organization have members or stockholders?					6	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?					7a	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?					7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					8a	X
b Each committee with authority to act on behalf of the governing body?					8b	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.					9	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?	10a	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? . . .	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	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	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	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	15a	X
b Other officers or key employees of the organization	15b	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?	16a	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?	16b	

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 55 EXCHANGE PLACE 5TH FLOOR NEW YORK, NY 10005

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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 NONE	X		X				359,788.	NONE	45,548.
(2) BRENT WILKES SVP FOR INSTITUTIONAL DEV	35.00 NONE				X			217,467.	NONE	24,152.
(3) DORIS GUZMAN CHIEF FINANCIAL OFFICER	35.00 NONE			X				209,990.	NONE	29,405.
(4) JASLYN JIMENEZ SENIOR VP FOR OPERATIONS	35.00 NONE			X				193,927.	NONE	34,456.
(5) JESSICA GUZMAN MEJIA SENIOR VP STRATEGY & IMPACT	35.00 NONE					X		173,121.	NONE	33,230.
(6) JESSICA GUTTLEIN SENIOR VP POLICY & COMM	35.00 NONE					X		166,107.	NONE	33,178.
(7) STEPHEN CALENZANI VICE PRESIDENT FOR DEVELOPMENT	35.00 NONE					X		157,850.	NONE	20,810.
(8) JULIETTA LOPEZ VP FOR FEDERAL ADVOCACY	35.00 NONE					X		139,560.	NONE	12,508.
(9) MARIO COLON VP FOR SPECIAL INITIATIVES	35.00 NONE					X		126,784.	NONE	18,975.
(10) MARCOS TORRES CHAIR	0.50 NONE	X		X				NONE	NONE	NONE
(11) JOAN STEINBERG VICE CHAIR	0.50 NONE	X		X				NONE	NONE	NONE
(12) MANUEL CHINEA TREASURER	0.50 NONE	X		X				NONE	NONE	NONE
(13) HECTOR MUJICA SECRETARY	0.50 NONE	X		X				NONE	NONE	NONE
(14) JUAN OTERO ASSISTANT SECRETARY	0.50 NONE	X		X				NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DEAN AGUILLEN DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
(16) JOSEPH R. BETANCOURT DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
(17) MIGUEL CENTENO DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
(18) JULIE ANN CROMMETT DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
(19) INDRANI FRANCHINI DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
(20) MARGARET LAZO DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
(21) TOM MONTAG DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
(22) CARLOS SANTIAGO DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
(23) INEZ STEWART DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
1b Sub-total								1,744,594.	NONE	252,262.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								1,744,594.	NONE	252,262.

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 **9**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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
SEE SCHEDULE O		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **13**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	3,175,904.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	39,927,126.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	17,201,766.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		60,304,796.			
	Program Service Revenue				Business Code		
2a							
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		NONE			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		776,046.			776,046.
	4	Income from investment of tax-exempt bond proceeds . . .		NONE			
	5	Royalties		NONE			
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	NONE	NONE		
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses . .	7b	3,836,610.			
	c	Gain or (loss)	7c	482,557.			
	d	Net gain or (loss)		482,557.			482,557.
	8a	Gross income from fundraising events (not including \$ 3,175,904. of contributions reported on line 1c). See Part IV, line 18					
			8a	323,855.			
			8b	323,855.			
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19						
		9a	NONE				
		9b	NONE				
c	Net income or (loss) from gaming activities		NONE				
10a	Gross sales of inventory, less returns and allowances						
		10a	NONE				
		10b	NONE				
c	Net income or (loss) from sales of inventory		NONE				
Miscellaneous Revenue				Business Code			
	11a	OTHER INCOME		900099	257,103.		257,103.
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		257,103.			
12	Total revenue. See instructions		61,820,502.			1,515,706.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	30,824,863.	30,824,863.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,428,861.	1,428,861.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,114,733.		710,980.	403,753.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	8,545,860.	6,209,295.	1,911,665.	424,900.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	275,258.	210,740.	47,774.	16,744.
9 Other employee benefits	1,736,162.	1,211,963.	439,032.	85,167.
10 Payroll taxes	804,947.	512,044.	236,110.	56,793.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	95,991.	1,650.	94,341.	
c Accounting	85,200.		85,200.	
d Lobbying	113,492.	60,052.	53,440.	
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	117,454.		117,454.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	SEE SCHE O 17,275,161.	16,824,420.	178,858.	271,883.
12 Advertising and promotion	222,344.	205,323.	16,986.	35.
13 Office expenses	325,256.	291,526.	26,835.	6,895.
14 Information technology	246,454.	167,107.	63,578.	15,769.
15 Royalties	NONE			
16 Occupancy	419,403.	306,868.	112,535.	
17 Travel	369,429.	318,679.	18,361.	32,389.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	568,338.	412,108.	142,040.	14,190.
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	255,308.	73,843.	178,875.	2,590.
23 Insurance	109,433.	3,394.	106,039.	
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 PUBLIC OUTREACH AND PROMOTIO	67,550.	40,166.	2,134.	25,250.
b BAD DEBT EXPENSE	116,076.	16,076.	100,000.	
c PROGRAM EXPENSES	892,850.	804,324.	45,693.	42,833.
d ALL OTHER EXPENSES	860,553.	645,252.	166,632.	48,669.
e All other expenses	316,877.			316,877.
25 Total functional expenses. Add lines 1 through 24e	67,187,853.	60,568,554.	4,854,562.	1,764,737.
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☒

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	7,576,397.	1	5,714,157.
	2 Savings and temporary cash investments.	15,375,122.	2	10,170,482.
	3 Pledges and grants receivable, net	14,860,566.	3	20,212,113.
	4 Accounts receivable, net	NONE	4	57,780.
	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	NONE	5	NONE
	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).	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	167,164.	9	175,271.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,559,277.		
	b Less: accumulated depreciation.	10b 3,756,139.		
	11 Investments - publicly traded securities.	4,002,395.	10c	3,803,138.
	12 Investments - other securities. See Part IV, line 11.	17,477,911.	11	19,115,972.
	13 Investments - program-related. See Part IV, line 11.	477,735.	12	540,990.
	14 Intangible assets	NONE	13	NONE
	15 Other assets. See Part IV, line 11	NONE	14	NONE
16 Total assets. Add lines 1 through 15 (must equal line 33)	397,441.	15	791,491.	
Liabilities	17 Accounts payable and accrued expenses.	60,334,731.	16	60,581,394.
	18 Grants payable	932,778.	17	1,262,200.
	19 Deferred revenue	4,770,756.	18	8,966,196.
	20 Tax-exempt bond liabilities	74,539.	19	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	20	NONE
	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	NONE	21	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	22	NONE
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	23	NONE
	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	2,536,605.	24	NONE
	26 Total liabilities. Add lines 17 through 25.	8,314,678.	25	3,037,113.
Net Assets or Fund Balances	27 Net assets without donor restrictions	24,652,484.	26	13,265,509.
	28 Net assets with donor restrictions.	27,367,569.	27	26,584,010.
	29 Capital stock or trust principal, or current funds		28	20,731,875.
	30 Paid-in or capital surplus, or land, building, or equipment fund		29	
	31 Retained earnings, endowment, accumulated income, or other funds		30	
	32 Total net assets or fund balances	52,020,053.	31	
	33 Total liabilities and net assets/fund balances.	60,334,731.	32	47,315,885.
			33	60,581,394.

Form **990** (2024)

Part XI Reconciliation of Net AssetsCheck 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	61,820,502.
2	Total expenses (must equal Part IX, column (A), line 25)	2	67,187,853.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,367,351.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52,020,053.
5	Net unrealized gains (losses) on investments	5	663,183.
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	47,315,885.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☒

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain 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:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

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

Form 990 (2024)

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

2024

Open to Public
Inspection

Name of the organization

HISPANIC FEDERATION INC

Employer identification number

13-3573852

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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	36,942,302.	49,383,030.	36,121,382.	67,422,582.	60,304,797.	250,174,093.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3	36,942,302.	49,383,030.	36,121,382.	67,422,582.	60,304,797.	250,174,093.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						6,911,257.
6 Public support. Subtract line 5 from line 4						243,262,836.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	36,942,302.	49,383,030.	36,121,382.	67,422,582.	60,304,797.	250,174,093.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	121,376.	203,633.	243,639.	557,260.	776,046.	1,901,954.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	25,315.	75,154.	594,986.	255,162.	257,103.	1,207,720.
11 Total support. Add lines 7 through 10						253,283,767.
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 2024 (line 6, column (f), divided by line 11, column (f))	14	96.04 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	97.10 %
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2024.** 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 - 2023.** 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? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		

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? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
b 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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer 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? If "Yes" or "No," provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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).			

Schedule A (Form 990) 2024

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

Schedule A (Form 990) 2024

**Schedule B
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

HISPANIC FEDERATION INC

13-3573852

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization

HISPANIC FEDERATION INC

Employer identification number

13-3573852

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 19,486,537.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 7,672,361.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 5,366,989.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 2,774,765.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 2,150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 1,242,380.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

HISPANIC FEDERATION INC

Employer identification number

13-3573852

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ 3,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

13-3573852

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

Name of organization

HISPANIC FEDERATION INC

Employer identification number

13-3573852

Part III **Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____

Use duplicate copies of Part III if additional space is needed.

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

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

2024

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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	Employer identification number (EIN)
HISPANIC FEDERATION INC	13-3573852

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. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$
- 3 Volunteer hours for political campaign activities. See instructions

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 EINs 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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2024

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)		4,533.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		108,959.													
c Total lobbying expenditures (add lines 1a and 1b)		113,492.													
d Other exempt purpose expenditures		62,348,705.													
e Total exempt purpose expenditures (add lines 1c and 1d)		62,462,197.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN 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:	THEN 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:	THEN 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-															
i Subtract line 1f from line 1c. If zero or less, enter -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) 2021	(b) 2022	(c) 2023	(d) 2024	(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	143,419.	120,404.	118,272.	113,492.	495,587.
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	38,429.	23,792.	6,036.	4,533.	72,790.

Schedule C (Form 990) 2024

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

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
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 not be 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.

[illegible]

SCHEDULE D
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

HISPANIC FEDERATION INC

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

Open to Public
Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1	
2 Aggregate value of contributions to (during year)	2,645,292.	
3 Aggregate value of grants from (during year)	3,411,369.	
4 Aggregate value at end of year	4,456,180.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X. \$

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

Schedule D (Form 990) (Rev. 12-2024)

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 in Part XIII. ☐

Part V Endowment Funds

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

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

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

- a Board designated or quasi-endowment _____ %
b Permanent endowment _____ %
c 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?	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.	2,713,132.	2,989,655.
c Leasehold improvements		50,657.	47,244.	3,413.
d Equipment		1,206,020.	995,763.	210,257.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,803,138.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related

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

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

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, line 15, col. (B)).	

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	2,231,603.
(3)	OPERATING LEASE LIABILITY	805,510.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).		3,037,113.

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	64,165,284.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	663,183.
b	Donated services and use of facilities	2b	1,799,053.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,462,236.
3	Subtract line 2e from line 1	3	61,703,048.
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	117,454.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	117,454.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	61,820,502.

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	68,869,452.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,799,053.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,799,053.
3	Subtract line 2e from line 1	3	67,070,399.
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	117,454.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	117,454.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	67,187,853.

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.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information *(continued)*

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, 2021 AND LATER ARE SUBJECT TO EXAMINATION BY
APPLICABLE TAXING AUTHORITIES.

SCHEDULE G
(Form 990)

(Rev. December 2024)
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

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 nongovernment grants
f Solicitation of government grants
g Special fundraising events
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
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.

Table with 6 main columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA (event type)	PR BENEFIT (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	3,341,759.	158,000.		3,499,759.
	2 Less: Contributions	3,077,515.	98,389.		3,175,904.
	3 Gross income (line 1 minus line 2)	264,244.	59,611.		323,855.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		40,000.		40,000.
	7 Food and beverages	264,244.	11,611.		275,855.
	8 Entertainment				
	9 Other direct expenses		8,000.		8,000.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				323,855.
11 Net income summary. Subtract line 10 from line 3, column (d)					

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				
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 ► _____

- 15 a 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 explanation 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).

SCHEDULE I
(Form 990)

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

HISPANIC FEDERATION INC

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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
(1) THE FUTURO MEDIA GROUP 361 W 125TH ST 6TH FL NEW YORK, NY 10027	27-2077349	501(C)(3)	50,000.				DEMOCRACY EFFORTS
(2) TALLER SALUD INC PO BOX 524 LOIZA, PR 00976	66-0494692	501(C)(3)	105,000.				AMANECE GRANT
(3) ACCION VALEROSA INC HC 2 BOX 7827 CIALES, PR 00638	66-0895434	501(C)(3)	50,000.				AMANECE GRANT
(4) APRODEC INC CENTRO ECOTURISTICO DE ESTE CEIBA, PR 00735	66-0663242	501(C)(3)	75,000.				AMANECE GRANT
(5) ASOC RESDENTS CAMINO PAGAN INC HC 03 BOX 4801 ADJUNTAS, PR 00601	66-0872460	501(C)(3)	43,500.				AMANECE GRANT
(6) ASOC RESIDNTS LA MARGARITA INC URB LA MARGARITA CD2 SALINAS, PR 00751	66-0953218	501(C)(3)	50,000.				AMANECE GRANT
(7) CASA TEREQUES INC PO BOX 8005 SAN JUAN, PR 00910	66-0961165	501(C)(3)	50,000.				AMANECE GRANT
(8) CENTRO RECONSTRUCCION HABITAT 116 MANUEL DOMENECH SAN JUAN, PR 00918	66-0895294	501(C)(3)	50,000.				AMANECE GRANT
(9) FIDEICOMISO CONSERVACION DE PR 155 CALLE TETUAN SAN JUAN, PR 00901	66-0288581	501(C)(3)	50,000.				AMANECE GRANT
(10) MESA MULTISEC BOSQUE MODELO PR PO BOX 2500 UTUADO, PR 00641 2500	66-0891441	501(C)(3)	50,000.				AMANECE GRANT
(11) MONTE AZUL INC PO BOX 531 MARICAO, PR 00606	66-0902532	501(C)(3)	50,000.				AMANECE GRANT
(12) MUJERES DE ISLAS, INC PO BOX 358 CULEBRA, PR 00775	66-0768054	501(C)(3)	30,000.				AMANECE GRANT DE CAPACIDADES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 373

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

SCHEDULE I
(Form 990)

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

HISPANIC FEDERATION INC

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.

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OMB No. 1545-0047

Open to Public
Inspection

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
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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
(1) PARCELERAS AFROCARIBENAS TRANS PO BOX 1321 SAINT JUST, PR 00978-1321	66-0924847	501(C)(3)	50,000.				AMANECE GRANT
(2) PLENITUD INICIATIVAS ECO EDUC PO BOX 394 LAS MARIAS, PR 00670	66-0741766	501(C)(3)	50,000.				AMANECE GRANT
(3) PROG ADOLESCENTE NARANJITO INC PO BOX 891 NARANJITO, PR 00719 0891	66-0459355	501(C)(3)	30,000.				AMANECE GRANT
(4) PROTECTORES DE CUENCAS INC PO BOX 1563 YAUCO, PR 00698	66-0778121	501(C)(3)	50,000.				AMANECE GRANT
(5) RED DERECHOS NINEZ Y JUVENTUD PO BOX 190875 SAN JUAN, PR 00919-0875	66-0837840	501(C)(3)	50,000.				AMANECE GRANT
(6) VIEQUES CONSERV HIST TRUST 138 CALLE FLAMBOYAN VIEQUES, PR 00765	66-0429598	501(C)(3)	49,989.				AMANECE GRANT
(7) WAVES AHEAD CORP. 1149 AVE AMERICO MIRANDA SAN JUAN, PR 00921	66-0886812	501(C)(3)	51,000.				AMANECE GRANT
(8) CONPRMETIDOS CORP 1250 AVE PONCE DE LEON SAN JUAN, PR 00907	66-0780024	501(C)(3)	78,444.				AMANECE GRANT
(9) CORP SERVICIOS SALUD PRIMARIA PO BOX 2113 UTUADO, PR 00641	66-0812599	501(C)(3)	85,562.				AMANECE GRANT
(10) FUNDACION BUCARABON INC PO BOX 243 MARICAO, PR 00606	66-0910567	501(C)(3)	80,000.				AMANECE GRANT
(11) PROYECTO MATRIA INC PO BOX 1334 CAGUAS, PR 00726	66-0641575	501(C)(3)	100,000.				AMANECE GRANT
(12) CENTRAL AMERICAN REFUGEE CTR 250 FULTON AVE, STE 200 HEMPSTEAD, NY 11550	11-2705005	501(C)(3)	37,105.				CAPACITY BUILDING

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Department of the Treasury
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(1) MANO A MANO FAMILY RESOURCE CT 6 E MAIN ST ROUND LAKE PARK, IL 60073	36-4418084	501(C)(3)	8,500.				CAPACITY BUILDING
(2) ALIENTO EDUCATION FUND 4747 N 32ND ST PHOENIX, AZ 85018	84-4749451	501(C)(3)	10,000.				CAPACITY BUILDING
(3) ARIZONA LATINO LEADERS IN EDUC 515 E GRANT ST 150 PHOENIX, AZ 85004	85-1652516	501(C)(3)	6,000.				CAPACITY BUILDING
(4) CENTRAL CITY NEIGHBOR PARTNERS 501 SOUTH BIXEL ST LOS ANGELES, CA 90017	95-4837709	501(C)(3)	8,000.				CAPACITY BUILDING
(5) URBAN WARRIOR YOUTH COMMUNITY 2834 S AVERS AVE CHICAGO, IL 60623	88-1776853	501(C)(3)	20,000.				CAPACITY BUILDING
(6) WOODSIDE ON THE MOVE INC 5123B QUEENS BLVD WOODSIDE, NY 11377	11-2435565	501(C)(3)	20,000.				CAPACITY BUILDING
(7) NORTHERN MANHATTAN COALITION 5030 BRDWAY STE 639 NEW YORK, NY 10034	13-3255591	501(C)(3)	65,000.				CCNSF
(8) CHARTER OAK BOXING & YOUTH DEV 81 POPE PARK HIGHWAY HARTFORD, CT 06106	06-1310059	501(C)(3)	40,000.				CCNSF
(9) CONNECTICUT PUERTO RICAN FORUM 95 PARK ST 2ND FL HARTFORD, CT 06106	06-1385027	501(C)(3)	45,000.				CCNSF
(10) END HUNGER CT 198 WETHERSFIELD AVE HARTFORD, CT 06114	06-1545835	501(C)(3)	45,000.				CCNSF
(11) HARTFORD KNIGHTS CORP 90 BRAINARD RD STE 105 HARTFORD, CT 06114	83-0368833	501(C)(3)	50,000.				CCNSF
(12) HISPANIC HEALTH COUNCIL INC 175 MAIN ST HARTFORD, CT 06106	06-1018979	501(C)(3)	45,300.				CCNSF

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(1) INDIA ASSOCIATION CENTRAL CT PO BOX 436 ROCKY HILL, CT 06067	46-2891593	501(C)(3)	20,000.				CCNSF
(2) LATINO COMMUNITY SERVICES INC 28 GRAND ST 2ND FL HARTFORD, CT 06106	06-1259957	501(C)(3)	50,000.				CCNSF
(3) QUEEN ANN NZINGA CENTER INC 18 NEWTON AVE PLAINVILLE, CT 06062	26-2803114	501(C)(3)	35,000.				CCNSF
(4) SECOND CHANCE RE-ENTRY INTTV 75 CHARTER OAK AVE HARTFORD, CT 06106	84-2846352	501(C)(3)	50,000.				CCNSF
(5) SAN JUAN CENTER INC 1277 MAIN ST HARTFORD, CT 06103	06-0890788	501(C)(3)	105,000.				CCNSF GRANTS
(6) COLABORATIVA LA MILPA 528 EMMA RD ASHEVILLE, NC 28806	20-8303608	501(C)(3)	20,500.				CIVIC ENGAGEMENT
(7) LA CASA NORTE 3533 W NORTH AVE CHICAGO, IL 60647	36-4041525	501(C)(3)	33,500.				CIVIC ENGAGEMENT
(8) NC CONGRESS OF LATINO ORG 4907 GARRETT RD DURHAM, NC 27707	51-0526332	501(C)(3)	66,500.				CIVIC ENGAGEMENT
(9) CAROLINA MIGRANT NETWORK INC 6917 LANCER DR CHARLOTTE, NC 28226	85-0952850	501(C)(3)	37,500.				CIVIC ENGAGEMENT
(10) SALUD SIN FRONTERAS INC 106 W MAIN ST WALLACE, NC 28466	87-3885522	501(C)(3)	32,500.				CIVIC ENGAGEMENT
(11) WHATSOEVER COMMUNITY CTR INC 1201 EWING AVE KANSAS CITY, MO 64126	44-0545274	501(C)(3)	10,000.				COMMUNITY OUTREACH
(12) COALITION FOR HUMANE IMM RIGHT 2533 W THIRD ST STE 101	95-4421521	501(C)(3)	22,000.				COMMUNITY ASSISTANCE

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(1) FLORIDA IMMIGRANT COALITION 561 NE 79TH ST STE 400 MIAMI, FL 33138	20-2123833	501(C)(3)	24,500.				COMMUNITY ASSISTANCE
(2) HISPANIC BUSNSS INITIATIVE FL 3201 E COLONIAL DR ORLANDO, FL 32803	59-3341405	501(C)(3)	8,500.				COMMUNITY ASSISTANCE
(3) NORTHERN MANHATT ARTS ALLIANCE 4140 BRDWAY NEW YORK, NY 10033	26-1997496	501(C)(3)	93,461.				COMMUNITY ASSISTANCE
(4) BETH EL FARMWORKER MINISTRY INC 18240 US HWY 301 S WIMAUMA, FL 33598	59-3004876	501(C)(3)	40,000.				COMMUNITY ASSISTANCE
(5) BORICUAS DE CORAZON INC 1291 KINGSWAY RD BRANDON, FL 33510	82-4761709	501(C)(3)	60,000.				COMMUNITY ASSISTANCE
(6) CASA AZUL DE WILSON PO BOX 2134 WILSON, NC 27893	87-3076221	501(C)(3)	67,500.				COMMUNITY ASSISTANCE
(7) MAKE THE ROAD STATE INC 301 GROVE ST BROOKLYN, NY 11237	84-3988830	501(C)(3)	67,500.				COMMUNITY ASSISTANCE
(8) COMUNIDAD VIDA NUEVA INC 5824 FOREST POINT RD RALEIGH, NC 27610	20-4348860	501(C)(3)	46,000.				COMMUNITY ASSISTANCE
(9) STATEN ISLAND COMM JOB CENTER 774 PORT RICHMOND AVE	47-2787706	501(C)(3)	64,264.				COMMUNITY ASSISTANCE
(10) VALORES INC 2633 WHITE OAK DR BURLINGTON, NC 27215	93-4850886	501(C)(3)	16,000.				COMMUNITY ASSISTANCE
(11) VISION URBANA INC 207-209 E BRDWAY NEW YORK, NY 10002	13-3848575	501(C)(3)	96,461.				COMMUNITY ASSISTANCE
(12) LATIN AMERICAN CHAMBER COMM CH 145 SCALEYBARK RD STE C CHARLOTTE, NC 28209	41-5840747	501(C)(3)	10,000.				COMMUNITY ASSISTANCE

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(1) COALITION FOR HISP. FAM. SERV. 315 WYCKOFF AVE BROOKLYN, NY 11237	13-3546023	501(C)(3)	24,462.				CORE GRANT
(2) THE OCEAN FOUNDATION 1320 19TH ST NW STE 500	71-0863908	501(C)(3)	45,000.				CREATING ECON ENERGY
(3) ONE STOP CAREER CTR OF PR INC 839 CALLE ANASCO STE 5 SAN JUAN, PR 00925	66-0593598	501(C)(3)	10,000.				CTC EITC
(4) FDLA GROUP INC 251 W 30TH ST 6TH FL NEW YORK, NY 10001	84-4384025	501(C)(3)	50,000.				DISCRETIONARY GRANT
(5) AFRO-LATIN JAZZ ALLIANCE OF NEW YORK INC 215 E 99TH ST STE 12 NEW YORK, NY 10029	45-3665976	501(C)(3)	100,000.				DONOR-ADVISED FUND
(6) AFYA FOUNDATION INC 140 SAW MILL RIVER RD YONKERS, NY 10701	26-1300361	501(C)(3)	20,000.				DONOR-ADVISED FUND
(7) ALIANZA CENTER 11602 LAKE UNDERHILL RD ORLANDO, FL 32825	83-2227824	501(C)(3)	10,000.				DONOR-ADVISED FUND
(8) AMAS MUSICAL THEATRE INC 630 9TH AVE STE 1400 NEW YORK, NY 10036	23-7057226	501(C)(3)	15,000.				DONOR-ADVISED FUND
(9) AMERICAN DREAM CHARTER SCHOOL 403 CONCORD AVE BRONX, NY 10454	46-4377912	501(C)(3)	7,500.				DONOR-ADVISED FUND
(10) AMERICAN THEATRE WING 230 W 41ST ST, STE 1101 NEW YORK, NY 10036	13-1893906	501(C)(3)	25,000.				DONOR-ADVISED FUND
(11) ARS NOVA THEATER I INC 511 W 54TH ST NEW YORK, NY 10019	80-0339038	501(C)(3)	72,000.				DONOR-ADVISED FUND
(12) ARTS IGNITE INC 333 W 39TH ST RM 804 NEW YORK, NY 10018	20-4532991	501(C)(3)	10,000.				DONOR-ADVISED FUND

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(1) BEYOND THE STAGE DOOR INC 1501 BRDWAY FL 24 NEW YORK, NY 10036	87-1116196	501(C)(3)	10,000.				DONOR-ADVISED FUND
(2) BLACK THEATRE COALITION 421 PACIFIC ST APT 1 BROOKLYN, NY 11217	85-1917024	501(C)(3)	10,000.				DONOR-ADVISED FUND
(3) BROADWAY BARKS INC 11100 SANTA MONICA BL LOS ANGELES, CA 90025	47-4080996	501(C)(3)	10,000.				DONOR-ADVISED FUND
(4) BROADWAY CARES-EQUITY FIGHTS AIDS INC 165 W 46TH ST 1300 NEW YORK, NY 10036	13-3458820	501(C)(3)	10,000.				DONOR-ADVISED FUND
(5) BROADWAY HOUSING COMMUNITIES INC 583 RIVERSIDE DR NEW YORK, NY 10031	13-3212867	501(C)(3)	10,000.				DONOR-ADVISED FUND
(6) BROOKLYN CHILDRENS MUSEUM CORP 145 BROOKLYN AVE BROOKLYN, NY 11213	11-2495664	501(C)(3)	7,500.				DONOR-ADVISED FUND
(7) CABELL - HUNTINGTON COALITION FOR THE HOMEL 627 4TH AVE HUNTINGTON, WV 25701	55-0675036	501(C)(3)	10,000.				DONOR-ADVISED FUND
(8) CENTRO DE PERIODISMO INVESTIGATIVO INC PO BOX 6834 SAN JUAN, PR 00914	66-0705065	501(C)(3)	100,000.				DONOR-ADVISED FUND
(9) CHILDRENS DAY TREATMENT CENTER & SCHOOL INC 255 W 71ST ST NEW YORK, NY 10023	13-0776140	501(C)(3)	15,000.				DONOR-ADVISED FUND
(10) CITY REPORT INC 85 BRD ST, 12TH FL NEW YORK, NY 10004	37-1896785	501(C)(3)	50,000.				DONOR-ADVISED FUND
(11) CLASSICAL THEATRE OF HARLEM, INC. 8 W 126TH ST NEW YORK, NY 10027	13-4046782	501(C)(3)	25,000.				DONOR-ADVISED FUND
(12) CORNELL UNIVERSITY 377 PINE TREE RD ITHACA, NY 14850	15-0532082	501(C)(3)	15,000.				DONOR-ADVISED FUND

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(1) CREATIVE MINDS NYC INC 35 W 35TH ST RM 701 NEW YORK, NY 10001	02-0720786	501(C)(3)	20,000.				DONOR-ADVISED FUND
(2) DOCUMENTED LTD PO BOX 250250 NEW YORK, NY 10025	83-3036502	501(C)(3)	10,000.				DONOR-ADVISED FUND
(3) DONORS OF COLOR NETWORK INC 9450 SW GEMINI DR BEAVERTON, OR 970077105	81-1676971	501(C)(3)	15,000.				DONOR-ADVISED FUND
(4) DRAMATISTS GUILD FOUNDATION INC 520 8TH AVE RM 2401 NEW YORK, NY 10018	13-6144932	501(C)(3)	25,000.				DONOR-ADVISED FUND
(5) ENSEMBLE STUDIO THEATRE INC 549 W 52ND ST # 2 NEW YORK, NY 10019	23-7150345	501(C)(3)	40,000.				DONOR-ADVISED FUND
(6) ENTERTAINMENT 2 AFFECT CHANGE 2410 HYPERION AVE STE B	46-2660255	501(C)(3)	10,000.				DONOR-ADVISED FUND
(7) EUGENE ONEILL MEMORIAL THEATER CENTER INC 305 GREAT NECK RD WATERFORD, CT 06385	06-6070900	501(C)(3)	75,000.				DONOR-ADVISED FUND
(8) HARLEM JUNIOR TENNIS AND EDUCATION PROGRAM 40 W 143RD ST NEW YORK, NY 10037	13-3076419	501(C)(3)	10,000.				DONOR-ADVISED FUND
(9) HARLEM STAGE INC 150 CONVENT AVE NEW YORK, NY 10031	13-3166308	501(C)(3)	30,000.				DONOR-ADVISED FUND
(10) HISPANIC FEDERATION INC 55 EXCHANGE PL # 5 NEW YORK, NY 10005	13-3573852	501(C)(3)	300,000.				DONOR-ADVISED FUND
(11) HOLYROOD CHURCH 715 W 179TH ST NEW YORK, NY 10033	13-1844844	501(C)(3)	10,000.				DONOR-ADVISED FUND
(12) HUMBOLDT PARK HEALTH 1044 N FRANCISCO AVE CHICAGO, IL 60622	36-1564290	501(C)(3)	10,000.				DONOR-ADVISED FUND

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13-3573852

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- 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.

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(1) HUNTER COLLEGE ELEMENTARY SCHOOL PARENT TEA 71 E 94TH ST NEW YORK, NY 10128	13-3912870	501(C)(3)	25,000.				DONOR-ADVISED FUND
(2) HUNTER COLLEGE FOUNDATION 695 PARK AVE HE1313 NEW YORK, NY 10065	13-3598671	501(C)(3)	100,000.				DONOR-ADVISED FUND
(3) INSTITUTO ARTE TEATRAL INTERNACIONAL INC 64 E 4TH ST 2ND FL NEW YORK, NY 10003	13-3111859	501(C)(3)	30,000.				DONOR-ADVISED FUND
(4) INTERNATIONAL ARTS RELATIONS INC PO BOX 679 NEW YORK, NY 10108	23-7212492	501(C)(3)	10,000.				DONOR-ADVISED FUND
(5) JAZZ POWER INITIATIVE 5030 BRDWAY STE 651 NEW YORK, NY 10034	06-1722131	501(C)(3)	15,000.				DONOR-ADVISED FUND
(6) KULTURECITY 732 MONTGOMERY HWY VESTAVIA HILLS, AL 35216	46-3701145	501(C)(3)	20,000.				DONOR-ADVISED FUND
(7) LATIN AMERICAN THEATER EXPERIMENT ASSOCIATE 107 SUFFOLK ST NEW YORK, NY 10002	13-3334130	501(C)(3)	10,000.				DONOR-ADVISED FUND
(8) LATIN FILM FESTIVAL ALLIANCE INC 3340 BAILEY AVE APT 8F BRONX, NY 10463	92-1314463	501(C)(3)	10,000.				DONOR-ADVISED FUND
(9) LATINO THEATER COMPANY 514 S SPRING ST LOS ANGELES, CA 90013	95-4572361	501(C)(3)	50,000.				DONOR-ADVISED FUND
(10) LATINX PLAYWRIGHTS CIRCLE INC 22 RED BARN LN MIDDLETOWN, NY 10940	84-5058808	501(C)(3)	15,000.				DONOR-ADVISED FUND
(11) MAESTRA MUSIC INC 215 W 104TH ST UNIT 237 NEW YORK, NY 10025	83-3439518	501(C)(3)	345,000.				DONOR-ADVISED FUND
(12) MARIPOSA DR FOUNDATION PO BOX 425 ITHACA, NY 14851	27-0726866	501(C)(3)	25,000.				DONOR-ADVISED FUND

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SCHEDULE I
(Form 990)

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

HISPANIC FEDERATION INC

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.

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OMB No. 1545-0047

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Employer identification number

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(1) MONTCLAIR KIMBERLY ACADEMY FOUNDATION 201 VALLEY RD MONTCLAIR, NJ 07042	23-7365263	501(C)(3)	25,000.				DONOR-ADVISED FUND
(2) MULTICULTURAL MUSIC GROUP INC 601 WALTON AVE BRONX, NY 10451	13-3894314	501(C)(3)	10,000.				DONOR-ADVISED FUND
(3) NATIONAL BLACK THEATRE WORKSHOP INCORPORATE 213 W 137TH ST NEW YORK, NY 10030	13-2632596	501(C)(3)	25,000.				DONOR-ADVISED FUND
(4) NATIONAL PUERTO RICAN DAY PARADE, INC. PO BOX 975 NEW YORK, NY 10272	13-3869493	501(C)(3)	35,000.				DONOR-ADVISED FUND
(5) NEW MEXICO SCHOOL FOR THE ARTS ART INSTITUT 500 MONTEZUMA AVE SANTA FE, NM 87501	26-4764395	501(C)(3)	10,000.				DONOR-ADVISED FUND
(6) NEW YORK LANDMARKS CONSERVANCY INC 1 WHITEHALL ST 21ST FL NEW YORK, NY 10004	23-7181785	501(C)(3)	15,000.				DONOR-ADVISED FUND
(7) NEW YORK SHAKESPEARE FESTIVAL 425 LAFAYETTE ST NEW YORK, NY 10003	13-1844852	501(C)(3)	175,000.				DONOR-ADVISED FUND
(8) NEW YORK UNIVERSITY 105 E 17TH ST 4TH FL NEW YORK, NY 10003	13-5562308	501(C)(3)	35,000.				DONOR-ADVISED FUND
(9) OPERA ON TAP 190 OCEAN PKWY # 3 BROOKLYN, NY 11218	20-4554125	501(C)(3)	25,000.				DONOR-ADVISED FUND
(10) PLANNED PARENTHOOD FEDERATION OF AMERICA, I 123 WILLIAM ST NEW YORK, NY 10038	13-1644147	501(C)(3)	25,000.				DONOR-ADVISED FUND
(11) PLAYWRIGHTS REALM INC 520 8TH AVE RM 320 NEW YORK CITY, NY 10018	26-1258354	501(C)(3)	10,000.				DONOR-ADVISED FUND
(12) PREGONES / PUERTO RICAN TRAVELING THEATER 571 WALTON AVE # 575 BRONX, NY 10451	13-3266893	501(C)(3)	15,000.				DONOR-ADVISED FUND

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(1) PRODUCER HUB INC 113 ADAMS DR PRINCETON, NJ 08540	87-2432520	501(C)(3)	25,000.				DONOR-ADVISED FUND
(2) PUERTO RICO CENTRO DE ARTES Y TECNO LOGIA C 167 AVE PONCE DE LEON SAN JUAN, PR 00917	66-0907443	501(C)(3)	100,000.				DONOR-ADVISED FUND
(3) ROBERT F KENNEDY CENTER FOR JUSTICE AND HUM 1300 19TH ST NW STE 750	13-2522784	501(C)(3)	25,000.				DONOR-ADVISED FUND
(4) RUTGERS UNIVERSITY FOUNDATION 335 GEORGE ST STE 4000	23-7318742	501(C)(3)	15,000.				DONOR-ADVISED FUND
(5) SKIDMORE COLLEGE 815 N BRDWAY SARATOGA SPRINGS, NY 12866	14-1338562	501(C)(3)	65,000.				DONOR-ADVISED FUND
(6) STAGE DIRECTORS & CHOREOGRAPHERS WORKSHOP F 321 W 44TH ST STE 804 NEW YORK, NY 10036	13-2570500	501(C)(3)	15,000.				DONOR-ADVISED FUND
(7) STUTTERING ASSOCIATION FOR THE YOUNG 333 W 39TH ST RM 604 NEW YORK, NY 10018	33-1049070	501(C)(3)	7,500.				DONOR-ADVISED FUND
(8) SURGE INSTITUTE 2045 W GRAND AVE STE B CHICAGO, IL 60612	47-1995566	501(C)(3)	10,000.				DONOR-ADVISED FUND
(9) THALIA SPANISH THEATRE INC 4117 GREENPOINT AVE SUNNYSIDE, NY 11104	23-7448611	501(C)(3)	10,000.				DONOR-ADVISED FUND
(10) THE BROADWAY LEAGUE FOUNDATION INC 729 SEVENTH AVE 5TH FL NEW YORK, NY 10019	13-3740065	501(C)(3)	25,000.				DONOR-ADVISED FUND
(11) THE GRAND SLAM WE CARE FOUNDATION INC 1 THUNDER RD TRENTON, NJ 08611	22-3569918	501(C)(3)	10,000.				DONOR-ADVISED FUND
(12) THE MIRACLE CENTER INC 2311 N PULASKI RD CHICAGO, IL 60639	36-4276909	501(C)(3)	25,000.				DONOR-ADVISED FUND

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(1) THE NEW YORK PUBLIC LIBRARY ASTOR LENOX AND 270 MADISON AVE 11TH FL NEW YORK, NY 10016	13-1887440	501(C)(3)	10,000.				DONOR-ADVISED FUND
(2) THE TANK LTD 312 W 36TH ST FL 1 NEW YORK, NY 10018	01-0798319	501(C)(3)	22,060.				DONOR-ADVISED FUND
(3) TRANSPORT GROUP INC 520 8TH AVE RM 311 NEW YORK, NY 10018	41-2063324	501(C)(3)	10,000.				DONOR-ADVISED FUND
(4) TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY 615 W 131 ST MC 8741 NEW YORK, NY 10027	13-5598093	501(C)(3)	10,000.				DONOR-ADVISED FUND
(5) UNITED PALACE OF CULTURAL ARTS INC 4140 BRDWAY NEW YORK, NY 10033	90-0884007	501(C)(3)	57,500.				DONOR-ADVISED FUND
(6) UNITED STATES ARTISTS INC 200 W MADISON ST FL 3 CHICAGO, IL 60606	22-3903993	501(C)(3)	65,000.				DONOR-ADVISED FUND
(7) UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY PARK LOS ANGELES, CA 90089	95-1642394	501(C)(3)	18,000.				DONOR-ADVISED FUND
(8) VANGUARD THEATER COMPANY P.O. BOX 409 MONTCLAIR, NJ 07042	47-3543143	501(C)(3)	20,000.				DONOR-ADVISED FUND
(9) VINEYARD THEATRE AND WORKSHOP CENTER, INC. 108 E 15TH ST NEW YORK, NY 10003	13-2981292	501(C)(3)	70,000.				DONOR-ADVISED FUND
(10) WESLEYAN UNIVERSITY 55 HIGH ST MIDDLETOWN, CT 06457	06-0646959	501(C)(3)	150,000.				DONOR-ADVISED FUND
(11) WOOLLY MAMMOTH THEATRE CO 641 D ST NW WASHINGTON, DC 20004	52-1242900	501(C)(3)	125,000.				DONOR-ADVISED FUND
(12) YESHIVA UNIVERSITY 500 W 185TH ST NEW YORK, NY 10033	13-1624225	501(C)(3)	25,000.				DONOR-ADVISED FUND

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(1) BALLEET HISPANICO OF NEW YORK 167 W 89TH ST NEW YORK, NY 10024	13-2685755	501(C)(3)	43,000.				DONOR-ADVISED FUND
(2) ASCCN PUERTORRIQUENOS EN FL 256 WAGON WHEEL CT SANFORD, FL 32773	47-1480342	501(C)(3)	10,000.				EDUCATE BASE BUILDING ACTION
(3) CORPUS CARE INC 2600 MAITLAND CENTER PKWY	92-2442429	501(C)(3)	10,000.				EDUCATE BASE BUILDING ACTION
(4) FARMWORKER ASSOC FLORIDA INC 1264 APOPKA BLVD APOPKA, FL 32703	59-2683978	501(C)(3)	10,000.				EDUCATE BASE BUILDING ACTION
(5) RENACER EN VIDA NUEVA INC 1405 MELANIE DR ORLANDO, FL 32825	87-2612100	501(C)(3)	10,000.				EDUCATE BASE BUILDING ACTION
(6) WESTSIDE COMM ACTION NETW CTR 2038 JEFFERSON ST KANSAS CITY, MO 64108	43-1718317	501(C)(3)	20,000.				EDUCATIONAL
(7) HOLA COMMUNITY ARTS 19 EAGLE ST STE 120 ASHEVILLE, NC 28801	82-2943079	501(C)(3)	10,000.				EMERGENCY
(8) WE SPEAK YOUR NAME OF CENTRAL PO BOX 782339 ORLANDO, FL 32878	86-2488737	501(C)(3)	25,000.				EMERGENCY ASSISTANCE
(9) EL CENTRO HISPANO INC 2000 CHAPEL HILL RD DURHAM, NC 27707	56-2011661	501(C)(3)	96,800.				EMERGENCY ASSISTANCE
(10) UNIDXS WESTERN NORTH CAROLINA 321 JORDAN RD BRYSON CITY, NC 28713	86-3777356	501(C)(3)	32,500.				EMERGENCY ASSISTANCE
(11) TRUE RIDGE 204 6TH AVE W HENDERSONVILLE, NC 28739	82-1094679	501(C)(3)	60,000.				EMERGENCY ASSISTANCE
(12) UNETE INC 26 PHILLIPS ST CANTON, NC 28716	86-3291832	501(C)(3)	20,000.				EMERGENCY ASSISTANCE

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(1)CENTRO UNIDO LATINO AMERICANO 79 ACADEMY ST MARION, NC 28752	56-2678411	501(C)(3)	52,000.				EMERGENCY ASSISTANCE
(2)CHURCH COMMUNITY ASSIT PRG INC 800 OFFICE PLAZA BLVD KISSIMMEE, FL 34744	54-2127730	501(C)(3)	32,000.				EMERGENCY ASSISTANCE
(3)CHURCH WORLD SERVICE INC 28606 PHILLIPS ST ELKHART, IN 46514	13-4080201	501(C)(3)	45,000.				EMERGENCY ASSISTANCE
(4)MARSONI FOUNDATION 5901 NW 151 ST 209 MIAMI LAKES, FL 33014	84-4277237	501(C)(3)	45,000.				EMERGENCY ASSISTANCE
(5)WESTERN NC WORKERS CENTER PO BOX 3 HICKORY, NC 28603	86-1120732	501(C)(3)	50,000.				EMERGENCY ASSISTANCE
(6)FEED AND FORTIFY COMMUNITY ORG 36 S SEMORAN BLVD STE D ORLANDO, FL 32807	46-0605050	501(C)(3)	33,500.				EMERGENCY ASSISTANCE
(7)UNIDOS POR ECUADOR CENTRAL FL 300 WILSHIRE BLVD STE 237	47-1593075	501(C)(3)	11,000.				EMERGENCY ASSISTANCE
(8)JMPRO COMMUNITY MEDIA INC 41 VIERA DR SWANNANOVA, NC 28878	83-3706459	501(C)(3)	10,000.				EMERGENCY ASSISTANCE
(9)VECINOS INC 3971 LITTLE SAVANNAH RD CULLOWHEE, NC 28723	93-1350023	501(C)(3)	50,000.				EMERGENCY ASSISTANCE
(10)LATIN CMMNTY HEALTH ADVSR INC 2240 COBBLEFIELD CIR APOPKA, FL 32703	57-1192063	501(C)(3)	30,000.				EMERGENCY ASSISTANCE
(11)THE ADVANCE COMMUNITY OUTREACH 1209 E DONEGAN AVE KISSIMMEE, FL 34744	81-3009079	501(C)(3)	10,000.				EMERGENCY ASSISTANCE
(12)THE BOUNTIFUL CITIES PROJ INC PO BOX 898 ASHEVILLE, NC 28802	66-0444454	501(C)(3)	20,000.				EMERGENCY ASSISTANCE

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(1) NC FIELD INC 327 N QUEEN ST STE 315 KINSTON, NC 28501	05-0587434	501(C)(3)	15,000.				ENVIRONMENTAL ASSISTANCE
(2) STUDENT ACTION WITH FARMWORKER PO BOX 2835 DURHAM, NC 27715	27-4618713	501(C)(3)	10,000.				ENVIRONMENTAL JUSTICE
(3) SOUTHERN VISION ALLIANCE PO BOX 51698 DURHAM, NC 27717	56-1789014	501(C)(3)	10,000.				ENVIRONMENTAL JUSTICE
(4) BUILDING ONE COMMUNITY 417 SHIPPAN AVE STAMFORD, CT 06902	61-1639641	501(C)(3)	122,500.				ESPERANZA GRANT
(5) REDLANDS CHRISTIAN MIGRANT INC 402 W MAIN ST IMMOKALEE, FL 34142	27-5024317	501(C)(3)	75,000.				ESPERANZA GRANT
(6) GREENLATINOS 1919 14TH ST STE 700 BOULDER, CO 80302	13-3893536	501(C)(3)	10,000.				EVENT SPONSORSHIP
(7) COMMONPOINT QUEENS 58 20 LITTLE NECK LITTLE NECK, NY 11362	46-2323260	501(C)(3)	5,700.				EVENT SPONSORSHIP
(8) LATINO COLLEGE EXPO INC 511 6TH AVE PMB 192 NEW YORK, NY 10011	11-3071518	501(C)(3)	10,000.				EVENT SPONSORSHIP
(9) SPANISH THEATRE REPERTORY CO 138 E 27TH ST NEW YORK, NY 10016	13-4044634	501(C)(3)	38,000.				EVENT SPONSORSHIP
(10) INST P R / HISPANIC ELDERLY 300/311 E 175TH ST BRONX, NY 10457	56-2225983	501(C)(3)	8,000.				EVENT SPONSORSHIP
(11) LATINO COMMISSION ON AIDS INC 24 W 25TH ST 9TH. FL. NEW YORK, NY 10010	13-2987263	501(C)(3)	28,000.				EVENT SPONSORSHIP
(12) COMUNILIFE INC 462 7TH AVE 3RD FL NEW YORK, NY 10018	46-3784901	501(C)(3)	26,665.				EVENT SPONSORSHIP

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(1) HISPANIC BROTHERHOOD INC 59 CLINTON AVE ROCKVILLE CENTRE, NY 11570	13-3530299	501(C)(3)	11,047.				EVENT SPONSORSHIP
(2) REGIONAL AID FOR INTERIM NEEDS 811 MORRIS PARK AVE BRONX, NY 10462	11-2716443	501(C)(3)	50,348.				EVENT SPONSORSHIP
(3) RURAL & MIGRANT MINISTRY INC P.O.BOX 475 CORNWALL ON HUDSON, NY 12520	13-6213586	501(C)(3)	9,406.				EVENT SPONSORSHIP
(4) SPANISH SPEAKING ELDERLY COUNCIL 460 ATLANTIC AVE BROOKLYN, NY 11217	22-2527596	501(C)(3)	32,372.				EVENT SPONSORSHIP
(5) WE STAY NOS QUEDAMOS INC 754 MELROSE AVE BRONX, NY 10451	11-2730462	501(C)(3)	87,512.				EVENT SPONSORSHIP
(6) MAKE THE ROAD NEW YORK 301 GROVE ST BROOKLYN, NY 11237	13-3724388	501(C)(3)	48,059.				EVENT SPONSORSHIP
(7) FUND LATINOAMERICANA ACCION SO 6666 HARWIN DR STE 370 HOUSTON, TX 77036	11-3344389	501(C)(3)	20,000.				EVENT SPONSORSHIP
(8) ARTE INC 65 POPE ST NEW HAVEN, CT 06512	76-0430109	501(C)(3)	10,000.				EVENT SPONSORSHIP
(9) INSTITUTO DEL PROGRESO LATINO 2520 S WERN AVE CHICAGO, IL 60608	54-2138181	501(C)(3)	82,500.				EVENT SPONSORSHIP
(10) THE RABEN GROUP LLC 525 9TH ST NW 7TH FL WASHINGTON, DC 20004	51-0601578	501(C)(3)	35,000.				EVENT SPONSORSHIP
(11) KS HARBORSIDE LLC 500 SKOKIE BLVD STE 444	46-4551364	501(C)(3)	6,462.				EVENT SPONSORSHIP
(12) BARNES AND THORNBURG LLP ONE N. WACKER DR CHICAGO, IL 60606	88-1207853	501(C)(3)	5,852.				EVENT SPONSORSHIP

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SCHEDULE I
(Form 990)

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

HISPANIC FEDERATION INC

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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
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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
(1) GUADALUPE CENTERS INC 1015 AVE CESAR E CHAVEZ	35-0900596	501(C)(3)	15,000.				FAMILY SUPPORT SERVICES
(2) CAPITAL DISTRICT LATINOS INC 300 E 175TH ST BRONX, NY 10457	44-0610781	501(C)(3)	7,183.				FOOD ASSISTANCE
(3) CHURCH OF ST JEROME 230 ALEXANDER AVE BRONX, NY 10454	45-3647494	501(C)(3)	34,887.				FOOD ASSISTANCE
(4) CHURCHES UNITED FAIR HSNG INC 7 MARCUS GARVEY BLVD BROOKLYN, NY 11206	13-1740204	501(C)(3)	24,260.				FOOD ASSISTANCE
(5) COMM. ASSOC. PROG. DOMINICANS 3940 BRDWAY 2ND FL NEW YORK, NY 10032	26-4698161	501(C)(3)	19,020.				FOOD ASSISTANCE
(6) HUNTS POINT A FOR CHILDREN 1231 LAFAYETTE AVE SB BRONX, NY 10474	13-1773419	501(C)(3)	16,097.				FOOD ASSISTANCE
(7) JEWISH CHILD CARE ASSOC OF NY 57 WILLOUGHBY ST BROOKLYN, NY 11201	20-8503907	501(C)(3)	22,346.				FOOD ASSISTANCE
(8) LIFEWORKS COMMUNITY ACTION INC PO BOX 169 39 BATH ST	82-4397912	501(C)(3)	27,974.				FOOD ASSISTANCE
(9) LOISAIDA INC 710 E NINTH ST NEW YORK, NY 10009	23-7438457	501(C)(3)	15,749.				FOOD ASSISTANCE
(10) LOS SURES 213 S. FOURTH ST BROOKLYN, NY 11211	13-3023183	501(C)(3)	36,688.				FOOD ASSISTANCE
(11) MARY MITCHELL FAMILY YTH INC 2007 MAPES AVE BRONX, NY 10460	11-2268359	501(C)(3)	10,048.				FOOD ASSISTANCE
(12) MASA-MEXED, INC 2770 THIRD AVE, 1ST FL BRONX, NY 10455	13-3385032	501(C)(3)	58,639.				FOOD ASSISTANCE

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(1) MIXTECA ORGANIZATION INC 245 23RD ST 2ND FL BROOKLYN, NY 11215	11-3640210	501(C)(3)	77,910.				FOOD ASSISTANCE
(2) SOUTH ASIAN COUNCIL SOCIAL SRV 143-06 45 AVE FLUSHING, NY 11355	11-3561651	501(C)(3)	22,060.				FOOD ASSISTANCE
(3) SOUTHSIDE UNITED HOUSING DEV. 434 SOUTH 5TH ST BROOKLYN, NY 11211	11-3632920	501(C)(3)	35,768.				FOOD ASSISTANCE
(4) THE RESOURCE CNTR FOR COMM DEV 884 E 163RD ST BRONX, NY 10459	11-2268359	501(C)(3)	72,171.				FOOD ASSISTANCE
(5) UNION SETTLEMENT ASSOCIATION 237 E 104TH ST NEW YORK, NY 10029	13-3603303	501(C)(3)	31,599.				FOOD ASSISTANCE
(6) YOUNG MEN'S CHRISTIAN ASSO NY 5 W 63RD ST 6TH FL NEW YORK, NY 10023	13-3540337	501(C)(3)	9,610.				FOOD ASSISTANCE
(7) PONCE NEIGHBORHOOD HOUSING SVC 57 CALLE MENDEZ VIGO PONCE, PR 00730	13-1624228	501(C)(3)	56,032.				FOOD ASSISTANCE
(8) LA JORNADA LTD 62-40 WOODHAVEN BLVD REGO PARK, NY 11374	66-0501718	501(C)(3)	78,631.				FOOD ASSISTANCE
(9) PUERTO RICAN FAMILY INSTITUTE 145 W 15TH ST NEW YORK, NY 10011	37-1659512	501(C)(3)	53,026.				FOOD ASSISTANCE
(10) ST. ANN'S CORNER OF HARM REDUC 886 WCHESTER AVE BRONX, NY 10459	13-6167177	501(C)(3)	41,916.				FOOD ASSISTANCE
(11) TRANSLATINA NETWORK 127 W 26 ST 2FL NEW YORK, NY 10001	13-3724008	501(C)(3)	49,977.				FOOD ASSISTANCE
(12) DOMINICAN WOMENS DEV CTR 519 W 189TH ST NEW YORK, NY 10040	47-4807380	501(C)(3)	140,786.				FOOD ASSISTANCE

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Rev. December 2024)

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(1) FUND FOR THE CITY NEW YORK INC 121 AVE OF THE AMERICAS NEW YORK, NY 10013	13-3593885	501(C)(3)	59,102.				FOOD ASSISTANCE
(2) EL PUENTE 211 S 4TH ST BROOKLYN, NY 11211	13-2612524	501(C)(3)	26,426.				FOOD ASSISTANCE
(3) BOUNDLESS THEATRE COMPANY INC 41-21 42ND ST APT 6D SUNNYSIDE, NY 11104	11-2614265	501(C)(3)	25,000.				FUERZAFEST
(4) THE TEAK FELLOWSHIP INC 16 W 22ND ST STE 3000 NEW YORK, NY 10010	86-1164716	501(C)(3)	15,000.				GALA SPONSORSHIP
(5) I CHALLENGE MYSELF INC 1216 BRDWAY 2ND FL NEW YORK, NY 10001	13-4011465	501(C)(3)	10,000.				GALA SPONSORSHIP
(6) HOPE COMMUNITY CENTER INC 1016 NORTH PARK AVE APOPKA, FL 32712	36-3676873	501(C)(3)	7,500.				GALA SPONSORSHIP
(7) CINE ART ENTERT PRODUCTION INC 20 BODARGUS PLACE 3E NEW YORK, NY 10040	13-3831889	501(C)(3)	25,000.				GALA SPONSORSHIP
(8) COMMITTEE HISP CHILDREN FAM INC 75 BRD ST STE 620 NEW YORK, NY 10004	27-1529816	501(C)(3)	7,500.				GALA SPONSORSHIP
(9) HUMBOLDT PARK HEALTH 1044 N FRANCISCO AVE CHICAGO, IL 60622	11-2622003	501(C)(3)	6,000.				GALA SPONSORSHIP
(10) RYAN NENA COMMUNITY HEALTH CTR 110 W 97TH ST NEW YORK, NY 10025	22-2026610	501(C)(3)	10,000.				GALA SPONSORSHIP
(11) FOUNDATION FOR URBAN HEALTH 1065 SOUTHERN BLVD BRONX, NY 10459	83-0717504	501(C)(3)	10,000.				GALA SPONSORSHIP
(12) ALIANZA CENTER INC 10524 MOSS PARK RD ORLANDO, FL 32832	20-0565715	501(C)(3)	10,000.				GALA SPONSORSHIP

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(1) NATL MUSEUM OF PR ARTS&CULTURE 3015 W DIVISION CHICAGO, IL 60622	13-3805585	501(C)(3)	10,000.				GALA SPONSORSHIP
(2) CHARLOTTE GAYMERS NETWORK INC 1162 E 36TH ST CHARLOTTE, NC 28205	36-4437224	501(C)(3)	15,000.				GET OUT THE VOTE
(3) SP CONTRACTORS INC 764 AUGUSTO PEREA MAYAQUEZ, PR 00682	87-2591704	501(C)(3)	49,764.				GRANT SUPPORT
(4) PUERTO RICO PARA TOD@S INC URB GARCIA CALLE A 19 SAN JUAN, PR 00926	66-0986730	501(C)(3)	10,000.				HEALTH EDUCATION
(5) FND FONDO ACCESO A LA JUSTICIA 18 OFIC 201-A, 800 AVE	66-0631147	501(C)(3)	50,000.				HOUSING LEGAL
(6) CENTRO LEGAL DE LA RAZA 3400 E 12TH ST OAKLAND, CA 94601	66-0831102	501(C)(3)	60,000.				IMMIGRATION GRANT
(7) CHARLOTTE CNTR LEGAL ADVOCACY 5535 ALBERMARLE RD CHARLOTTE, NC 28212	23-7181456	501(C)(3)	60,000.				IMMIGRATION GRANT
(8) THE RESURRECTION PROJECT 1805 S PAULINA ST CHICAGO, IL 60608	56-1202940	501(C)(3)	110,000.				IMMIGRATION GRANT
(9) CHICANOS POR LA CAUSA INC 1112 E BUCKEYE RD PHOENIX, AZ 85034	36-3576073	501(C)(3)	35,000.				IMMIGRATION GRANT
(10) DREAM BIG NEVADA 1149 S MARYLAND PKWY LAS VEGAS, NV 89104	86-0227210	501(C)(3)	10,000.				IMMIGRATION GRANT
(11) RIVER VALLEY ADULT LEARNING PO BOX 378 DARDANELLE, AR 72834	82-2765806	501(C)(3)	6,000.				IMMIGRATION GRANT
(12) CHICANO FED SAN DIEGO CNTY INC 3180 UNIVERSITY AVE. SAN DIEGO, CA 92104	71-0707429	501(C)(3)	50,000.				KROGER DIGITAL

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(1) CENTRO MULTICULTURAL FAMILIA 91 N SAGINAW ST PONTIAC, MI 48342	23-7085960	501(C)(3)	15,000.				LA VOZ DE MI GENTE
(2) FORWARD LATINO INC 5012 W ASHLAND WAY FRANKLIN, WI 53132	20-8900737	501(C)(3)	33,000.				LA VOZ DE MI GENTE
(3) CASA SAN JOSE 2116 BRDWAY AVE PITTSBURGH, PA 15216	84-2400728	501(C)(3)	20,000.				LA VOZ DE MI GENTE
(4) CEIBA INC 174 DIAMOND ST PHILADELPHIA, PA 19122	46-4729004	501(C)(3)	15,000.				LA VOZ DE MI GENTE
(5) DETROIT HISPANIC DEVELOPMENT 1211 TRUMBULL ST DETROIT, MI 48216	23-2732783	501(C)(3)	30,000.				LA VOZ DE MI GENTE
(6) HISPANIC AMERICAN COUNCIL INC 930 LAKE ST KALAMAZOO, MI 49001	38-3355698	501(C)(3)	15,000.				LA VOZ DE MI GENTE
(7) JEWISH FAM SRVCS WASHTENAW CTY 2245 S STATE ST ANN ARBOR, MI 48104	38-2437758	501(C)(3)	10,000.				LA VOZ DE MI GENTE
(8) LATIN AMERICANS UNITED PROGRES 430 W 17TH ST STE 31 HOLLAND, MI 49423	41-2147486	501(C)(3)	20,000.				LA VOZ DE MI GENTE
(9) LATINK TECHNOLOGY AND COMM CTR 2101 LEWIS ST FLINT, MI 48506	38-2099880	501(C)(3)	10,000.				LA VOZ DE MI GENTE
(10) LOGAN SQUARE NEIGHBORHOOD ASSC 2840 N MILWAUKEE AVE CHICAGO, IL 60618	38-6146299	501(C)(3)	15,000.				LA VOZ DE MI GENTE
(11) RED ACC BORIC INC BORIC ACCNWK 4855 DISTRIBUTION CT STE 11	36-2638491	501(C)(3)	10,175.				LA VOZ DE MI GENTE
(12) STREET VENDORS ASSO OF CHICAGO 2500 S. DRAKE AVE CHICAGO, IL 60623	92-1098536	501(C)(3)	15,000.				LA VOZ DE MI GENTE

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For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (Rev. 12-2024)

SCHEDULE I
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Rev. December 2024)

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(1) THE LATINO NEWSLETTER INC 70 LYMAN RD MILTON, MA 02186	81-5099463	501(C)(3)	15,000.				LA VOZ DE MI GENTE
(2) VOCES 1346 COLUMBIA AVE W BATTLE CREEK, MI 49015	99-3729837	501(C)(3)	20,000.				LA VOZ DE MI GENTE
(3) VOCES DE LA FRONTERA 1027 S 5TH ST MILWAUKEE, WI 53072	27-3586666	501(C)(3)	33,000.				LA VOZ DE MI GENTE
(4) MUJERES LATINAS EN ACCION 2124 W 21ST PLACE CHICAGO, IL 60608	39-2010107	501(C)(3)	20,000.				LA VOZ DE MI GENTE
(5) NATIONAL PUERTO RICAN AGENDA 2637 N 5TH ST 3RD FL PHILADELPHIA, PA 19133	36-2877520	501(C)(3)	20,000.				LA VOZ DE MI GENTE
(6) IATI THEATER 64 E 4TH ST 2ND FL NEW YORK, NY 10003	82-0600683	501(C)(3)	50,000.				LATINO CORE GRANT
(7) VOCES LATINAS CORP 37 63 83RD ST 2ND FL	81-4827186	501(C)(3)	40,000.				LATINO CORE GRANT
(8) AVENUE FOR JUSTICE INC 100 CENTRE ST ROOM 1541 NEW YORK, NY 10013	20-2312651	501(C)(3)	25,000.				LATINO CORE GRANT
(9) CIRCULO DE LA HISPANIDAD INC 26 W PARK AVE LONG BEACH, NY 11561	13-3267496	501(C)(3)	45,282.				LATINO CORE GRANT
(10) PUERTORRIQ ASOC COMM ORG INC 390 MANILA AVE JERSEY CITY, NJ 07302	11-2525327	501(C)(3)	20,000.				LATINO CORE GRANT
(11) UNITED WE DREAM NETWORK INC 1775 I ST NW WASHINGTON, DC 20006	22-1911769	501(C)(3)	30,000.				LATINO CORE GRANT
(12) AMBER CHARTER SCHOOL 3120 CORLEAR AVE BRONX, NY 10463	46-2216565	501(C)(3)	30,000.				LATINO CORE GRANT

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(1) URBAN HEALTH PLAN INC 1065 SOUTHERN BLVD. BRONX, NY 10459	31-1678682	501(C)(3)	30,000.				LATINO CORE GRANT
(2) LATINO JUSTICE PRLDEF 475 RIVERSIDE DR STE 1901	23-7360305	501(C)(3)	99,975.				LATINO CORE GRANT
(3) HISPANIC COUNSELING CENTER 344 FULTON AVE HEMPSTEAD, NY 11550	13-2722664	501(C)(3)	26,778.				LATINO CORE GRANT
(4) MERCY CENTER 377 E 145TH ST BRONX, NY 10454	11-2592214	501(C)(3)	35,000.				LATINO CORE GRANT
(5) NORTHERN MHTN IMPROVEMENT CORP 45 WADSWORTH AVE NEW YORK, NY 10033	13-3865634	501(C)(3)	45,000.				LATINO CORE GRANT
(6) ORLANDO CENTER FOR JUSTICE INC 1300 N SEMORAN BLVD ORLANDO, FL 32807	13-2972415	501(C)(3)	32,000.				LATINO CORE GRANT
(7) PEOPLE'S THEATRE PROJECT INC 700 W 192ND ST NEW YORK, NY 10040	81-2421015	501(C)(3)	195,000.				LATINO CORE GRANT
(8) CENTRO HISPANO INC 2403 CYPRESS WAY MADISON, WI 53713	26-4705999	501(C)(3)	73,000.				LATINO DIGITAL ACCELERATOR GRANT
(9) ENTERPRISING LATINAS INC 5128 STATE RD 674 WIMAUMA, FL 33598	93-0844812	501(C)(3)	80,000.				LATINO DIGITAL ACCELERATOR GRANT
(10) ALL STAR CODE INC 276 5TH AVE STE 704 #734 NEW YORK, NY 10001	27-1247381	501(C)(3)	50,000.				LATINO DIGITAL ACCELERATOR GRANT
(11) BRIDGEPORT CARIBE YOUTH LEAGUE 595 MADISON AVE BRIDGEPORT, CT 06604	90-0954778	501(C)(3)	95,000.				LATINO DIGITAL ACCELERATOR GRANT
(12) CENTER FOR EMPLOYMENT TRAINING 701 VINE ST SAN JOSE, CA 95110	20-0421577	501(C)(3)	40,000.				LATINO DIGITAL ACCELERATOR GRANT

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Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

HISPANIC FEDERATION INC

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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
(1) COALICION LATINO AMERICANA 4938 CENTRAL AVE STE 101	94-1658311	501(C)(3)	42,500.				LATINO DIGITAL ACCELERATOR GRANT
(2) CODE THE DREAM INC 201 W MAIN ST DURHAM, NC 27701	58-1945776	501(C)(3)	40,000.				LATINO DIGITAL ACCELERATOR GRANT
(3) DIGITAL NEST INC 349 MAIN ST WATSONVILLE, CA 95076	26-3275886	501(C)(3)	40,000.				LATINO DIGITAL ACCELERATOR GRANT
(4) FIFTH AVENUE COMMITTEE INC 621 DEGRAW ST STE A BROOKLYN, NY 11217	46-5757256	501(C)(3)	40,000.				LATINO DIGITAL ACCELERATOR GRANT
(5) LATINO ACADEMY WRKFRC DVLP INC 2909 LANDMARK PL STE 203 MADISON, WI 53713	11-2475743	501(C)(3)	40,000.				LATINO DIGITAL ACCELERATOR GRANT
(6) MIAMI EDTECH INC 400 NW 26TH ST MIAMI, FL 33127	87-2679293	501(C)(3)	40,000.				LATINO DIGITAL ACCELERATOR GRANT
(7) MISSION ECONOMIC DEVELOP AGNCY 2301 MISSION ST STE 301	83-0907475	501(C)(3)	40,000.				LATINO DIGITAL ACCELERATOR GRANT
(8) NEW ECONOMICS FOR WOMEN 303 SOUTH LOMA DR LOS ANGELES, CA 90017	51-0187791	501(C)(3)	40,000.				LATINO DIGITAL ACCELERATOR GRANT
(9) SER JOBS FOR PROGRESS NTNL INC 100 E ROYAL LANE #130 IRVING, TX 75039	95-3969029	501(C)(3)	40,000.				LATINO DIGITAL ACCELERATOR GRANT
(10) THE KNOWLEDGE HOUSE INC 79 ALEXANDER AVE BRONX, NY 10454	85-0197752	501(C)(3)	40,000.				LATINO DIGITAL ACCELERATOR GRANT
(11) EXODUS TRANSITIONAL COMM INC 2271 3RD AVE NEW YORK, NY 10035	47-2747713	501(C)(3)	45,000.				LATINO DIGITAL ACCELERATOR GRANT
(12) OPPORTUNITIES BETTER TOMORROW 882 3RD AVE 10NE UNIT 18 BROOKLYN, NY 11232	31-1731465	501(C)(3)	48,018.				LATINO DIGITAL ACCELERATOR GRANT

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(1) HISPANIC CNTR WESTERN MICHIGAN 1204 CESAR E CHAVEZ AVE SW	11-2934620	501(C)(3)	75,000.				LATINO DIGITAL ACCELERATOR GRANT
(2) CASA INC 8151 15TH AVE HYATTSVILLE, MD 20783	38-2265825	501(C)(3)	130,000.				LATINO DIGITAL ACCELERATOR GRANT
(3) CORAZON COMMUNITY SERVICES 5339 W 25TH ST CICERO, IL 60804	52-1372972	501(C)(3)	100,000.				LATINO DIGITAL ACCELERATOR GRANT
(4) ALLIES IN CARING INC 100 S 2ND ST HAMMONTON, NJ 08037	32-0075474	501(C)(3)	60,000.				LATINO DIGITAL EQUITY CENTER
(5) CENTRO COMMUNITY PARTNERS 825 WASHINGTON ST. 229 OAKLAND, CA 94607	46-4084227	501(C)(3)	60,000.				LATINO DIGITAL EQUITY CENTER
(6) COMUNIDADES LAT UNID SERVICIO 797 E 7TH ST SAINT PAUL, MN 55106	45-2992960	501(C)(3)	60,000.				LATINO DIGITAL EQUITY CENTER
(7) EDU FUTURO 2110 WASHINGTON BLVD 3 FL	41-1386986	501(C)(3)	60,000.				LATINO DIGITAL EQUITY CENTER
(8) EL CENTRO DE LA RAZA 2524 16TH AVE SOUTH SEATTLE, WA 98144	54-1914671	501(C)(3)	60,000.				LATINO DIGITAL EQUITY CENTER
(9) EL CONCILIO CALIFORNIA 445 N SAN JOAQUIN ST STOCKTON, CA 95202	91-0899927	501(C)(3)	60,000.				LATINO DIGITAL EQUITY CENTER
(10) LATIN AMERICAN COMMUNITY CTR 403 N VAN BUREN ST WILMINGTON, DE 19805	94-1677202	501(C)(3)	60,000.				LATINO DIGITAL EQUITY CENTER
(11) MONUMENT IMPACT 1760 CLAYTON RD CONCORD, CA 94520	23-7047048	501(C)(3)	60,000.				LATINO DIGITAL EQUITY CENTER
(12) NUEVA ESPERANZA INC 4261 N 5TH ST PHILADELPHIA, PA 19140	94-3370919	501(C)(3)	60,000.				LATINO DIGITAL EQUITY CENTER

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(1) SERVICIOS DE LA RAZA 3131 W 14TH AVE DENVER, CO 80204	23-2552707	501(C)(3)	60,000.				LATINO DIGITAL EQUITY CENTER
(2) LA AMISTAD INC 3434 ROSWELL RD ATLANTA, GA 30305	84-0625478	501(C)(3)	55,000.				LATINO DIGITAL GRANT
(3) LATIN AMERICAN ASSOCIATION INC 2750 BUFORD HWY NE ATLANTA, GA 30324	20-5359559	501(C)(3)	85,000.				LATINO DIGITAL GRANT
(4) ASSOC ADVANC MEXICAN AMERICANS 6001 GULF FREEWAY BLDG E HOUSTON, TX 77023	58-1237316	501(C)(3)	110,000.				LATINO DIGITAL GRANT
(5) ALIANZA AMERICAS 3030 W CERMAK APT 2 CHICAGO, IL 60623	74-1696961	501(C)(3)	25,000.				LEADERSHIP TRANSITION
(6) PODER 3357 W 55TH ST CHICAGO, IL 60632-9998	34-2066826	501(C)(3)	15,000.				LUCHA CONTRA EL HAMBRE
(7) ORANGE COUNTY TRANSLATINAS 5952 PRIEST DR. LA PALMA, CA 90623	36-4251880	501(C)(3)	55,000.				PROJECT GRANT
(8) ACCION HISPANA-QUE PASA 3067 WAUGHTOWN ST WINSTON SALEM, NC 27107	85-1255597	501(C)(3)	10,000.				PROJECT GRANT
(9) EL PUENTE HISPANO 455 CONCORD PKWY N CONCORD, NC 28027	30-0081227	501(C)(3)	12,500.				PROJECT GRANT
(10) FUERZA Y UNION MULTIPLE PO BOX 1281 HENDERSON, NC 27536	82-3260968	501(C)(3)	10,000.				PROJECT GRANT
(11) LATIN-19 604 CHALFANT CT RALEIGH, NC 27607	36-4939343	501(C)(3)	10,000.				PROJECT GRANT
(12) UNION LAT CAROLINA DEL NORTE 209 PINEVIEW ST HAVELOCK, NC 28532	87-2248916	501(C)(3)	10,000.				PROJECT GRANT

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(1) SOUTH BRONX UNITED INC PO BOX 1267 BRONX, NY 10451	92-3606876	501(C)(3)	45,000.				NON PROFIT STABILIZATION
(2) UPTOWN STORIES INC 178 BENNETT AVE NEW YORK, NY 10040	26-4064041	501(C)(3)	27,000.				NON PROFIT STABILIZATION
(3) A I D FOR A I D S INT' INC 131 VARICK ST STE 1006 NEW YORK, NY 10013	46-5277811	501(C)(3)	41,845.				NON PROFIT STABILIZATION
(4) ARTHUR AVILES TYPICAL THEATRE 2474 WCHESTER AVE BRONX, NY 10461	13-3954568	501(C)(3)	37,056.				NON PROFIT STABILIZATION
(5) CALPULLI MEXICAN DANCE COR, INC 25-12 77TH ST EAST ELMHURST, NY 11370	13-3997265	501(C)(3)	35,000.				NON PROFIT STABILIZATION
(6) CASITA MARIA 928 SIMPSON ST BRONX, NY 10459	20-0642440	501(C)(3)	36,000.				NON PROFIT STABILIZATION
(7) CLEMENTE SOTO VELEZ CLTRL INC 107 SUFFOLK ST ROOM 312 NEW YORK, NY 10002	13-1623994	501(C)(3)	45,000.				NON PROFIT STABILIZATION
(8) COLLEGE BRIDGE CAFE INC 62-59 108TH ST APT 7S	13-3735337	501(C)(3)	35,000.				NON PROFIT STABILIZATION
(9) EN FOCO INCORPORATION 15 CANAL PLACE BRONX, NY 10451	83-1864197	501(C)(3)	35,000.				NON PROFIT STABILIZATION
(10) I'RAISE GIRL BOY INTRNTNL CORP 3640 WHITE PLAINS RD BRONX, NY 10467	13-3378184	501(C)(3)	33,534.				NON PROFIT STABILIZATION
(11) LOS PLENEROS DE LA 21, INC. 1680 LEXINGTON AVE NEW YORK, NY 10029	46-3299217	501(C)(3)	35,000.				NON PROFIT STABILIZATION
(12) NATL MOB AGAINST SWEATSHOP INC 345 GRAND ST #1E NEW YORK, NY 10002	13-3353110	501(C)(3)	35,000.				NON PROFIT STABILIZATION

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(1) NEW IMMIGRANT COMM EMPOWERMENT 71-29 ROOSEVELT AVE 2 FL	06-1540438	501(C)(3)	43,000.				NON PROFIT STABILIZATION
(2) NEW WOMEN NEW YORKERS INC 82 NASSAU ST 952 NEW YORK, NY 10038	11-3560625	501(C)(3)	41,000.				NON PROFIT STABILIZATION
(3) NY WOMEN CHAMBER OF COMMERCE 1524 AMSTERDAM AVE NEW YORK, NY 10024	47-1784843	501(C)(3)	41,000.				NON PROFIT STABILIZATION
(4) RED HOOK ART PROJECT INC 291 VAN BRUNT ST BROOKLYN, NY 11231	14-1845651	501(C)(3)	40,000.				NON PROFIT STABILIZATION
(5) TACOMBI FOUNDATION INC 262 BOWERY NEW YORK, NY 10024	26-6658925	501(C)(3)	45,000.				NON PROFIT STABILIZATION
(6) THE BRAVE HOUSE INC 155 WATER ST 3RD FL BROOKLYN, NY 11201	83-2550224	501(C)(3)	35,000.				NON PROFIT STABILIZATION
(7) THE CNTR ANTI VIOLENCE EDU INC 30 3RD AVE 104 BROOKLYN, NY 11217	83-3670811	501(C)(3)	40,000.				NON PROFIT STABILIZATION
(8) THE JAZZ DRAMA PROGRAM 5030 BRDWAY STE 651 NEW YORK, NY 10034	11-2444676	501(C)(3)	35,000.				NON PROFIT STABILIZATION
(9) THE POINT COMM DEV COR 940 GARRISON AVE BRONX, NY 10474	06-1722131	501(C)(3)	34,993.				NON PROFIT STABILIZATION
(10) CONSUMER CRED COUNC SVC OF PR 1607 PONCE DE LEON AVE SAN JUAN, PR 00909	13-3765140	501(C)(3)	10,000.				CTC EITC
(11) BOYS & GIRLS CLUBS OF PR INC PO BOX 79526 CAROLINA, PR 00984 9526	66-0471799	501(C)(3)	9,000.				CTC EITC
(12) SIEMBRA TODAY INC 30-68 38TH ST APT 2B ASTORIA, NY 11103	66-0327584	501(C)(3)	22,500.				POR NOSOTROS GRANT

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(1) CENTER OF GRACE							PROGRAM
520 S HARRISON ST OLATHE, KS 66061	93-3223540	501(C)(3)	20,000.				SUPPORT
(2) MOVEMENT FOR JUSTICE EL BARRIO							PROGRAM
201 E. 42ND ST. 32ND FL NEW YORK, NY 10017	48-1251324	501(C)(3)	15,000.				SUPPORT
(3) CMTAS YAUCO INC							PROGRAM
PO BOX 475 YAUCO, PR 00698	45-0927557	501(C)(3)	30,000.				SUPPORT
(4) ASPIRA INC OF PENNSYLVANIA							PROGRAM
4322 N 5TH ST PHILADELPHIA, PA 19140	66-0759225	501(C)(3)	15,000.				SUPPORT
(5) THE TOOLBOX INC							PROGRAM
1303 CENTRAL AVE 5 KANSAS CITY, KS 66102	23-1712664	501(C)(3)	15,000.				SUPPORT
(6) OLATHE PUBLIC SCHOOLS FND							PROGRAM
300 E LOULA ST OLATHE, KS 66061	86-3982273	501(C)(3)	10,000.				SUPPORT
(7) THE HUB ARGENTINE INC							PROGRAM
3730 METROPOLITAN AVE KANSAS CITY, KS 66106	48-1190090	501(C)(3)	20,000.				SUPPORT
(8) FLORIDA RISING TOGETHER INC							PROGRAM
10800 BISCAYNE BLVD MIAMI, FL 33161	86-2365559	501(C)(3)	10,000.				SUPPORT
(9) LAKE COUNTY VOICES OF REASON							PROGRAM
2609 E MOONLIGHT LN EUSTIS, FL 32726	45-3956785	501(C)(3)	10,000.				SUPPORT
(10) HAITIAN AMERICAN ART NTWRK INC							PROGRAM
1310 W COLONIAL DR 28 ORLANDO, FL 32804	84-1837832	501(C)(3)	10,000.				SUPPORT
(11) DV7 US ACADEMY HOLDINGS LLC							PROGRAM
239 W 14TH ST NEW YORK, NY 10011	59-3702613	501(C)(3)	46,133.				SUPPORT
(12) OBSERVATORIO AMBIENTAL HISPANO							PROGRAM
10450 TURKEY LAKE RD ORLANDO, FL 32819	85-1479577	501(C)(3)	10,000.				SUPPORT

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(1) ADVOCAT IMM RIGHTS RECONC INC PO BOX 171603 KANSAS CITY, KS 66117	99-2661654	501(C)(3)	15,000.				PROGRAM SUPPORT
(2) LATINX EDUCATION COLLABORATIVE 2203 LEXINGTON AVE KANSAS CITY, MO 64124	47-4636795	501(C)(3)	10,000.				PROGRAM SUPPORT
(3) MATTIE RHODES CENTER 148 N TOPPING AVE KANSAS CITY, MO 64123	83-2401297	501(C)(3)	15,000.				PROGRAM SUPPORT
(4) UNIFIED SCHOOL DISTRICT #233 14160 BLACK BOB RD OLATHE, KS 66063-2000	44-0546343	501(C)(3)	10,000.				PROGRAM SUPPORT
(5) POLICE ATHLETIC LEAGUE OF KCKS 800 N 5TH ST KANSAS CITY, KS 66101	48-0697986	501(C)(3)	10,000.				PROGRAM SUPPORT
(6) LATINO ARTS FOUNDATION 3508 NW 63RD TER KANSAS CITY, MO 64151	82-1902020	501(C)(3)	10,000.				PROGRAM SUPPORT
(7) AVANCE DALLAS INC 2060 SINGLETON BLVD DALLAS, TX 75212	83-2760983	501(C)(3)	20,000.				PROGRAM SUPPORT
(8) AYUDA 1990 K ST NW STE 500 WASHINGTON, DC 20006	75-2699260	501(C)(3)	20,000.				PROGRAM SUPPORT
(9) CULTIVA LA SALUD 2409 MERCED ST STE 103 FRESNO, CA 93721	52-0971440	501(C)(3)	20,000.				PROGRAM SUPPORT
(10) PR CENTRO DE ARTES Y TEC CORP PO BOX 13626 SAN JUAN, PR 00908	84-3696370	501(C)(3)	100,000.				PROGRAM SUPPORT
(11) INTERNATIONAL PLANNED PRNTHD 125 MAIDEN LANE 9TH FL NEW YORK, NY 10038	66-0907443	501(C)(3)	100,000.				REPRODUCTIVE RIGHTS
(12) CENTRO PEDIATRICO LACTANCIA PO BOX 16554 SAN JUAN, PR 00908-6554	13-1845455	501(C)(3)	50,000.				REPRODUCTIVE RIGHTS

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(1) HAIR BY FLOR 3232 CAHABA HEIGHTS RD	66-0522602	501(C)(3)	10,000.				SMALL BUSINESS GRANT
(2) ILLUSSION OF BEAUTY 1208 W GRANVILLE AVE CHICAGO, IL 60660	81-3917341	501(C)(3)	10,000.				SMALL BUSINESS GRANT
(3) MARIBELLA SALON LLC 2401 PENNSYLVANIA AVE WILMINGTON, DE 19806	03-0608109	501(C)(3)	10,000.				SMALL BUSINESS GRANT
(4) MATTEO PARFUMS LLC PO BOX 8816 MORENO VALLEY, CA 92552	82-3984899	501(C)(3)	10,000.				SMALL BUSINESS GRANT
(5) MISS RIZOS SALON INC 1604 ST NICHOLAS AVE NEW YORK, NY 10040	85-1183303	501(C)(3)	10,000.				SMALL BUSINESS GRANT
(6) NAILING BY INGRID LLC 2997 WANDA CIRCLE SW ATLANTA, GA 30315	83-4058092	501(C)(3)	10,000.				SMALL BUSINESS GRANT
(7) P C BY TABY LLC 275 E 300 S PROVO, UT 84606	84-5021835	501(C)(3)	10,000.				SMALL BUSINESS GRANT
(8) PRETTY WELL BEAUTY LLC 19 DUTCH ST 18I NEW YORK, NY 10038	99-3742593	501(C)(3)	10,000.				SMALL BUSINESS GRANT
(9) SOMOS ENTRETAINMENT LLC 4115 SW 13TH TERRACE MIAMI, FL 33134	83-2191990	501(C)(3)	10,000.				SMALL BUSINESS GRANT
(10) THE GLAM BOX NYC CORP 2601 HENRY HUDSON PKWY BRONX, NY 10463	42-1663270	501(C)(3)	10,000.				SMALL BUSINESS GRANT
(11) THE VARONA CO 314 ELIZABETH DR READING, PA 19608	82-2196632	501(C)(3)	10,000.				SMALL BUSINESS GRANT
(12) UPPERCUTS BARBERSHOP LLC 429 W PIONEER PKWY GRAND PRAIRIE, TX 75051	83-2870139	501(C)(3)	10,000.				SMALL BUSINESS GRANT

- 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

SCHEDULE I
(Form 990)

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

HISPANIC FEDERATION INC

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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
(1) VOGABEAUTY 8515 RIDGELINE LANE CHARLOTTE, NC 28269	85-3715789	501(C)(3)	10,000.				SMALL BUSINESS GRANT
(2) AESTHETICS BY ALICIA LLC 1202 CENTRAL AVE SW STE 9	88-3753233	501(C)(3)	10,000.				SMALL BUSINESS GRANT
(3) BLACK SHEEP SALON LLC 537 W WILLOW ST LONG BEACH, CA 90806	86-3814930	501(C)(3)	10,000.				SMALL BUSINESS GRANT
(4) CHALLURE INC 41 SMITH LANE CENTEREACH, NY 11720	87-1767766	501(C)(3)	10,000.				SMALL BUSINESS GRANT
(5) CHICA BEAUTY LLC 7113 SAN PEDRO AVE 507	47-1364032	501(C)(3)	10,000.				SMALL BUSINESS GRANT
(6) ENCHANTING SOAP COLLECTIONS 4614 PERIWINKLE CT NW ALBUQUERQUE, NM 87120	84-3190249	501(C)(3)	10,000.				SMALL BUSINESS GRANT
(7) EVOLUZIONE GROUP LLC 3120 CALLE MARIA CADILLA PONCE, PR 00728	46-1372362	501(C)(3)	10,000.				SMALL BUSINESS GRANT
(8) FAITH IN CURLS LLC 505 DELTONA BLVD STE 101 DELTONA, FL 32725	66-0908373	501(C)(3)	10,000.				SMALL BUSINESS GRANT
(9) GUARDARRAYA UNIDOS PAT ED INC PO BOX 471 PATILLAS, PR 00723	82-4601311	501(C)(3)	17,724.				TAX CREDIT GRANT
(10) INSTITUTO DESARROLLO JUVENTUD 655 ROBERTO H TODD AVE SAN JUAN, PR 00907	66-0846764	501(C)(3)	15,000.				TAX CREDIT GRANT
(11) ESPACIOS ABIERTOS PR INC 867 AVE MUNOZ RIVERA	66-0804193	501(C)(3)	25,000.				TAX CREDIT GRANT
(12) EL CENTRO INC 650 MINNESOTA AVE KANSAS CITY, KS 66101	66-0927287	501(C)(3)	20,000.				TUITION ASSISTANCE

- 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

SCHEDULE I
(Form 990)

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

HISPANIC FEDERATION INC

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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
(1) CENTRO DE LA MUJER DOMINICANA PO BOX 20068 SAN JUAN, PR 00928	36-2904073	501(C)(3)	20,000.				UNIDAD PARA SANAR
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 COMMUNITY SCHOLARSHIPS AND STIPENDS	223	1,428,861.			
2					
3					
4					
5					
6					
7					

Part IV

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

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

SCHEDULE J
(Form 990)

(Rev. December 2024)

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

Open to Public
Inspection

Name of the organization

HISPANIC FEDERATION INC

Employer identification number

13-3573852

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the 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"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a Receive a severance payment or change-of-control payment?
- b Participate in or receive payment from a supplemental nonqualified retirement plan?
- c Participate in or receive payment from an equity-based compensation arrangement?
- 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?
- b Any related organization?
- 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?
- b Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

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				
FRANKIE MIRANDA 1 PRESIDENT	(i)	319,788.	40,000.	NONE	19,187.	26,361.	405,336.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JULIETTA LOPEZ 2 VP FOR FEDERAL ADVOCACY	(i)	139,560.	NONE	NONE	1,967.	10,541.	152,068.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
STEPHEN CALENZANI 3 VICE PRESIDENT FOR DEVELOPMENT	(i)	153,850.	4,000.	NONE	9,375.	11,435.	178,660.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JESSICA GUTTLEIN 4 SENIOR VP POLICY & COMM	(i)	157,107.	9,000.	NONE	9,847.	23,331.	199,285.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JESSICA GUZMAN MEJIA 5 SENIOR VP STRATEGY & IMPACT	(i)	164,121.	9,000.	NONE	9,847.	23,383.	206,351.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JASLYN JIMENEZ 6 SENIOR VP FOR OPERATIONS	(i)	183,927.	10,000.	NONE	11,073.	23,383.	228,383.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
DORIS GUZMAN 7 CHIEF FINANCIAL OFFICER	(i)	199,990.	10,000.	NONE	11,999.	17,406.	239,395.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
BRENT WILKES 8 SVP FOR INSTITUTIONAL DEV	(i)	213,467.	4,000.	NONE	12,808.	11,344.	241,619.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HISPANIC FEDERATION INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

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 2023, THE ORGANIZATION'S ADVOCACY WORK FOCUSED
ON EXPANDING IMMIGRANT JUSTICE AND OPPORTUNITIES, ADVANCING EQUITY IN
FEDERAL BENEFITS FOR PUERTO RICO, AND THE PROTECTION OF HEALTH CARE
ACCESS, INCLUDING REPRODUCTIVE HEALTH, LGBTQ+RIGHTS, AND VOTING RIGHTS.

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:

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 DRAFT OF THE 990 IS PRESENTED TO THE FINANCE COMMITTEE AND
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 QUESTIONNAIRE, DISCLOSING ANY PERSONAL, BUSINESS OR
FINANCIAL INTEREST OR ACTIVITIES THAT MAY CONFLICT OR APPEAR TO CONFLICT
WITH THE INTEREST OF HF.

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

THE HIRING OF FULL-TIME AND PART-TIME PERSONNEL, INCLUDING KEY EMPLOYEES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HISPANIC FEDERATION INC

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

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13-3573852

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. COMPENSATION FOR ALL EMPLOYEES IS
REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS DURING THE ANNUAL BUDGET
PROCESS.

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 A REGULAR OR SPECIAL MEETING OF THE BOARD OF DIRECTORS.
COMPENSATION FOR THE PRESIDENT IS APPROVED ANNUALLY BY THE EXECUTIVE
COMMITTEE.

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 V, LINE 2A

PAYROLL FOR ALL EMPLOYEES IS PAID THROUGH A PROFESSIONAL EMPLOYER
ORGANIZATION ("PEO"). THE PEO FILES ALL OF THE FEDERAL AND STATE
EMPLOYMENT TAX RETURNS AND PAYS ALL OF THE FEDERAL AND STATE TAXES FOR
THE ORGANIZATION. SALARIES AND TAXES HAVE BEEN REFLECTED IN THIS RETURN
FOR ALL EMPLOYEES FOR THE SALARIES AND TAXES REIMBURSED UNDER THE
AGREEMENT WITH THE PEO.

Name of the organization

HISPANIC FEDERATION INC

Employer identification number

13-3573852

FORM 990, PART III - PROGRAM SERVICE

=====

LINE 4A, PROGRAM SERVICE

THE HISPANIC FEDERATION, INC. (ORGANIZATION") WAS INCORPORATED UNDER THE LAWS OF THE STATE OF NEW YORK ON JULY 3, 1990, AS A NOT-FORPROFIT ORGANIZATION. THE ORGANIZATION IS THE NATION'S PREMIER LATINO NONPROFIT MEMBERSHIP ORGANIZATION WITH OFFICES IN NEW YORK, WASHINGTON, D.C., CONNECTICUT, NORTH CAROLINA, FLORIDA, PUERTO RICO, ILLINOIS AND CALIFORNIA. THE ORGANIZATION UPLIFTS LATINO COMMUNITIES AND INSTITUTIONS THROUGH MILLIONS OF HISPANIC CHILDREN, YOUTH, AND FAMILIES LOCALLY AND NATIONALLY THROUGH FOUR ESSENTIAL SERVICE PILLARS:

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. LAST YEAR, THE ORGANIZATION EXPANDED ITS DIGITAL EQUITY OFFERINGS, IMMIGRATION ASSISTANCE, FARM AND FOOD WORKERS RELIEF AID, EDUCATIONAL PROGRAMMING, AND HEALTH PREVENTION WORK TO SERVE A MUCH LARGER NUMBER OF WORKERS, YOUTH, NEW AMERICANS, AND FAMILIES ACROSS ITS GROWING FOOTPRINT IN 42 STATES AND TERRITORIES.

LINE 4B, PROGRAM SERVICE

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.

LINE 4C, PROGRAM SERVICE

ORGANIZATIONAL DEVELOPMENT ASSISTANCE THAT FORTIFIES A NETWORK OF MORE THAN 750 LATINO FRONTLINE GRASSROOTS ORGANIZATIONS WITH EMERGENCY ASSISTANCE, PROGRAMMATIC, AND CAPACITY-BUILDING GRANTS THAT HELP ITS NONPROFIT GRANTEEES ADDRESS EMERGING AND GROWING COMMUNITY AND OPERATIONAL NEEDS.

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
-----	-----	-----	-----
ADVOCACY SERVICES	859,465.	3,868,774.	
	-----	-----	-----
TOTALS	859,465.	3,868,774.	
	=====	=====	=====

Name of the organization

HISPANIC FEDERATION INC

Employer identification number

13-3573852

FORM 990, PART VI, LINE 17 - STATES

=====

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,

Name of the organization

HISPANIC FEDERATION INC

Employer identification number

13-3573852

FORM 990, PART VII—COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
BARRETO SEGURA RESEARCH PARTNERS, LLC 5737 KANAN ROAD 164 AGOURA HILLS, CA 91302	CONSULTING	158,500.
BERLIN ROSEN LTD 15 MAIDEN LANE SUITE 1600 NEW YORK, NY 10038	COMM. STRATEGY	169,000.
CALDERON SOLUTIONS 647 COLONADO ROAD WEST HEMPSTEAD, NY 11552	FUNDRAISING PLANNING	240,000.
DNF SOLUTIONS 5 UNION SQUARE WEST 1027 NEW YORK, NY 10003	SERVER MAINTENANCE	222,220.
TRIBECA ENTERPRISES LLC 375 GREENWICH STREET NEW YORK, NY 10013	CREATIVE CONSULTING	555,000.

FORM 990, PART IX - OTHER FEES

=====

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
OTHER PROFESSIONAL FEES	17,275,161.	16,824,420.	178,858.	271,883.
TOTALS	-----	-----	-----	-----
	17,275,161.	16,824,420.	178,858.	271,883.
	=====	=====	=====	=====

Name of the organization

HISPANIC FEDERATION INC

Employer identification number

13-3573852

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
FIXED INCOME FUNDS	5,725,187.	FMV
EQUITY FUNDS	12,714,656.	FMV
MONEY MARKET FUNDS	676,129.	FMV

TOTALS	19,115,972.	
	=====	