

# IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_

# 2025

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

EIN or SSN

HISPANIC FEDERATION INC

13-3573852

Name and title of officer or person subject to tax

DORIS GUZMAN, CFO

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here . . . . .	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	<u>116039720.</u>
2a Form 990-EZ check here . . . . .	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9). . . . .	2b	_____
3a Form 1120-POL check here . . . . .	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	_____
4a Form 990-PF check here . . . . .	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5). . . . .	4b	_____
5a Form 8868 check here . . . . .	<input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b	_____
6a Form 990-T check here . . . . .	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b	_____
7a Form 4720 check here . . . . .	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b	_____
8a Form 5227 check here . . . . .	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, item D). . . . .	8b	_____
9a Form 5330 check here . . . . .	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . . . .	9b	_____
10a Form 8038-CP check here . . . . .	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . .	10b	_____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize WITHUMSMITH+BROWN PC ERO firm name to enter my PIN 26615 as my signature. Enter five numbers, but do not enter all zeros

on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Doris

**SIGN HERE**

Date 05/14/2026

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13139922202

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_

Date 05/14/2026

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2025) Created 5/1/25

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2025 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization: HISPANIC FEDERATION INC. D Employer identification number: 13-3573852. E Telephone number: (212) 233-8955. G Gross receipts \$: 118,173,580. H(a) Is this a group return for subsidiaries? Yes No. H(b) Are all subsidiaries included? Yes No. I Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527. J Website: HISPANICFEDERATION.ORG. K Form of organization: X Corporation Trust Association Other. L Year of formation: 1990. M State of legal domicile: NY.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission... 2 Check this box if the organization discontinued its operations... 3-6 Number of members/volunteers... 7a-b Total unrelated business revenue/income... 8-12 Revenue... 13-19 Expenses... 20-22 Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer: DORIS GUZMAN, CFO. Date: 05/14/2026.

Paid Preparer Use Only: Print/Type preparer's name: CATHERINE BENDALL CPA. Preparer's signature: CATHERINE BENDALL CP. Date: 05/14/2026. PTIN: P00521196. Firm's name: WITHUMSMITH+BROWN PC. Firm's EIN: 22-2027092. Firm's address: 1411 BROADWAY 9TH FLOOR NEW YORK, NY 10018. Phone no.: 212-751-9100.

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

A SERVICE-ORIENTED MEMBERSHIP ORGANIZATION OF HEALTH AND HUMAN SERVICE AGENCIES DEDICATED TO ADDRESSING THE NEEDS OF LATINO AND OTHER VULNERABLE COMMUNITIES ACROSS THE NATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

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

4a (Code: ) (Expenses \$ 30,333,154. including grants of \$ 26,031,496. ) (Revenue \$ ) SEE SCHEDULE O

4b (Code: ) (Expenses \$ 1,961,578. including grants of \$ 208,638. ) (Revenue \$ ) SEE SCHEDULE O

4c (Code: ) (Expenses \$ 9,784,971. including grants of \$ 3,581,608. ) (Revenue \$ ) SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O (Expenses \$ 6,117,602. including grants of \$ 489,490. ) (Revenue \$ NONE )

4e Total program service expenses 48,197,305.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No
<b>2a</b>	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 <span style="float:right">2a 173</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .		
<b>4a</b>	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>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <span style="float:right">11a</span>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 <span style="float:right">13b</span>		
<b>c</b>	Enter the amount of reserves on hand <span style="float:right">13c</span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .		
<b>15</b>	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.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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.		

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

Table with columns for line numbers (1a, 1b, 2-9), Yes, and No. Includes questions about voting members, independent members, family relationships, control delegation, document changes, asset diversions, and meeting documentation.

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

Table with columns for line numbers (10a-16b), Yes, and No. Includes questions about local chapters, written policies, conflict of interest, whistleblower, document retention, and compensation review.

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.
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.

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**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 AND CEO	40.00 NONE	X		X				390,461.	NONE	50,646.
(2) DORIS GUZMAN CHIEF FINANCIAL OFFICER	40.00 NONE			X				223,865.	NONE	40,877.
(3) BRENT WILKES SVP FOR INSTITUTIONAL DEV	40.00 NONE				X			229,871.	NONE	26,504.
(4) JASLYN JIMENEZ SENIOR VP FOR OPERATIONS	40.00 NONE			X				208,659.	NONE	38,356.
(5) JESSICA GUZMAN MEJIA SENIOR VP STRATEGY & IMPACT	40.00 NONE				X			187,776.	NONE	37,035.
(6) JESSICA GUTTLEIN SENIOR VP POLICY & COMM	40.00 NONE				X			180,766.	NONE	36,989.
(7) STEPHEN CALENZANI VICE PRESIDENT FOR DEVELOPMENT	40.00 NONE				X			161,976.	NONE	22,924.
(8) JULIETTA LOPEZ VP FOR FEDERAL ADVOCACY	40.00 NONE				X			161,310.	NONE	18,023.
(9) FREDERICK VELEZ III NAT. DIRECTOR OF CIVIC ENG.	40.00 NONE					X		130,850.	NONE	30,577.
(10) MARIO COLON VP FOR SPECIAL INITIATIVES	40.00 NONE					X		132,794.	NONE	23,679.
(11) INGRID DIMARZO VP FOR POLICY & STRATEGY ENG.	40.00 NONE					X		138,891.	NONE	16,937.
(12) LUIS MARQUEZ VP FOR DEVELOPMENT STRATEGY	40.00 NONE					X		136,442.	NONE	13,892.
(13) CHARLOTTE GOSSETT PR CHIEF DIRECTOR	40.00 NONE					X		133,199.	NONE	8,944.
(14) MARCOS TORRES CHAIR	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 ) JOAN STEINBERG VICE CHAIR	0.50 NONE	X		X			NONE	NONE	NONE	
( 16 ) MANUEL CHINEA TREASURER	0.50 NONE	X		X			NONE	NONE	NONE	
( 17 ) HECTOR MUJICA SECRETARY (THROUGH 10/2025)	0.50 NONE	X		X			NONE	NONE	NONE	
( 18 ) JUAN OTERO SECRETARY (EFF. 10/2025)	0.50 NONE	X		X			NONE	NONE	NONE	
( 19 ) CARLOS SANTIAGO DIRECTOR	0.50 NONE	X					NONE	NONE	NONE	
( 20 ) DEAN AGUILLEN DIRECTOR	0.50 NONE	X					NONE	NONE	NONE	
( 21 ) INDRANI FRANCHINI DIRECTOR	0.50 NONE	X					NONE	NONE	NONE	
( 22 ) INEZ STEWART DIRECTOR	0.50 NONE	X					NONE	NONE	NONE	
( 23 ) JOSEPH R. BETANCOURT DIRECTOR	0.50 NONE	X					NONE	NONE	NONE	
( 24 ) JULIE ANN CROMMETT DIRECTOR	0.50 NONE	X					NONE	NONE	NONE	
( 25 ) MARIA OROZCO DIRECTOR	0.50 NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .							2,416,860.	NONE	365,383.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							NONE	NONE	NONE	
<b>d Total (add lines 1b and 1c)</b> . . . . .							2,416,860.	NONE	365,383.	

**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 ► 24

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

**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

**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 ►



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	2,824,928.				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	28,378,520.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	82,286,478.				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 3,404,735.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		113,489,926.				
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		NONE				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		895,945.			895,945.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . .		NONE				
	<b>5</b>	Royalties . . . . .		NONE				
	<b>6a</b>	Gross rents . . . . .	(i) Real	23,082.				
			(ii) Personal					
			<b>6b</b>	Less: rental expenses				
	<b>6c</b>	Rental income or (loss)		23,082.	NONE			
	<b>d</b>	Net rental income or (loss) . . . . .		23,082.			23,082.	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	3,484,969.				
			(ii) Other					
			<b>7b</b>	Less: cost or other basis and sales expenses . .		1,872,329.		
	<b>7c</b>	Gain or (loss) . . . . .		1,612,640.				
	<b>d</b>	Net gain or (loss) . . . . .		1,612,640.			1,612,640.	
	<b>8a</b>	Gross income from fundraising events (not including \$ 2,824,928. of contributions reported on line 1c). See Part IV, line 18 . . . . .		261,531.				
			<b>8b</b>	Less: direct expenses . . . . .		261,531.		
<b>c</b>			Net income or (loss) from fundraising events . . . . .					
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .		NONE					
		<b>9b</b>	Less: direct expenses . . . . .		NONE			
		<b>c</b>	Net income or (loss) from gaming activities . . . . .		NONE			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .		NONE					
		<b>10b</b>	Less: cost of goods sold . . . . .		NONE			
		<b>c</b>	Net income or (loss) from sales of inventory . . . . .		NONE			
<b>Miscellaneous Revenue</b>	<b>11a</b>	OTHER INCOME	Business Code	900099	18,127.		18,127.	
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			18,127.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			116,039,720.		NONE	2,549,794.	

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, and Total functional expenses.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	5,714,157.	<b>1</b>	41,324,328.
	<b>2</b> Savings and temporary cash investments . . . . .	10,170,482.	<b>2</b>	20,480,397.
	<b>3</b> Pledges and grants receivable, net . . . . .	20,212,113.	<b>3</b>	19,820,400.
	<b>4</b> Accounts receivable, net . . . . .	57,780.	<b>4</b>	92,823.
	<b>5</b> 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	<b>5</b>	NONE
	<b>6</b> 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	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	NONE	<b>8</b>	NONE
	<b>9</b> Prepaid expenses and deferred charges . . . . .	175,271.	<b>9</b>	408,132.
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 7,663,637.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 3,996,830.		
	<b>11</b> Investments - publicly traded securities. . . . .	19,115,972.	<b>11</b>	35,174,006.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	540,990.	<b>12</b>	900,025.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	NONE	<b>13</b>	NONE
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	791,491.	<b>15</b>	883,769.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	60,581,394.	<b>16</b>	122,750,687.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,262,200.	<b>17</b>	1,667,013.
	<b>18</b> Grants payable . . . . .	8,966,196.	<b>18</b>	8,905,092.
	<b>19</b> Deferred revenue . . . . .	NONE	<b>19</b>	50,000.
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> 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	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	<b>23</b>	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	NONE	<b>24</b>	NONE
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	3,037,113.	<b>25</b>	3,687,008.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	13,265,509.	<b>26</b>	14,309,113.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions . . . . .	26,584,010.	<b>27</b>	91,473,975.
	<b>28</b> Net assets with donor restrictions. . . . .	20,731,875.	<b>28</b>	16,967,599.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	47,315,885.	<b>32</b>	108,441,574.
<b>33</b> Total liabilities and net assets/fund balances. . . . .	60,581,394.	<b>33</b>	122,750,687.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	116,039,720.
2	Total expenses (must equal Part IX, column (A), line 25)	2	54,978,626.
3	Revenue less expenses. Subtract line 2 from line 1	3	61,061,094.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	47,315,885.
5	Net unrealized gains (losses) on investments	5	64,595.
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	108,441,574.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain 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 (2025)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2025**

**Open to Public  
Inspection**

<b>Name of the organization</b> HISPANIC FEDERATION INC	<b>Employer identification number</b> 13-3573852
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

Schedule A (Form 990) 2025 Created 4/11/25

JSA  
5E1210 1.000

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2025 (97.44%); 15 Public support percentage from 2024 Schedule A, Part II, line 14 (96.04%); 16a 33 1/3% support test - 2025 (checked); 16b 33 1/3% support test - 2024; 17a 10%-facts-and-circumstances test - 2025; 17b 10%-facts-and-circumstances test - 2024; 18 Private foundation.

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a, 7b Disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2025, 2024. Row 15: Public support percentage for 2025; Row 16: Public support percentage from 2024 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2025, 2024. Row 17: Investment income percentage for 2025; Row 18: Investment income percentage from 2024 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2025. 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.

19b 33 1/3% support tests - 2024. 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.

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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2 regarding governing body and supported organization benefits.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1 regarding majority of directors/trustees.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3 regarding support notices, relationships, and investment policies.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3 regarding Integral Part Test, Activities Test, and Parent of Supported Organizations.

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	<b>Total annual distributions.</b> Add lines 1 through 5.	6
7	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	7
8	Distributable amount for 2025 from Section C, line 6	8
9	Line 7 amount divided by line 8 amount	9

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020 . . . . .			
b	From 2021 . . . . .			
c	From 2022 . . . . .			
d	From 2023 . . . . .			
e	From 2024 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2026.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021 . . . .			
b	Excess from 2022 . . . .			
c	Excess from 2023 . . . .			
d	Excess from 2024 . . . .			
e	Excess from 2025 . . . .			

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2025**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 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) 2025 Created 7/1/25

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

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

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>	<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	15,668.	
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	193,354.	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .	209,022.	
<b>d</b> Other exempt purpose expenditures . . . . .	54,769,604.	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	54,978,626.	
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns	1,000,000.	
<b>IF the amount on line 1e, column (a) or (b), is: THEN the lobbying nontaxable amount is:</b>		
not over \$500,000	20% of the amount on line 1e.	
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
over \$17,000,000	\$1,000,000.	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	250,000.	
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2022	(b) 2023	(c) 2024	(d) 2025	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	120,404.	118,272.	113,492.	209,022.	561,190.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	23,792.	6,036.	4,533.	15,668.	50,029.

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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d 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).

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

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."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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 carry over to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

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.

Multiple horizontal lines provided for entering supplemental information.

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.

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Open to Public Inspection

Table with 2 columns: Name of the organization (HISPANIC FEDERATION INC) and Employer identification number (13-3573852)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements

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

Table with 2 columns: Question number and answer field. Includes questions 1-9 regarding 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.

Table with 2 columns: Question number and answer field. Includes questions 1a-1b and 2a-2b regarding collections of art and historical treasures.

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

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:

- (i) Unrelated organizations?
- (ii) Related organizations?

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		599,813.		599,813.
b Buildings		5,702,787.	2,722,731.	2,980,056.
c Leasehold improvements		50,657.	48,565.	2,092.
d Equipment		1,310,380.	1,225,534.	84,846.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,666,807.

**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	2,787,424.
(3) OPERATING LEASE LIABILITY	899,584.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)). . . . .	

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 116,039,720.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 54,978,626.

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 ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE INCOME TAXES UNDER SIMILAR PROVISIONS. THE ORGANIZATION IS REQUIRED TO FILE CHARITABLE REGISTRATIONS IN STATES WHERE THEY SOLICIT CONTRIBUTIONS. THERE WERE NO UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2025 AND 2024. THE ORGANIZATION DID NOT HAVE ANY INCOME TAX RELATED PENALTIES OR INTEREST FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024.



**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)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	3,086,459.		3,086,459.
	2	Less: Contributions	2,824,928.		2,824,928.
	3	Gross income (line 1 minus line 2)	261,531.		261,531.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	261,531.		261,531.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
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	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

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

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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).

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**SCHEDULE I  
(Form 990)**

Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

HISPANIC FEDERATION INC

Employer identification number

13-3573852

**Part I General Information on Grants and Assistance**

- 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**
- 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
<b>(1)</b> A I D FOR A I D S INT' INC 131 VARICK ST NEW YORK, NY 10013	13-3954568	501(C)(3)	40,000.				ASSISTANCE
<b>(2)</b> ABRAZOS COMMUNITY HEALING CNTR 3600 CERRILLOS RD SANTA FE, NM 87507	88-2657213	501(C)(3)	40,000.				ASSISTANCE
<b>(3)</b> ACCESS 2651 SAULINO COURT DEARBORN, MI 48120	23-7444497	501(C)(3)	250,000.				GRANT
<b>(4)</b> ACCION HISPANA-QUE PASA 3067 WAUGHTOWN ST WINSTON SALEM, NC 27107	30-0081227	501(C)(3)	14,000.				GRANT
<b>(5)</b> ACTION INSTITUTE NC 1817 CENTRAL AVE CHARLOTTE, NC 28205	56-1088116	501(C)(3)	20,000.				EMERGENCY ASSISTANCE
<b>(6)</b> ADELANTE MUJERES 2030 MAIN ST FOREST GROVE, OR 97116	03-0473181	501(C)(3)	25,000.				RISE GRANT
<b>(7)</b> ADVOCAT IMM RIGHTS RECONC INC PO BOX 171603 KANSAS CITY, KS 66117	47-4636795	501(C)(3)	20,000.				EMERGENCY ASSISTANCE
<b>(8)</b> AFRIKANA 2477 BELMONT AVE BRONX, NY 10458	93-2592894	501(C)(3)	5,659.				FOOD ASSISTANCE
<b>(9)</b> AFRO-LATIN JAZZ ALLIANCE OF NEW YORK INC 646 MALCOLM X BLVD NEW YORK, NY 10037	45-3665976	501(C)(3)	200,000.				PROGRAM SUPPORT
<b>(10)</b> AFROMUNDO 2422 DORA AVE NW ALBUQUERQUE, NM 87104	47-0934273	501(C)(3)	40,000.				ASSISTANCE
<b>(11)</b> AFYA FOUNDATION INC 140 SAW MILL RIVER ROAD YONKERS, NY 10701	26-1300361	501(C)(3)	20,000.				PROGRAM SUPPORT
<b>(12)</b> AGRI-BUSINESS CHILD DEVELOPMEN 847 UNION ST SCHENECTADY, NY 12308	15-0509747	501(C)(3)	7,256.				ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 437

3 Enter total number of other organizations listed in the line 1 table . . . . . NONE

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

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

**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](http://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**

- 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
- 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
<b>(1)</b> ALCANCE LATINO INC 346 S LEXINGTON AVE WHITE PLAINS, NY 10606	99-1909670	501(C)(3)	10,098.				FOOD ASSISTANCE
<b>(2)</b> ALIANZA AMERICAS 3030 W CERMAK CHICAGO, IL 60623	34-2066826	501(C)(3)	250,000.				GRANT
<b>(3)</b> ALIANZA CENTER INC 10524 MOSS PARK RD ORLANDO, FL 32832	83-2227824	501(C)(3)	25,000.				PROGRAM SUPPORT
<b>(4)</b> ALL STAR CODE INC 276 5TH AVE NEW YORK, NY 10001	90-0954778	501(C)(3)	50,000.				GRANT
<b>(5)</b> AMAS MUSICAL THEATRE INC 630 9TH AVE NEW YORK, NY 10036	23-7057226	501(C)(3)	9,500.				PROGRAM SUPPORT
<b>(6)</b> AMBER SCHOOLS FOUNDATION INC 2196 THIRD AVE 2009 NEW YORK, NY 10035	46-5771070	501(C)(3)	50,000.				PROGRAM SUPPORT
<b>(7)</b> AMERICA DIVERSA INC 1223 SUTTER AVE BROOKLYN, NY 11208	87-1048961	501(C)(3)	10,000.				DISCRETIONARY GRANT
<b>(8)</b> AMERICAN THEATRE WING 58 WEST 40TH ST NEW YORK, NY 10018	13-1893906	501(C)(3)	35,000.				PROGRAM SUPPORT
<b>(9)</b> AMERICA'S VOICE EDUCATION FUND 1100 G ST NW WASHINGTON, DC 20005	26-2624247	501(C)(3)	250,000.				GRANT
<b>(10)</b> AMIGOS MUSEO DEL BARRIO, INC 1230 FIFTH AVE NEW YORK, NY 10029	23-7156720	501(C)(3)	14,284.				ASSISTANCE
<b>(11)</b> ARRIBA LAS VEGAS WORKER CENTER 3020 E. BONANZA RD LAS VEGAS, NV 89101	83-4206510	501(C)(3)	50,000.				RISE GRANT
<b>(12)</b> ARS NOVA THEATER I INC 511 W 54TH ST NEW YORK, NY 10019	80-0339038	501(C)(3)	66,667.				PROGRAM SUPPORT

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

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

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OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

13-3573852

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- 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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<b>(1)</b> ARTS IGNITE INC 240 W 40TH ST NEW YORK, NY 10018	20-4532991	501(C)(3)	10,000.				PROGRAM SUPPORT
<b>(2)</b> ASCENDUS INC 25 BROADWAY 10TH FL NEW YORK, NY 10004	11-3317234	501(C)(3)	20,000.				LATINO CORE GRANT
<b>(3)</b> ASIAN LAW CAUCUS 55 COLUMBUS AVE SAN FRANCISCO, CA 94111	94-2176139	501(C)(3)	250,000.				GRANT
<b>(4)</b> ASO PUERTORRIQUENA PRO BIENSTA CALLE PADRES LAS CASAS SAN JUAN, PR 00918	23-7034732	501(C)(3)	31,200.				CORE GRANT
<b>(5)</b> ASPIRA OF NEW YORK INC 15 WEST 36TH ST NEW YORK, NY 10018	13-6204790	501(C)(3)	29,590.				ASSISTANCE
<b>(6)</b> ASSOC LAT/AS/XS MOTIVATING ACT 3656 N HALSTED ST CHICAGO, IL 60613	36-4204450	501(C)(3)	39,100.				ASSISTANCE
<b>(7)</b> AVANCE DALLAS INC 2060 SINGLETON BLVD DALLAS, TX 75212	75-2699260	501(C)(3)	25,400.				ASSISTANCE
<b>(8)</b> AYUDA 1990 K ST NW WASHINGTON, DC 20006	52-0971440	501(C)(3)	10,000.				GRANT
<b>(9)</b> BERKELEY REPERTORY THEATRE 999 HARRISON ST BERKELEY, CA 94710	94-1679756	501(C)(3)	8,500.				PROGRAM SUPPORT
<b>(10)</b> BLACK THEATRE COALITION 421 PACIFIC ST BROOKLYN, NY 11217	85-1917024	501(C)(3)	10,000.				PROGRAM SUPPORT
<b>(11)</b> BOUNDLESS THEATRE COMPANY INC 41-21 42ND ST SUNNYSIDE, NY 11104	86-1164716	501(C)(3)	35,000.				GRANT
<b>(12)</b> BRIDGE BUILDERS COMM PRTRNSHP 156 WEST 165TH ST BRONX, NY 10452	35-2390219	501(C)(3)	28,533.				FOOD ASSISTANCE

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<b>(1)</b> BROADWAY BARKS INC 11100 SANTA MONICA BLVD, LA, CA 90025	47-4080996	501(C)(3)	10,000.				PROGRAM SUPPORT
<b>(2)</b> BROADWAY HOUSING COMMUNITIES INC 583 RIVERSIDE DRIVE NEW YORK, NY 10031	13-3212867	501(C)(3)	50,000.				PROGRAM SUPPORT
<b>(3)</b> BROADWAY LEGACY FOUNDATION 145 WEST 45TH ST NEW YORK, NY 10036	33-3869889	501(C)(3)	50,000.				PROGRAM SUPPORT
<b>(4)</b> BRONX CHILDRENS MUSEUM 725 EXTERIOR S 2ND FL BRONX, NY 10451	26-0579140	501(C)(3)	11,250.				GRANT
<b>(5)</b> BRONX RIVER ALLIANCE INC 1 BRONX RIVER PARKWAY BRONX, NY 10462	75-3001587	501(C)(3)	45,000.				GRANT
<b>(6)</b> BRONX RIVER ART CENTER INC 1087 EAST TREMONT AVE. BRONX, NY 10460	13-3261148	501(C)(3)	44,942.				GRANT
<b>(7)</b> BROOKLYN CHILDRENS MUSEUM CORP 145 BROOKLYN AVE BROOKLYN, NY 11213	11-2495664	501(C)(3)	7,500.				PROGRAM SUPPORT
<b>(8)</b> BUILDING ONE COMMUNITY 417 SHIPPAN AVE STAMFORD, CT 06902	27-5024317	501(C)(3)	27,500.				ASSISTANCE
<b>(9)</b> BUILDING SKILLS PARTNERSHIP 828 W WASHINGTON BLVD LOS ANGELES, CA 90015	26-1254255	501(C)(3)	72,500.				ASSISTANCE
<b>(10)</b> CALPULLI MEXICAN DANCE COR, INC 25-12 77TH ST EAST ELMHURST, NY 11370	20-0642440	501(C)(3)	45,000.				GRANT
<b>(11)</b> CAMP FRIENDSHIP 339 8TH ST BROOKLYN, NY 11215	51-0187589	501(C)(3)	27,116.				FOOD ASSISTANCE
<b>(12)</b> CAPITAL DISTRICT LATINOS INC 300 E 175TH ST BRONX, NY 10457	45-3647494	501(C)(3)	133,808.				ASSISTANCE

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<b>(1)</b> CAPITAL TEA INC 1111 E TENNESSEE ST TALLAHASSEE, FL 32308	84-3936551	501(C)(3)	10,000.				FUERZA FEST GRANT
<b>(2)</b> CARIBBEAN CULTURAL CTR AFRICAN 120 EAST 125 ST NEW YORK, NY 10035	13-3054001	501(C)(3)	45,000.				GRANT
<b>(3)</b> CAROLINA MIGRANT NETWORK INC 6917 LANCER DRIVE CHARLOTTE, NC 28226	85-0952850	501(C)(3)	95,000.				GRANT
<b>(4)</b> CASA AZUL DE WILSON PO BOX 2134 WILSON, NC 27893	87-3076221	501(C)(3)	39,000.				GRANT
<b>(5)</b> CASA DE VENEZUELA, INC. 3251 E. COLONIAL DRIVE ORLANDO, FL 32803	27-4018475	501(C)(3)	30,000.				GRANT
<b>(6)</b> CASA INC 8151 15TH AVE HYATTSVILLE, MD 20783	52-1372972	501(C)(3)	50,000.				RISE GRANT
<b>(7)</b> CASA LATINA 317 17TH AVE S SEATTLE, WA 98144	91-1689251	501(C)(3)	10,000.				GRANT
<b>(8)</b> CASA MICHOCAN 1638 S. BLUE ISLAND AVE CHICAGO, IL 60608	41-2061019	501(C)(3)	20,000.				ASSISTANCE
<b>(9)</b> CASA PROTEGIDA JULIA DE BURGOS PO BOX 362433 SAN JUAN, PR 00936	66-0387659	501(C)(3)	20,000.				RISE GRANT
<b>(10)</b> CASITA MARIA 928 SIMPSON ST BRONX, NY 10459	13-1623994	501(C)(3)	47,500.				GRANT
<b>(11)</b> CENTER FOR CHANGING LIVES 1955 N. ST. LOUIS CHICAGO, IL 60647	36-3731388	501(C)(3)	20,000.				ASSISTANCE
<b>(12)</b> CENTER FOR CIVIC POLICY PO BOX 27616 ALBUQUERQUE, NM 87125	01-0869701	501(C)(3)	40,000.				ASSISTANCE

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<b>(1)</b> CENTER OF GRACE 520 S HARRISON ST OLATHE, KS 66061	48-1251324	501(C)(3)	15,000.				ASSISTANCE
<b>(2)</b> CENTER OF SOUTHWEST CULTURE 505 MARQUETTE AVE NW ALBUQUERQUE, NM 87102	85-0402832	501(C)(3)	20,000.				ASSISTANCE
<b>(3)</b> CENTRAL AMERICAN REFUGEE CTR 250 FULTON AVE HEMPSTEAD, NY 11550	11-2705005	501(C)(3)	14,411.				ASSISTANCE
<b>(4)</b> CENTRO COMMUNITY PARTNERS 825 WASHINGTON ST. OAKLAND, CA 94607	45-2992960	501(C)(3)	20,600.				ASSISTANCE
<b>(5)</b> CENTRO DE LA MUJER DOMINICANA PO BOX 20068 SAN JUAN, PR 00928	66-0642701	501(C)(3)	64,800.				CORE GRANTS
<b>(6)</b> CENTRO HISPANO INC 2403 CYPRESS WAY MADISON, WI 53713	93-0844812	501(C)(3)	72,475.				GRANT
<b>(7)</b> CENTRO LEGAL DE LA RAZA 3400 EAST 12TH ST OAKLAND, CA 94601	23-7181456	501(C)(3)	37,400.				GRANT
<b>(8)</b> CENTRO MULTICULTURAL FAMILIA 91 N SAGINAW ST PONTIAC, MI 48342	20-8900737	501(C)(3)	25,000.				GRANT
<b>(9)</b> CHARTER OAK BOXING ACADEMY 81 POPE PARK HIGHWAY HARTFORD, CT 06106	06-1310059	501(C)(3)	55,000.				GRANT
<b>(10)</b> CHEMICAL ABUSE SERVICES AGENCY 1124 IRANISTAN AVE BRIDGEPORT, CT 06605	22-2837833	501(C)(3)	30,000.				GRANT
<b>(11)</b> CHICANO FED SAN DIEGO CNTY INC 3180 UNIVERSITY AVE SAN DIEGO, CA 92104	23-7085960	501(C)(3)	26,600.				ASSISTANCE
<b>(12)</b> CHILDRENS DAY TREATMENT CENTER & SCHOOL INC 255 W 71ST ST NEW YORK, NY 10023	13-0776140	501(C)(3)	10,000.				PROGRAM SUPPORT

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<b>(1)</b> CHURCH OF ST JEROME 230 ALEXANDER AVE BRONX, NY 10454	13-1740204	501(C)(3)	37,895.				FOOD ASSISTANCE
<b>(2)</b> CHURCH WORLD SERVICE INC 28606 PHILLIPS ST ELKHART, IN 46515	13-4080201	501(C)(3)	29,200.				MENTAL HEALTH GRANT
<b>(3)</b> CHURCHES UNITED FAIR HSNG INC 7 MARCUS GARVEY BLVD BROOKLYN, NY 11206	26-4698161	501(C)(3)	23,091.				ASSISTANCE
<b>(4)</b> CINE ART ENTERT PRODUCTION INC 20 BODARGUS PLACE 3E NEW YORK, NY 10040	27-1529816	501(C)(3)	25,000.				EVENT SPONSORSHIP
<b>(5)</b> CIRCLE DE LUZ INC 1026 JAY ST CHARLOTTE, NC 28208	74-3259379	501(C)(3)	30,000.				EMERGENCY ASSISTANCE
<b>(6)</b> CIRCULO DE LA HISPANIDAD INC 26 WEST PARK AVE LONG BEACH, NY 11561	11-2525327	501(C)(3)	61,718.				CORE GRANT
<b>(7)</b> CITY REPORT INC 85 BROAD ST NEW YORK, NY 10004	37-1896785	501(C)(3)	125,000.				PROGRAM SUPPORT
<b>(8)</b> CLASSICAL THEATRE OF HARLEM, INC. 1850 AMSTERDAM AVE NEW YORK, NY 10031	13-4046782	501(C)(3)	25,000.				PROGRAM SUPPORT
<b>(9)</b> CLINICA MSR OSCAR A ROMERO 123 S ALVARADO ST LOS ANGELES, CA 90057	95-3881333	501(C)(3)	155,000.				ASSISTANCE
<b>(10)</b> COALICION LATINO AMERICANA 4938 CENTRAL AVE CHARLOTTE, NC 28205	58-1945776	501(C)(3)	57,500.				ASSISTANCE
<b>(11)</b> COALITION FOR HISP. FAM. SERV. 315 WYCKOFF AVE BROOKLYN, NY 11237	13-3546023	501(C)(3)	18,223.				ASSISTANCE
<b>(12)</b> COALITION FOR HUMANE IMM RIGHT 2533 W THIRD ST LOS ANGELES, CA 90057	95-4421521	501(C)(3)	379,500.				GRANT

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<b>(1)</b> COLABORATIVA LA MILPA 528 EMMA ROAD ASHEVILLE, NC 28806	20-8303608	501(C)(3)	20,000.				EMERGENCY ASSISTANCE
<b>(2)</b> COLLEGE BRIDGE CAFE INC 62-59 108TH ST FOREST HILLS, NY 11375	83-1864197	501(C)(3)	35,000.				GRANT
<b>(3)</b> COLORADO PEOPLE'S ALLIANCE 700 KALAMATH ST DENVER, CO 80204	84-1599036	501(C)(3)	50,000.				RISE GRANT
<b>(4)</b> COMM. ASSOC. PROG. DOMINICANS 3940 BROADWAY NEW YORK, NY 10032	13-3266145	501(C)(3)	17,727.				FOOD ASSISTANCE
<b>(5)</b> COMMITTEE HISP CHILDREN FAM INC 75 BROAD ST NEW YORK, NY 10004	11-2622003	501(C)(3)	7,500.				EVENT SPONSORSHIP
<b>(6)</b> COMMONPOINT QUEENS 58 20 LITTLE NECK LITTLE NECK, NY 11362	11-3071518	501(C)(3)	26,341.				FOOD ASSISTANCE
<b>(7)</b> COMMUNITY ACTION SOUTHHOLD TOWN PO BOX 1566 SOUTHHOLD, NY 11971	11-2129868	501(C)(3)	50,019.				ASSISTANCE
<b>(8)</b> COMUNIDAD VIDA NUEVA INC 5824 FOREST POINT RD RALEIGH, NC 27610	20-4348860	501(C)(3)	15,000.				GRANTS
<b>(9)</b> COMUNIDADES INDIGENAS LIDERAZG 4318 MAINE ST LOS ANGELES, CA 90037	84-3334677	501(C)(3)	79,000.				ASSISTANCE
<b>(10)</b> COMUNILIFE INC 462 7TH AVE 3RD FL NEW YORK, NY 10018	13-3530299	501(C)(3)	62,358.				ASSISTANCE
<b>(11)</b> CONCILIO ORGNZCNS HISPANAS 141E HUNTING PARK AVE PHILADELPHIA, PA 19124	23-7155203	501(C)(3)	30,000.				LATINO CORE GRANT
<b>(12)</b> CONNECTICUT PUERTO RICAN FORUM 95 PARK ST 2ND FLOOR HARTFORD, CT 06106	06-1385027	501(C)(3)	43,000.				GRANT

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<b>(1)</b> CONTIGO IMMIGRANT JUSTICE PO BOX 8009 SANTA FE, NM 87504	82-0839645	501(C)(3)	40,000.				ASSISTANCE
<b>(2)</b> CORAZON COMMUNITY SERVICES 5339 W 25TH ST CICERO, IL 60804	32-0075474	501(C)(3)	35,000.				LATINO CORE GRANT
<b>(3)</b> DAVIDSON COMMUNITY CENTER 2038 DAVIDSON AVE BRONX, NY 10453	23-7010206	501(C)(3)	46,271.				ASSISTANCE
<b>(4)</b> DESPIERTA 4108 PARK ROAD CHARLOTTE, NC 28209	85-4057069	501(C)(3)	31,000.				ASSISTANCE
<b>(5)</b> DIGITAL NEST INC 349 MAIN ST WATSONVILLE, CA 95076	46-5757256	501(C)(3)	53,600.				GRANT
<b>(6)</b> DOMINICAN WOMENS DEV CTR 519 WEST 189TH ST NEW YORK, NY 10040	13-3593885	501(C)(3)	203,299.				PROGRAM SUPPORT
<b>(7)</b> DR PEDRO ALBIZU CAMPOS PR HS 2739 W DIVISION ST CHICAGO, IL 60622	36-2754514	501(C)(3)	50,000.				PATHWAYS INITIATIVE
<b>(8)</b> DRAMATISTS GUILD FOUNDATION INC 520 8TH AVE RM 2401 NEW YORK, NY 10018	13-6144932	501(C)(3)	25,000.				PROGRAM SUPPORT
<b>(9)</b> DREXEL UNIVERSITY 3201 ARCH ST PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	10,000.				PROGRAM SUPPORT
<b>(10)</b> DV7 US ACADEMY HOLDINGS LLC 239 W 14TH ST NEW YORK, NY 10011	85-1479577	501(C)(3)	20,000.				YOUTH SOCCER INITIATIVE
<b>(11)</b> EAGLE HILL FOUNDATION INC 45 GREENVILLE ROAD GREENWICH, CT 06831	06-1072231	501(C)(3)	10,000.				PROGRAM SUPPORT
<b>(12)</b> EAST HARLEM COUNCIL COMMUNITY 2265 THIRD AVE NEW YORK, NY 10035	13-6213532	501(C)(3)	25,016.				ASSISTANCE

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

**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

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<b>(1)</b> EASTMONT COMMUNITY CENTER 701 HOEFNER AVE LOS ANGELES, CA 90022	95-6221642	501(C)(3)	20,000.				ASSISTANCE
<b>(2)</b> ECUADORIAN AMERICAN CULT CENTR 36-32 34TH ST 3RD FL LIC, NY 11106	27-0521135	501(C)(3)	35,000.				GRANT
<b>(3)</b> EL CENTRO HISPANO INC 2000 CHAPEL HILL ROAD DURHAM, NC 27707	56-2011661	501(C)(3)	28,500.				GRANT
<b>(4)</b> EL CENTRO INC 650 MINNESOTA AVE KANSAS CITY, KS 66101	36-2904073	501(C)(3)	20,000.				ASSISTANCE
<b>(5)</b> EL CONCILIO CALIFORNIA 445 N SAN JOAQUIN ST STOCKTON, CA 95202	94-1677202	501(C)(3)	87,400.				ASSISTANCE
<b>(6)</b> EL PUENTE 211 S 4TH ST BROOKLYN, NY 11211	11-2614265	501(C)(3)	71,488.				ASSISTANCE
<b>(7)</b> END HUNGER CT 198 WETHERSFIELD AVE HARTFORD, CT 06114	06-1545835	501(C)(3)	45,000.				GRANT
<b>(8)</b> ENLACE COMUNITARIO 2425 ALAMO AVE SE ALBUQUERQUE, NM 87106	85-0473384	501(C)(3)	30,000.				ASSISTANCE
<b>(9)</b> EUGENE ONEILL MEMORIAL THEATER CENTER INC 305 GREAT NECK RD WATERFORD, CT 06385	06-6070900	501(C)(3)	75,000.				PROGRAM SUPPORT
<b>(10)</b> EXODUS TRANSITIONAL COMM INC 2271 3RD AVE NEW YORK, NY 10035	31-1731465	501(C)(3)	64,852.				ASSISTANCE
<b>(11)</b> EXPANDED MENTAL HEALTH SRVCS 4141 N KEDZIE AVE CHICAGO, IL 60618	45-4963756	501(C)(3)	50,000.				MENTAL HEALTH INITIATIVE
<b>(12)</b> F. Y. EYE INC 130 EAST 59TH ST NEW YORK, NY 10022	04-3815653	501(C)(3)	8,000.				GRANT

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<b>(1)</b> FDLA GROUP INC 251 WEST 30TH ST NEW YORK, NY 10001	84-4384025	501(C)(3)	50,000.				SPONSORSHIP
<b>(2)</b> FIDEICOMISO DESARR RIO PIEDRAS PO BOX 9300448 RIO PIEDRAS, PR 00928	66-6043399	501(C)(3)	20,000.				RISE GRANT
<b>(3)</b> FIFTH AVE COMMITTEE INC 621 DEGRAW ST BROOKLYN, NY 11217	11-2475743	501(C)(3)	40,000.				GRANT
<b>(4)</b> FILANTROPIA PUERTO RICO INC 76 KINGS COURT SAN JUAN, PR 00911	66-0770270	501(C)(3)	20,000.				EVENT SPONSORSHIP
<b>(5)</b> FIRMES UNIDOS RESILIENTE ABOG 800 AVE RH TODD SAN JUAN, PR 00907	66-0907011	501(C)(3)	5,024.				FOOD ASSISTANCE
<b>(6)</b> FLORENCE IMMIGRANT REFUGEE P O BOX 86299 TUCSON, AZ 85754	86-0658103	501(C)(3)	50,000.				RISE GRANT
<b>(7)</b> FND FONDO ACCESO A LA JUSTICIA 800 AVE R. H. TODD SAN JUAN, PR 00907	66-0831102	501(C)(3)	20,000.				RISE GRANT
<b>(8)</b> FRACTURED ATLAS, INC. PO BOX 55 HARTSDALE, NY 10530	11-3451703	501(C)(3)	7,500.				PROGRAM SUPPORT
<b>(9)</b> FUND FOR THE CITY NEW YORK INC 121 AVENUE OF THE AMERICAS, NY, NY 10013	13-2612524	501(C)(3)	70,000.				GRANT
<b>(10)</b> FUTURES IGNITE 5030 BROADWAY NEW YORK, NY 10034	42-1775449	501(C)(3)	29,396.				GRANT
<b>(11)</b> G-8 GROUP OF EIGHT CANO MARTIN PMB 1873 243 CALLE PARIS SAN JUAN, PR 00917	66-0681723	501(C)(3)	7,430.				GRANT
<b>(12)</b> GADS HILL CENTER 1919 W CULLERTON CHICAGO, IL 60608	36-2167082	501(C)(3)	38,000.				GRANT

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<b>(1)</b> GIRL BE HEARD INSTITUTE 225 4TH AVE PMB 40 BROOKLYN, NY 11215	27-1848709	501(C)(3)	45,000.				GRANT
<b>(2)</b> GIRLS FOR TECHNOLOGY INC 750 MAIN ST HARTFORD, CT 06103	46-5696249	501(C)(3)	35,000.				GRANT
<b>(3)</b> GOOD OLD LOWER EAST 173 AVE B NEW YORK, NY 10009	13-2915659	501(C)(3)	14,034.				FOOD ASSISTANCE
<b>(4)</b> GRAND STREET SETTLEMENT 80 PITT ST NEW YORK, NY 10002	13-5562230	501(C)(3)	6,760.				FOOD ASSISTANCE
<b>(5)</b> GUADALUPE CENTERS INC 1015 AVE CESAR E CHAVEZ SAN JUAN, PR 64108	44-0610781	501(C)(3)	15,000.				EMERGENCY ASSISTANCE
<b>(6)</b> HARTFORD KNIGHTS CORP 90 BRAINARD ROAD HARTFORD, CT 06114	83-0368833	501(C)(3)	65,000.				GRANT
<b>(7)</b> HISP IMMIGRATION CNTR ALABAMA 117 SOUTHCREST DRIVE BIRMINGHAM, AL 35209	63-1225764	501(C)(3)	50,000.				RISE GRANT
<b>(8)</b> HISPANIC BROTHERHOOD INC 59 CLINTON AVENUE ROCKVILLE CTR, NY 11570	11-2716443	501(C)(3)	9,522.				FOOD ASSISTANCE
<b>(9)</b> HISPANIC BUSS INITIAT FUND INC 3201 E COLONIAL DR ORLANDO, FL 32803	59-3341405	501(C)(3)	63,500.				CORE GRANT
<b>(10)</b> HISPANIC CNTR WESTERN MICHIGAN 1204 CESARECHAVEZ AVE GRAND RAPID, MI 49503	38-2265825	501(C)(3)	32,475.				RISE GRANT
<b>(11)</b> HISPANIC HEALTH COUNCIL INC 175 MAIN ST HARTFORD, CT 06106	06-1018979	501(C)(3)	10,000.				GRANT
<b>(12)</b> HISPANIC ORG. OF LATIN ACTORS 107 SUFFOLK ST NEW YORK, NY 10002	13-2989461	501(C)(3)	30,000.				PROGRAM SUPPORT

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<b>(1)</b> HOLA OHIO 265 N. STATE ST PAINESVILLE, OH 44077	83-2039252	501(C)(3)	15,000.				GRANT
<b>(2)</b> HOLYROOD CHURCH 715 W 179TH ST NEW YORK, NY 10033	13-1844844	501(C)(3)	10,000.				PROGRAM SUPPORT
<b>(3)</b> HOPE COMMUNITY CENTER INC 1016 NORTH PARK AVE APOPKA, FL 32712	56-2551312	501(C)(3)	55,500.				ASSISTANCE
<b>(4)</b> HOPEWELL FUND 1828 L ST NW WASHINGTON, DC 20036	47-3681860	501(C)(3)	50,000.				PROGRAM SUPPORT
<b>(5)</b> HSPNC ALLIANCE SOUTHEASTERN CT 170 STATE ST NEW LONDON, CT 06320	02-0573328	501(C)(3)	45,000.				GRANT
<b>(6)</b> HUNTER COLLEGE ELEMENTARY SCHOOL PTA 71 E 94TH ST NEW YORK, NY 10128	13-3912870	501(C)(3)	31,600.				PROGRAM SUPPORT
<b>(7)</b> HUNTER COLLEGE FOUNDATION 695 PARK AVE ROOM 1601E NEW YORK, NY 10065	13-3598671	501(C)(3)	100,000.				PROGRAM SUPPORT
<b>(8)</b> HUNTS POINT A FOR CHILDREN 1231 LAFAYETTE AVE SB BRONX, NY 10474	20-8503907	501(C)(3)	55,474.				ASSISTANCE
<b>(9)</b> I CHALLENGE MYSELF, INC. 1216 BROADWAY NEW YORK, NY 10001	56-2423423	501(C)(3)	49,950.				ASSISTANCE
<b>(10)</b> ILLINOIS UNIDOS 4131 W. BELMONT AVE CHICAGO, IL 60641	93-2507704	501(C)(3)	25,000.				MENTAL HEALTH INITIATIVE
<b>(11)</b> IMMERSION SPANISH LANGUAGE ACQ PO BOX 16278 CHAPEL HILL, NC 27514	45-5336885	501(C)(3)	20,000.				ASSISTANCE
<b>(12)</b> IMMIGRATION EQUALITY 594 DEAN ST BROOKLYN, NY 11238	13-3802711	501(C)(3)	250,000.				GRANT

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<b>(1)</b> INSTITUTO ARTE TEATRAL INTERNACIONAL INC 64 E 4TH ST NEW YORK, NY 10003	13-3111859	501(C)(3)	25,000.				PROGRAM SUPPORT
<b>(2)</b> INSTITUTO DEL PROGRESO LATINO 2520 S WESTERN AVE CHICAGO, IL 60608	36-2937375	501(C)(3)	75,000.				GRANT
<b>(3)</b> INSTITUTO LAB 221 E INDIANOLA AVE PHOENIX, AZ 85012	83-2887275	501(C)(3)	50,000.				GRANT
<b>(4)</b> INTERNATIONAL ARTS RELATIONS INC PO BOX 679 NEW YORK, NY 10108	23-7212492	501(C)(3)	10,000.				PROGRAM SUPPORT
<b>(5)</b> INTERNATIONAL PLANNED PARENTHOOD FEDERATION 125 MAIDEN LANE NEW YORK, NY 10038	13-1845455	501(C)(3)	50,000.				PROGRAM SUPPORT
<b>(6)</b> JAZZ POWER INITIATIVE 5030 BROADWAY NEW YORK, NY 10034	06-1722131	501(C)(3)	15,000.				PROGRAM SUPPORT
<b>(7)</b> JEWISH CHILD CARE ASSOC OF NY 57 WILLOUGHBY ST BROOKLYN, NY 11201	13-1624060	501(C)(3)	40,446.				FOOD ASSISTANCE
<b>(8)</b> JOSEPH P ADDABBO FAMILY HEALTH CENTER 6200 BEACH CHANNEL DRIVE ARVERNE, NY 11692	06-1181226	501(C)(3)	9,956.				FOOD ASSISTANCE
<b>(9)</b> JUNTA FOR PROGRESSIVE ACTION 175 GRAND AVE NEW HAVEN, CT 06513	23-7066862	501(C)(3)	51,000.				GRANT
<b>(10)</b> KANSAS CITY PUBLIC SCHOOLS 4747 FLORA AVE KANSAS CITY, MO 64110	44-6003108	501(C)(3)	7,850.				GRANT
<b>(11)</b> KC KANSAS SCHOOL FND EXCELLENC 2010 N 59TH ST KANSAS CITY, KS 66104	48-1092627	501(C)(3)	15,000.				GRANT
<b>(12)</b> KILOMETRO 0 INC PO BOX 362289 SAN JUAN, PR 00936	66-0898712	501(C)(3)	10,000.				RISE GRANT

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<b>(1)</b> KIND INC 1750 H ST NW WASHINGTON, DC 20006	26-2763038	501(C)(3)	250,000.				GRANT
<b>(2)</b> KNOCK AND DROP IOWA 4801 FRANKLIN AVE DES MOINES, IA 50310	85-0633938	501(C)(3)	25,000.				RISE GRANT
<b>(3)</b> LA CASA NORTE 3533 W NORTH AVE CHICAGO, IL 60647	36-4041525	501(C)(3)	25,000.				GRANT
<b>(4)</b> LA JORNADA LTD 62-40 WOODHAVEN BLVD REGO PARK, NY 11374	37-1659512	501(C)(3)	185,181.				FOOD ASSISTANCE
<b>(5)</b> LA PLAZA ENCUESTRO GATHERING 907 4TH ST SW ALBUQUERQUE, NM 87102	27-2016727	501(C)(3)	40,000.				ASSISTANCE
<b>(6)</b> LAS AMERICAS IMM ADVOCACY CTR 1500 E YANDELL DR EL PASO, TX 79902	74-2472774	501(C)(3)	50,000.				RISE GRANT
<b>(7)</b> LATIN AMERICANOS UNIDOS BRONX 206 SURF DRIVE BRONX, NY 10473	82-1969581	501(C)(3)	5,612.				FOOD ASSISTANCE
<b>(8)</b> LATIN AMERICANS UNITED PROGRES 430 W 17TH ST HOLLAND, MI 49423	38-2099880	501(C)(3)	50,000.				GRANT
<b>(9)</b> LATIN-19 112 BROADWAY ST DURHAM, NC 27701	87-2248916	501(C)(3)	14,000.				NC SALUD PROJECT
<b>(10)</b> LATINA SISTERS SUPPORT INC 805 LARKFIELD RD COMMACK, NY 11725	86-1953478	501(C)(3)	30,284.				FOOD ASSISTANCE
<b>(11)</b> LATINAS VERGE OF EXCLLNC INC 23-90 29TH ST #2 QUEENS, NY 11105	46-3732667	501(C)(3)	45,000.				ASSISTANCE
<b>(12)</b> LATINO COMMISSION ON AIDS INC 24 WEST 25TH ST NEW YORK, NY 10010	13-3629466	501(C)(3)	54,574.				ASSISTANCE

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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**

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<b>(1)</b> LATINO JUSTICE PRLDEF 475 RIVERSIDE DRIVE NEW YORK, NY 10115	13-2722664	501(C)(3)	165,000.				ASSISTANCE
<b>(2)</b> LATINO LEADERSHIP INC 8617 EAST COLONIAL DRIVE ORLANDO, FL 32817	59-3702613	501(C)(3)	45,000.				ASSISTANCE
<b>(3)</b> LATINO POLICY FORUM 17 N STATE ST CHICAGO, IL 60602	36-3676873	501(C)(3)	15,000.				EVENT SPONSORSHIP
<b>(4)</b> LATINO THEATER COMPANY 514 S SPRING ST LOS ANGELES, CA 90013	95-4572361	501(C)(3)	50,000.				PROGRAM SUPPORT
<b>(5)</b> LATINO U COLLEGE ACCESS INC. 75 VIRGINIA ROAD WHITE PLAINS, NY 10603	46-1211285	501(C)(3)	15,000.				GRANT
<b>(6)</b> LATINOS PROGRESANDO 2724 WEST CERMAK ROAD CHICAGO, IL 60623	36-4355072	501(C)(3)	50,000.				ASSISTANCE
<b>(7)</b> LIFEWORKS COMMUNITY ACTION INC PO BOX 169 BALLSTON SPA, NY 12020	23-7438457	501(C)(3)	36,294.				FOOD ASSISTANCE
<b>(8)</b> LOISAIDA INC 710 EAST NINTH ST NEW YORK, NY 10009	13-3023183	501(C)(3)	12,298.				FOOD ASSISTANCE
<b>(9)</b> LOS ANGELES URBAN LEAGUE 4401 CRENSHAW BLVD LOS ANGELES, CA 90043	95-1691288	501(C)(3)	50,000.				PROGRAM SUPPORT
<b>(10)</b> MAESTRA MUSIC INC 215 W 104TH ST NYACK, NY 10960	83-3439518	501(C)(3)	35,000.				PROGRAM SUPPORT
<b>(11)</b> MAKE THE ROAD NEW YORK 301 GROVE ST BROOKLYN, NY 11237	11-3344389	501(C)(3)	83,104.				ASSISTANCE
<b>(12)</b> MAKE THE ROAD STATE INC 301 GROVE ST BROOKLYN, NY 11237	84-3988830	501(C)(3)	12,500.				ASSISTANCE

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

**SCHEDULE I  
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Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

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<b>(1)</b> MANNA OF LIFE MINISTRIES INC 1101 BOSTON RD BRONX, NY 10456	13-4038422	501(C)(3)	34,296.				ASSISTANCE
<b>(2)</b> MARIPOSA DR FOUNDATION PO BOX 425 ITHACA, NY 14851	27-0726866	501(C)(3)	25,000.				PROGRAM SUPPORT
<b>(3)</b> MARSONI FOUNDATION 5901 NW 151 MIAMI LAKES, FL 33014	84-4277237	501(C)(3)	30,000.				GRANT
<b>(4)</b> MARY MITCHELL FAMILY YTH INC 2007 MAPES AVE BRONX, NY 10460	13-3385032	501(C)(3)	669,214.				ASSISTANCE
<b>(5)</b> MASA-MEXED, INC 2770 THIRD AVE BRONX, NY 10455	11-3640210	501(C)(3)	53,295.				FOOD ASSISTANCE
<b>(6)</b> MATTIE RHODES CENTER 148 N TOPPING AVE KANSAS CITY, MO 64123	44-0546343	501(C)(3)	10,000.				ASSISTANCE
<b>(7)</b> MERCY CENTER 377 EAST 145TH ST BRONX, NY 10454	13-3865634	501(C)(3)	30,000.				ASSISTANCE
<b>(8)</b> MIAMI EDTECH INC 400 NW 26TH ST MIAMI, FL 33127	83-0907475	501(C)(3)	52,500.				ASSISTANCE
<b>(9)</b> MIXTECA ORGANIZATION INC 245 23RD ST 2ND FL NEW YORK, NY 11215	11-3561651	501(C)(3)	113,265.				ASSISTANCE
<b>(10)</b> MONTCLAIR KIMBERLY ACADEMY FOUNDATION 201 VALLEY RD MONTCLAIR, NJ 07042	23-7365263	501(C)(3)	25,000.				PROGRAM SUPPORT
<b>(11)</b> MORRIS COUNTY ORG FOR HISP AFF 95-97 BASSETT HIGHWAY DOVER, NJ 07801	22-2137333	501(C)(3)	35,000.				LATINO CORE GRANT
<b>(12)</b> MOVIMIENTO ALCANCE VIDA INDEP PO BOX 25277 SAN JUAN, PR 00928	66-0446732	501(C)(3)	26,600.				ASSISTANCE

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<b>(1)</b> MUJERES LATINAS EN ACCION 2124 W 21ST PLACE CHICAGO, IL 60608	36-2877520	501(C)(3)	6,000.				ASSISTANCE
<b>(2)</b> MULTI ETHNIC ALLIANCE OF NEW YORK 5605 5TH AVE BROOKLYN, NY 11220	87-4814488	501(C)(3)	8,096.				FOOD ASSISTANCE
<b>(3)</b> NATL BLACK THEATRE WORKSHOP INCORPORATED 213 W 137TH ST NEW YORK, NY 10030	13-2632596	501(C)(3)	25,000.				PROGRAM SUPPORT
<b>(4)</b> NATIONAL HISPANIC MEDIA COALITION 13502 WHITTIER BLVD WHITTIER, CA 90605	95-4111353	501(C)(3)	10,000.				PROGRAM SUPPORT
<b>(5)</b> NATIONAL PUERTO RICAN DAY PARADE INC PO BOX 975 NEW YORK, NY 10272	13-3869493	501(C)(3)	45,000.				PROGRAM SUPPORT
<b>(6)</b> NATL IMMIGRATION LAW CENTER 3450 WILSHIRE BLVD LOS ANGELES, CA 90010	95-4539765	501(C)(3)	250,000.				GRANT
<b>(7)</b> NATL MUSEUM OF PR ARTS&CULTURE 3015 W DIVISION CHICAGO, IL 60622	36-4437224	501(C)(3)	15,000.				EVENT SPONSORSHIP
<b>(8)</b> NC CONGRESS OF LATINO ORG 4907 GARRETT ROAD DURHAM, NC 27707	51-0526332	501(C)(3)	24,000.				ASSISTANCE
<b>(9)</b> NEW IMMIGRANT COMM EMPOWERMENT 71-29 ROOSEVELT AVE NEW YORK, NY 11372	11-3560625	501(C)(3)	76,133.				ASSISTANCE
<b>(10)</b> NEW LIFE CENTERS CHICAGOLAND 4101 W 51ST ST CHICAGO, IL 60632	20-2380358	501(C)(3)	10,000.				ASSISTANCE
<b>(11)</b> NEW MEXICO IMMIGRANT LAW CNTR PO BOX 7040 ALBUQUERQUE, NM 87194	27-3303237	501(C)(3)	10,000.				ASSISTANCE
<b>(12)</b> NM SCHOOL FOR THE ARTS ART INSTITUTE 500 MONTEZUMA AVE SANTA FE, NM 87501	26-4764395	501(C)(3)	10,000.				ASSISTANCE

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<b>(1)</b> NEW MEXICO VOICES FOR CHILDREN 625 SILVER AVE SW ALBUQUERQUE, NM 87102	85-0348301	501(C)(3)	10,000.				ASSISTANCE
<b>(2)</b> NEW WOMEN NEW YORKERS INC 82 NASSAU ST NEW YORK, NY 10038	47-1784843	501(C)(3)	52,528.				ASSISTANCE
<b>(3)</b> NEW YORK CITY TOURISM FOUNDATION INC 1 ROCKEFELLER PLAZA NEW YORK, NY 10020	13-4020446	501(C)(3)	25,000.				PROGRAM SUPPORT
<b>(4)</b> NEW YORK SHAKESPEARE FESTIVAL 425 LAFAYETTE ST NEW YORK, NY 10003	13-1844852	501(C)(3)	163,000.				PROGRAM SUPPORT
<b>(5)</b> NGAGE NEW MEXICO 3880 FOOTHILLS ROAD LAS CRUCES, NM 88011	27-0573305	501(C)(3)	40,000.				ASSISTANCE
<b>(6)</b> NIDO DE ESPERANZA CHARITABLE SOCIETY 4111 BROADWAY NEW YORK, NY 10033	82-5510616	501(C)(3)	25,000.				PROGRAM SUPPORT
<b>(7)</b> NONPROFIT STATEN ISLAND PO BOX 141292 STATEN ISLAND, NY 10314	20-3560375	501(C)(3)	29,833.				ASSISTANCE
<b>(8)</b> NORTHERN MANHATTAN ARTS ALLIANCE 4140 BROADWAY NEW YORK, NY 10033	26-1997496	501(C)(3)	145,743.				PROGRAM SUPPORT
<b>(9)</b> NORTHERN MANHATTAN COALITION 5030 BROADWAY NEW YORK, NY 10034	13-3255591	501(C)(3)	20,000.				LATINO CORE GRANT
<b>(10)</b> NORTHERN MHTN IMPROVEMENT CORP 45 WADSWORTH AVE NEW YORK, NY 10033	13-2972415	501(C)(3)	25,924.				ASSISTANCE
<b>(11)</b> NORTHWEST SIDE CDC 5233 W DIVERSEY AVE CHICAGO, IL 60639	83-1979604	501(C)(3)	20,000.				ASSISTANCE
<b>(12)</b> NUEVO SENDERO INC 1802 N ALAFAYA TRAIL ORLANDO, FL 32826	26-0298579	501(C)(3)	10,000.				ASSISTANCE

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<b>(1)</b> NY COUNCIL ON ADOPT CHILDREN 242 W 38 ST 9TH FL NEW YORK, NY 10018	23-7269678	501(C)(3)	32,540.				ASSISTANCE
<b>(2)</b> NYC HEALTH AND HOSPITALS CORP 462 FIRST AVE NEW YORK, NY 10016	13-2655001	501(C)(3)	8,491.				FOOD ASSISTANCE
<b>(3)</b> OFICINA LEGAL DEL PUEBLO UNIDO INC 1405 MONTOPOLIS R-4 AUSTIN, TX 78741	74-1995879	501(C)(3)	25,000.				PROGRAM SUPPORT
<b>(4)</b> OLATHE PUBLIC SCHOOLS FND 300 E LOULA ST OLATHE, KS 66061	48-1190090	501(C)(3)	10,000.				ASSISTANCE
<b>(5)</b> OPERA ON TAP 190 OCEAN PKWY BROOKLYN, NY 11218	20-4554125	501(C)(3)	10,000.				PROGRAM SUPPORT
<b>(6)</b> OPPORTUNITIES BETTER TOMORROW 882 3RD AVE 10-10NE BROOKLYN, NY 11232	11-2934620	501(C)(3)	16,682.				FOOD ASSISTANCE
<b>(7)</b> ORLANDO CENTER FOR JUSTICE INC 1300 N SEMORAN BLVD ORLANDO, FL 32807	81-2421015	501(C)(3)	30,300.				RISE GRANT
<b>(8)</b> OURBRIDGE INC 3925 WILLARD FARROW DR CHARLOTTE, NC 28215	46-3784901	501(C)(3)	71,500.				GRANT
<b>(9)</b> PARA LA NATURALEZA INC 155 TETUAN ST SAN JUAN, PR 00901	66-0801404	501(C)(3)	7,200.				ASSISTANCE
<b>(10)</b> PARTNERSHIP COMMUNITY ACTION 722 ISLETA BLVD SW ALBUQUERQUE, NM 87105	31-1815692	501(C)(3)	30,000.				ASSISTANCE
<b>(11)</b> PEOPLE'S THEATRE PROJECT INC 700 WEST 192ND ST NEW YORK, NY 10040	26-4705999	501(C)(3)	49,549.				ASSISTANCE
<b>(12)</b> PEOPLES THEATRE PROJECT INC 700 WEST 192ND ST NEW YORK, NY 10040	26-4705999	501(C)(3)	150,000.				PROGRAM SUPPORT

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<b>(1)</b> PLANNED PARENTHOOD FEDERATION OF AMERICA 123 WILLIAM ST NEW YORK, NY 10038	13-1644147	501(C)(3)	25,000.				PROGRAM SUPPORT
<b>(2)</b> PLATFORM FOR SOCIAL IMPACT INC PO BOX 31172 SAN JUAN, PR 00929	66-0963647	501(C)(3)	28,000.				LATINO CORE GRANT
<b>(3)</b> POLICE ATHLETIC LEAGUE OF KCKS 800 N 5TH ST KANSAS CITY, KS 66101	82-1902020	501(C)(3)	15,000.				ASSISTANCE
<b>(4)</b> POMONA ECONOMIC OPPRTNTY INC PO BOX 2496 POMONA, CA 91769	95-4657497	501(C)(3)	20,000.				ASSISTANCE
<b>(5)</b> PONCE NEIGHBORHOOD HOUSING SVC 57 CALLE MENDEZ VIGO PONCE, PR 00730	66-0501718	501(C)(3)	58,285.				ASSISTANCE
<b>(6)</b> PRODUCER HUB INC 113 ADAMS DR PRINCETON, NJ 08540	87-2432520	501(C)(3)	10,000.				PROGRAM SUPPORT
<b>(7)</b> PRONTO OF LONG ISLAND INC 128 PINE AIRE DR. BAY SHORE, NY 11706	11-2317426	501(C)(3)	88,667.				ASSISTANCE
<b>(8)</b> PUERTO RICAN ASSOC FOR HUMAN DEVELOPMENT 100 1ST ST PERTH AMBOY, NJ 08861	22-2026610	501(C)(3)	45,000.				PROGRAM SUPPORT
<b>(9)</b> PUERTO RICAN FAMILY INSTITUTE 145 WEST 15TH ST NEW YORK, NY 10011	13-6167177	501(C)(3)	48,694.				FOOD ASSISTANCE
<b>(10)</b> QUEEN ANN NZINGA CENTER INC 18 NEWTON AVE PLAINVILLE, CT 06062	26-2803114	501(C)(3)	6,000.				GRANT
<b>(11)</b> QUEENS BOROUGH PUBLIC LIBRARY 89-11 MERRICK BOULEVARD JAMAICA, NY 11432	11-1904262	501(C)(3)	10,787.				FOOD ASSISTANCE
<b>(12)</b> RED DERECHOS NINEZ Y JUVENTUD PO BOX 190875 SAN JUAN, PR 00919	66-0837840	501(C)(3)	29,743.				ASSISTANCE

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<b>(1)</b> REGIONAL AID FOR INTERIM NEEDS 811 MORRIS PARK AVE BRONX, NY 10462	13-6213586	501(C)(3)	35,000.				ASSISTANCE
<b>(2)</b> RIO GRANDE COMMUNITY DEV CORP 318 ISLETA BLVD ALBUQUERQUE, NM 87105	85-0348445	501(C)(3)	40,000.				ASSISTANCE
<b>(3)</b> RIVERSTONE SENIOR LIFE SERVICE 99 FORT WASHINGTON AVE NEW YORK, NY 10032	13-3355074	501(C)(3)	42,724.				ASSISTANCE
<b>(4)</b> RURAL & MIGRANT MINISTRY INC P.O.BOX 475 CORNWALL ON HUDSON, NY 12520	22-2527596	501(C)(3)	31,766.				SPONSORSHIP
<b>(5)</b> SALVA 1224 E. AVE S PALMDALE, CA 93550	83-0579527	501(C)(3)	20,000.				ASSISTANCE
<b>(6)</b> SAN JUAN CENTER INC 1277 MAIN ST HARTFORD, CT 06103	06-0890788	501(C)(3)	46,000.				ASSISTANCE
<b>(7)</b> SECOND CHANCE RE-ENTRY INTTV 75 CHARTER OAK AVE HARTFORD, CT 06106	84-2846352	501(C)(3)	56,500.				SPONSORSHIP
<b>(8)</b> SELF INITIATED LIVING OPTIONS 3253 ROUTE 112 MEDFORD, NY 11763	11-2721260	501(C)(3)	8,633.				ASSISTANCE
<b>(9)</b> SEPA MUJER INC 110 N OCEAN AVE PATCHOGUE, NY 11772	11-3369566	501(C)(3)	16,222.				FOOD ASSISTANCE
<b>(10)</b> SIEMBRA TODAY INC 30-68 38TH ST ASTORIA, NY 11103	93-3223540	501(C)(3)	22,500.				ASSISTANCE
<b>(11)</b> SKIDMORE COLLEGE 815 N BROADWAY SARATOGA SPRINGS, NY 12866	14-1338562	501(C)(3)	65,000.				PROGRAM SUPPORT
<b>(12)</b> SOCIETY OF THE EDUCATIONAL ARTS INC 107 SUFFOLK ST NEW YORK, NY 10002	11-3210593	501(C)(3)	41,000.				PROGRAM SUPPORT

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

**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](http://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**

- 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
- 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
<b>(1)</b> SOHO REPERTORY THEATRE INC 401 BROADWAY NEW YORK, NY 10013	13-2885288	501(C)(3)	80,000.				PROGRAM SUPPORT
<b>(2)</b> SOMOS SIEMBRA 1300 SOUTH BLVD CHARLOTTE, NC 28203	87-2266951	501(C)(3)	55,000.				ASSISTANCE
<b>(3)</b> SOUTH ASIAN COUNCIL FOR SOCIAL SERVICES 143-06 45 AVE FLUSHING, NY 11355	11-3632920	501(C)(3)	64,808.				ASSISTANCE
<b>(4)</b> SOUTHSIDE UNITED HOUSING DEV. 434 SOUTH 5TH ST BROOKLYN, NY 11211	11-2268359	501(C)(3)	233,757.				ASSISTANCE
<b>(5)</b> SP CONTRACTORS INC 764 AUGUSTO PEREA MAYAQUEZ, PR 00682	66-0986730	501(C)(3)	134,835.				ASSISTANCE
<b>(6)</b> SPANISH SPEAKING ELDERLY COUNCIL 460 ATLANTIC AVE BROOKLYN, NY 11217	11-2730462	501(C)(3)	122,646.				ASSISTANCE
<b>(7)</b> SPANISH THEATRE REPERTORY CO 138 EAST 27TH ST NEW YORK, NY 10016	13-2672755	501(C)(3)	33,000.				EVENT SPONSORSHIP
<b>(8)</b> ST LUKES UNITED CHURCH CHRIST 2914 W NORTH AVE CHICAGO, IL 60647	36-3209645	501(C)(3)	23,916.				FOOD ASSISTANCE
<b>(9)</b> ST. ANN'S CORNER OF HARM REDUC 886 WESTCHESTER AVE BRONX, NY 10459	13-3724008	501(C)(3)	8,600.				FOOD ASSISTANCE
<b>(10)</b> ST. JACOBOUS LUTHERAN CHURCH 7201 43RD AVE WOODSIDE, NY 11377	11-1674393	501(C)(3)	35,933.				FOOD ASSISTANCE
<b>(11)</b> STAGE DIRECTORS/CHOREOGRAPHERS WORKSHOP FDN 321 W 44TH ST NEW YORK, NY 10036	13-2570500	501(C)(3)	15,000.				PROGRAM SUPPORT
<b>(12)</b> STATEN ISLAND COMM JOB CENTER 774 PORT RICHMOND AVE, NEW YORK, NY 10302	47-2787706	501(C)(3)	73,507.				ASSISTANCE

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(1) STUDENT ACTION WITH FARMWORKER PO BOX 2835 DURHAM, NC 27715	56-1789014	501(C)(3)	27,000.				EVENT SPONSORSHIP
(2) SUNNYSIDE COMMUNITY SERVICES 43-31 39TH ST SUNNYSIDE, NY 11104	51-0189327	501(C)(3)	16,161.				FOOD ASSISTANCE
(3) TACOMBI FOUNDATION INC 262 BOWERY NEW YORK, NY 10024	83-2550224	501(C)(3)	43,231.				ASSISTANCE
(4) TAHIRIH JUSTICE CENTER 6400 ARLINGTON BLVD FALLS CHURCH, VA 22042	54-1858176	501(C)(3)	250,000.				GRANT
(5) TEATRO CIRCULO LTD 64 EAST 4TH ST NEW YORK, NY 10003	13-3805585	501(C)(3)	45,000.				ASSISTANCE
(6) TEXAS CIVIL RIGHTS PROJECT 1405 MONTOPOLIS DR AUSTIN, TX 78741	74-1995879	501(C)(3)	250,000.				GRANT
(7) THALIA SPANISH THEATRE INC 4117 GREENPOINT AVE SUNNYSIDE, NY 11104	23-7448611	501(C)(3)	10,000.				PROGRAM SUPPORT
(8) THALIA SPANISH THEATRE, INC 41-17 GREPOINT AVE SUNNYSIDE, NY 11104	23-7448611	501(C)(3)	30,000.				LATINO CORE GRANT
(9) THE GUATEMALAN MAYA CENTER INC 1776 LAKE WORTH RD LAKE WORTH, FL 33460	65-0355018	501(C)(3)	30,000.				RISE GRANT
(10) THE HUB ARGENTINE INC 3730 METROPOLITAN AVE KANSAS CITY, KS 66106	86-2365559	501(C)(3)	18,000.				GRANT
(11) THE KNOWLEDGE HOUSE INC 79 ALEXANDER AVE BRONX, NY 10454	47-2747713	501(C)(3)	50,000.				GRANT
(12) THE NATI MUSEUM OF PR ARTS AND CULTURE 3015 W DIVISION ST CHICAGO, IL 60622	36-4437224	501(C)(3)	125,000.				PROGRAM SUPPORT

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<b>(1)</b> THE POINT COMM DEV COR 940 GARRISON AVE BRONX, NY 10474	13-3765140	501(C)(3)	44,952.				ASSISTANCE
<b>(2)</b> THE RESOURCE CNTR FOR COMM DEV 884 EAST 163RD ST BRONX, NY 10459	13-3603303	501(C)(3)	375,631.				FOOD ASSISTANCE
<b>(3)</b> THE RESURRECTION PROJECT 1818 S PAULINA ST CHICAGO, IL 60608	36-3576073	501(C)(3)	50,000.				RISE GRANT
<b>(4)</b> THE SATO PROJECT INC 130 WATER ST BROOKLYN, NY 11201	45-3743534	501(C)(3)	10,000.				PROGRAM SUPPORT
<b>(5)</b> THE TEAK FELLOWSHIP INC 16 WEST 22ND ST NEW YORK, NY 10010	13-4011465	501(C)(3)	15,000.				EVENT SPONSORSHIP
<b>(6)</b> THE TOOLBOX INC 1303 CENTRAL AVE 5 KANSAS CITY, KS 66102	86-3982273	501(C)(3)	19,150.				ASSISTANCE
<b>(7)</b> TN IMMIGRANT & REFUGEE RIGHTS 3310 EZELL RD NASHVILLE, TN 37211	20-0121100	501(C)(3)	25,000.				RISE GRANT
<b>(8)</b> TOWN HALL FOUNDATION INC 123 W 43RD ST NEW YORK, NY 10036	23-7296167	501(C)(3)	25,000.				PROGRAM SUPPORT
<b>(9)</b> TRANSLATINA NETWORK 127 W 26 ST NEW YORK, NY 10001	47-4807380	501(C)(3)	44,019.				ASSISTANCE
<b>(10)</b> TRUE RIDGE 204 6TH AVE WEST HENDERSONVILLE, NC 28739	82-1094679	501(C)(3)	14,000.				NC SALUD PROJECT
<b>(11)</b> TRUSTEES OF COLUMBIA UNIVERSITY IN NYC 615 WEST 131 ST NEW YORK, NY 10027	13-5598093	501(C)(3)	20,000.				PROGRAM SUPPORT
<b>(12)</b> UNETE INC 26 PHILLIPS ST CANTON, NC 28716	86-3291832	501(C)(3)	14,000.				NC SALUD PROJECT

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<b>(1)</b> UNIFIED SCHOOL DISTRICT #233 14160 BLACK BOB ROAD OLATHE, KS 66063	48-0697986	501(C)(3)	20,000.				ASSISTANCE
<b>(2)</b> UNION GROVE BAPTIST CHURCH 1488 HOE AVE BRONX, NY 10460	13-5078662	501(C)(3)	15,777.				FOOD ASSISTANCE
<b>(3)</b> UNION SETTLEMENT ASSOCIATION 237 EAST 104TH ST NEW YORK, NY 10029	13-1632530	501(C)(3)	16,096.				FOOD ASSISTANCE
<b>(4)</b> UNITED COMMUNITY SCHOOLS 52 BROADWAY 11TH FL NEW YORK, NY 10004	76-1227433	501(C)(3)	5,890.				FOOD ASSISTANCE
<b>(5)</b> UNITED NEIGHBORHOOD HOUSES OF NEW YORK INC 45 BROADWAY NEW YORK, NY 10006	13-5563409	501(C)(3)	10,000.				PROGRAM SUPPORT
<b>(6)</b> UNITED PALACE OF CULTURAL ARTS INC 4140 BROADWAY NEW YORK, NY 10033	90-0884007	501(C)(3)	70,000.				PROGRAM SUPPORT
<b>(7)</b> UNITED STATES HOLOCAUST MEMORIAL COUNCIL 60 E 42ND ST NEW YORK, NY 10165	52-1309391	501(C)(3)	7,500.				PROGRAM SUPPORT
<b>(8)</b> UNITED WE DREAM NETWORK INC 1775 I ST NW WASHINGTON, DC 20006	46-2216565	501(C)(3)	250,000.				GRANT
<b>(9)</b> UNIVERSITY OF MONTANA FOUNDATION PO BOX 7159 MISSOULA, MT 59807	81-0362989	501(C)(3)	10,000.				PROGRAM SUPPORT
<b>(10)</b> V I P COMMUNITY SERVICES, INC. 770 EAST 176TH ST BRONX, NY 10460	13-3224700	501(C)(3)	25,952.				ASSISTANCE
<b>(11)</b> VALLEY INITIATIVE DVLPMNT ADVN 417 S OHIO AVE MERCEDES, TX 78570	74-2768931	501(C)(3)	50,000.				ASSISTANCE
<b>(12)</b> VALORES INC 2633 WHITE OAK DR BURLINGTON, NC 27215	93-4850886	501(C)(3)	16,000.				ASSISTANCE

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<b>(1)</b> VANGUARD THEATER COMPANY PO BOX 409 MONICLAIR, NJ 07042	47-3543143	501(C)(3)	30,000.				PROGRAM SUPPORT
<b>(2)</b> VIDRE ENERGIAS INC 130 AVE WINSTON CHURCHIL SAN JUAN, PR 00926	66-0767336	501(C)(3)	31,500.				ASSISTANCE
<b>(3)</b> VIOLENCE INTERVENTION PROG INC P O BOX 1161 NEW YORK, NY 10035	13-3540337	501(C)(3)	33,819.				EVENT SPONSORSHIP
<b>(4)</b> VISION URBANA INC 207-209 EAST BROADWAY NEW YORK, NY 10002	13-3848575	501(C)(3)	167,764.				FOOD ASSISTANCE
<b>(5)</b> VISION Y COMPROMISO PO BOX 708 SAN LORENZO, CA 94580	32-0071651	501(C)(3)	29,600.				ASSISTANCE
<b>(6)</b> VOCES LATINAS CORP 37 63 83RD STREET NEW YORK, NY 11372	20-2312651	501(C)(3)	7,961.				FOOD ASSISTANCE
<b>(7)</b> WAVES AHEAD CORP. 1149 AVE AMERICO MIRANDA SAN JUAN, PR 00921	66-0886812	501(C)(3)	26,000.				EVENT SPONSORSHIP
<b>(8)</b> WE STAY NOS QUEDAMOS INC 754 MELROSE AVE BRONX, NY 10451	13-3724388	501(C)(3)	216,675.				FOOD ASSISTANCE
<b>(9)</b> WESLEYAN UNIVERSITY 55 HIGH ST MIDDLETOWN, CT 06457	06-0646959	501(C)(3)	150,000.				PROGRAM SUPPORT
<b>(10)</b> WEST SIDE CENTER FOR COMMUNITY LIFE INC 263 W 86TH ST NEW YORK, NY 10024	71-0908184	501(C)(3)	50,000.				PROGRAM SUPPORT
<b>(11)</b> WESTSIDE COMM ACTION NETW CTR 2038 JEFFERSON ST KANSAS CITY, MO 64108	43-1718317	501(C)(3)	15,000.				ASSISTANCE
<b>(12)</b> WOODSIDE ON THE MOVE INC 5123B QUEENS BLVD WOODSIDE, NY 11377	11-2435565	501(C)(3)	40,517.				FOOD ASSISTANCE

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<b>(1)</b> WOODSIDE SUNNYSIDE CHAMBER OF COMMERCE 3949 49TH ST SUNNYSIDE, NY 11104	33-2367122	501(C)(3)	30,421.				FOOD ASSISTANCE
<b>(2)</b> WOOLLY MAMMOTH THEATRE CO 641 D ST NW WASHINGTON, DC 20004	52-1242900	501(C)(3)	100,000.				PROGRAM SUPPORT
<b>(3)</b> WORKING CLASSROOM INC 423 ATLANTIC AVE SW ALBUQUERQUE, NM 87102	85-0280287	501(C)(3)	20,000.				ASSISTANCE
<b>(4)</b> YOUNG MEN'S CHRISTIAN ASSO NY 5 WEST 63RD ST NEW YORK, NY 10023	13-1624228	501(C)(3)	7,841.				FOOD ASSISTANCE
<b>(5)</b> YOUTH & FAMILY CENT OF MCHENRY 1011 N GREEN ST MCHENRY, IL 60050	25-0627562	501(C)(3)	20,000.				ASSISTANCE
<b>(6)</b> A I D FOR A I D S INT' INC 131 VARICK ST NEW YORK, NY 10013	13-3954568	501(C)(3)	462,720.				PROGRAM SUPPORT
<b>(7)</b> ACCION HISPANA-QUE PASA 3067 WAUGHTOWN ST WINSTON SALEM, NC 27107	30-0081227	501(C)(3)	22,000.				PROGRAM SUPPORT
<b>(8)</b> ARAB AMERICAN ASSOC OF NY INC 6803 5TH AVE BROOKLYN, NY 11220	11-3604756	501(C)(3)	71,795.				PROGRAM SUPPORT
<b>(9)</b> ASHEVILLE CREATIVE ARTS 87 OLD COVE ROAD BLACK MOUNTAIN, NC 28711	46-4551364	501(C)(3)	24,000.				PROGRAM SUPPORT
<b>(10)</b> ASOCIACION MEXICANOS EN CN PO BOX 2744 GREENVILLE, NC 27836	94-3421627	501(C)(3)	12,500.				PROGRAM SUPPORT
<b>(11)</b> BEACON CHRISTIAN CMMNTY HEALTH 2079 FOREST AVE STATEN ISLAND, NY 10303	02-0703686	501(C)(3)	65,000.				PROGRAM SUPPORT
<b>(12)</b> BETH EL FARMWORKER MINISTRY INC 18240 US HWY 301 S WIMAUMA, FL 33598	59-3004876	501(C)(3)	48,795.				PROGRAM SUPPORT

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<b>(1)</b> BORINQUEN DANCE THEATRE INC 1 EAST AVE ROCHESTER, NY 14604-2220	56-2302064	501(C)(3)	25,000.				PROGRAM SUPPORT
<b>(2)</b> BOUNDLESS THEATRE COMPANY INC 41-21 42ND ST SUNNYSIDE, NY 11104	86-1164716	501(C)(3)	85,000.				PROGRAM SUPPORT
<b>(3)</b> CAPITAL DISTRICT LATINOS INC 300 E 175TH ST BRONX, NY 10457	45-3647494	501(C)(3)	115,504.				PROGRAM SUPPORT
<b>(4)</b> CAROLINA MIGRANT NETWORK INC 6917 LANCER DRIVE CHARLOTTE, NC 28226	85-0952850	501(C)(3)	30,000.				PROGRAM SUPPORT
<b>(5)</b> CASA AZUL DE WILSON PO BOX 2134 WILSON, NC 27893	87-3076221	501(C)(3)	6,347.				PROGRAM SUPPORT
<b>(6)</b> CATHOLIC MIGRATION SRVS INC. 191 JORALEMON ST BROOKLYN, NY 11201	11-2634818	501(C)(3)	223,399.				PROGRAM SUPPORT
<b>(7)</b> CENTER INDEPEND DISABLED NY 1010 AVE OF THE AMERICAS NEW YORK, NY 10018	13-2984549	501(C)(3)	58,968.				PROGRAM SUPPORT
<b>(8)</b> CENTRAL AMERICAN REFUGEE CTR 250 FULTON AVE HEMPSTEAD, NY 11550	11-2705005	501(C)(3)	497,901.				PROGRAM SUPPORT
<b>(9)</b> CHARLOTTE GAYMERS NETWORK INC 1162 E 36TH ST CHARLOTTE, NC 28205	87-2591704	501(C)(3)	30,000.				PROGRAM SUPPORT
<b>(10)</b> CHURCH WORLD SERVICE INC 28606 PHILLIPS ST ELKHART, IN 46515	13-4080201	501(C)(3)	62,500.				PROGRAM SUPPORT
<b>(11)</b> CIRCLE DE LUZ INC 1026 JAY ST CHARLOTTE, NC 28208	74-3259379	501(C)(3)	12,000.				PROGRAM SUPPORT
<b>(12)</b> CIRCULO DE LA HISPANIDAD INC 26 WEST PARK AVE LONG BEACH, NY 11561	11-2525327	501(C)(3)	120,000.				PROGRAM SUPPORT

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 . . . . .

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

**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](http://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**

- 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
- 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
<b>(1)</b> COALICION LATINO AMERICANA 4938 CENTRAL AVE CHARLOTTE, NC 28205	58-1945776	501(C)(3)	12,000.				PROGRAM SUPPORT
<b>(2)</b> COMUNILIFE INC 462 7TH AVE NEW YORK, NY 10018	13-3530299	501(C)(3)	95,000.				PROGRAM SUPPORT
<b>(3)</b> COPAY INC 21 NORTH STATION PLAZA GREAT NECK, NY 11021	11-2212496	501(C)(3)	25,000.				PROGRAM SUPPORT
<b>(4)</b> CTR FOR COMPREHENSIVE HEALTH 35 EAST 110TH ST NEW YORK, NY 10029	13-3484329	501(C)(3)	50,000.				PROGRAM SUPPORT
<b>(5)</b> DESPIERTA 4108 PARK ROAD CHARLOTTE, NC 28209	85-4057069	501(C)(3)	10,000.				PROGRAM SUPPORT
<b>(6)</b> DOMINICAN WOMENS DEV CTR 519 W 189TH ST NEW YORK, NY 10040	13-3593885	501(C)(3)	69,190.				PROGRAM SUPPORT
<b>(7)</b> DV7 US ACADEMY HOLDINGS LLC 239 W 14TH ST NEW YORK, NY 10011	85-1479577	501(C)(3)	353,106.				PROGRAM SUPPORT
<b>(8)</b> EL CENTRO HISPANO INC 2000 CHAPEL HILL ROAD DURHAM, NC 27707	56-2011661	501(C)(3)	25,038.				PROGRAM SUPPORT
<b>(9)</b> EL CENTRO HISPANO, INC. 295 CENTRAL AVE WHITE PLAINS, NY 10606	13-4149424	501(C)(3)	25,000.				PROGRAM SUPPORT
<b>(10)</b> EL PUEBLO INC 3125 POPLARWOOD COURT RALEIGH, NC 27604	56-1934310	501(C)(3)	10,250.				PROGRAM SUPPORT
<b>(11)</b> EL PUENTE 211 S 4TH ST BROOKLYN, NY 11211	11-2614265	501(C)(3)	64,572.				PROGRAM SUPPORT
<b>(12)</b> FARMWORKER LANDSCAPER ADVOCACY 100 N LASALLE CHICAGO, IL 60602	36-4306362	501(C)(3)	93,100.				PROGRAM SUPPORT

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<b>(1)</b> FIFTH AVE COMMITTEE INC 621 DEGRAW ST BROOKLYN, NY 11217	11-2475743	501(C)(3)	199,296.				PROGRAM SUPPORT
<b>(2)</b> FLAMBOYAN FOUNDATION 1730 MASSACHUSETTS AVE NW	20-8924675	501(C)(3)	890,000.				PROGRAM SUPPORT
<b>(3)</b> FORWARD LATINO INC 5012 W ASHLAND WAY FRANKLIN, WI 53132	84-2400728	501(C)(3)	39,440.				PROGRAM SUPPORT
<b>(4)</b> FUND FOR THE CITY NEW YORK INC 121 AVE OF THE AMERICAS NEW YORK, NY 10013	13-2612524	501(C)(3)	25,000.				PROGRAM SUPPORT
<b>(5)</b> HAND IN HAND MANO EN MANO PO BOX 573 MILBRIDGE, MA 04658	01-0836208	501(C)(3)	19,800.				PROGRAM SUPPORT
<b>(6)</b> HEALTH & WELFARE COUNCIL OF LI 110 W WHITMAN RD HUNTINGTON STN, NY 11746	11-1858098	501(C)(3)	56,037.				PROGRAM SUPPORT
<b>(7)</b> HISPANIC AIDS FORUM 975 KELLY ST BRONX, NY 10459	13-3422748	501(C)(3)	95,000.				PROGRAM SUPPORT
<b>(8)</b> HISPANIC BROTHERHOOD INC 59 CLINTON AVE ROCKVILLE CENTRE, NY 11570	11-2716443	501(C)(3)	75,000.				PROGRAM SUPPORT
<b>(9)</b> COMMUNITY RESOURCE CENTER 134 CENTER AVE MAMARONECK, NY 10543	31-1678682	501(C)(3)	25,000.				PROGRAM SUPPORT
<b>(10)</b> HISPANIC WOMEN'S ORG ARKANSAS P.O. BOX 6132 SPRINGDALE, AR 72766	73-1586398	501(C)(3)	25,000.				PROGRAM SUPPORT
<b>(11)</b> HISPANOS UNIDOS DE BUFALO 254 VIRGINIA ST. BUFFALO, NY 14201	16-1243094	501(C)(3)	25,000.				PROGRAM SUPPORT
<b>(12)</b> HUNTS POINT A FOR CHILDREN 1231 LAFAYETTE AVE SB BRONX, NY 10474	20-8503907	501(C)(3)	95,000.				PROGRAM SUPPORT

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<b>(1)</b> I CHALLENGE MYSELF INC 1216 BROADWAY NEW YORK, NY 10001	56-2423423	501(C)(3)	25,000.				PROGRAM SUPPORT
<b>(2)</b> IBERO AMERICAN ACTION LEAGUE 817 E MAIN ST ROCHESTER, NY 14605	16-0954745	501(C)(3)	75,000.				PROGRAM SUPPORT
<b>(3)</b> IMMERSION SPANISH LANGUAGE ACQ PO BOX 16278 CHAPEL HILL, NC 27514	45-5336885	501(C)(3)	12,000.				PROGRAM SUPPORT
<b>(4)</b> JACOB A RIIS NEIGH SETTLEMENT 10-25 41ST AVE LONG ISLAND CITY, NY 11101	11-1729398	501(C)(3)	97,545.				PROGRAM SUPPORT
<b>(5)</b> LA JORNADA LTD 62-40 WOODHAVEN BLVD REGO PARK, NY 11374	37-1659512	501(C)(3)	200,425.				PROGRAM SUPPORT
<b>(6)</b> LATIN AMERICNS WRKNG ACHIEVEMT PO BOX 78150 CHARLOTTE, NC 28271	56-1781060	501(C)(3)	40,000.				PROGRAM SUPPORT
<b>(7)</b> LATINO COMMISSION ON AIDS INC 24 W 25TH ST NEW YORK, NY 10010	13-3629466	501(C)(3)	131,268.				PROGRAM SUPPORT
<b>(8)</b> LATINO JUSTICE PRLDEF 475 RIVERSIDE DRIVE NEW YORK, NY 10115	13-2722664	501(C)(3)	25,000.				PROGRAM SUPPORT
<b>(9)</b> LAUNDRY WORKERS CENTER INC 42 BROADWAY NEW YORK, NY 10004	82-4172181	501(C)(3)	111,431.				PROGRAM SUPPORT
<b>(10)</b> LESBIAN GAY COMM SRVCS CNT INC 208 WEST 13TH ST NEW YORK, NY 10011	13-3217805	501(C)(3)	102,958.				PROGRAM SUPPORT
<b>(11)</b> LGBT CTR INTERCULTURAL COLLECT 37-63 83RD ST JACKSON HEIGHTS, NY 11372	82-4397912	501(C)(3)	47,134.				PROGRAM SUPPORT
<b>(12)</b> LIFEWORKS COMMUNITY ACTION INC 39 BATH ST BALLSTON SPA, NY 12020	23-7438457	501(C)(3)	75,000.				PROGRAM SUPPORT

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<b>(1)</b> MAKE THE ROAD NEW YORK 301 GROVE ST BROOKLYN, NY 11237	11-3344389	501(C)(3)	312,491.				PROGRAM SUPPORT
<b>(2)</b> MARSONI FOUNDATION 5901 NW 151 ST MIAMI LAKES, FL 33014	84-4277237	501(C)(3)	12,650.				PROGRAM SUPPORT
<b>(3)</b> MASA-MEXED, INC 2770 THIRD AVE BRONX, NY 10455	11-3640210	501(C)(3)	150,677.				PROGRAM SUPPORT
<b>(4)</b> MERCY CENTER 377 EAST 145TH ST BRONX, NY 10454	13-3865634	501(C)(3)	173,422.				PROGRAM SUPPORT
<b>(5)</b> MT CALVARY LEADERS DEVELOP COR 414 N NORWOOD ST WALLACE, NC 28466	84-4644495	501(C)(3)	20,191.				PROGRAM SUPPORT
<b>(6)</b> NC CONGRESS OF LATINO ORG 4907 GARRETT ROAD DURHAM, NC 27707	51-0526332	501(C)(3)	60,000.				PROGRAM SUPPORT
<b>(7)</b> NEW WOMEN NEW YORKERS INC 82 NASSAU ST 952 NEW YORK, NY 10038	47-1784843	501(C)(3)	75,000.				PROGRAM SUPPORT
<b>(8)</b> NIDO ESPERANZA CHARITABLE SOC 4111 BROADWAY NEW YORK, NY 10033	82-5510616	501(C)(3)	52,000.				PROGRAM SUPPORT
<b>(9)</b> NORTHERN MANHATTAN COALITION 5030 BROADWAY NEW YORK, NY 10034	13-3255591	501(C)(3)	36,682.				PROGRAM SUPPORT
<b>(10)</b> NORTHERN MHTN IMPROVEMENT CORP 45 WADSWORTH AVE NEW YORK, NY 10033	13-2972415	501(C)(3)	83,545.				PROGRAM SUPPORT
<b>(11)</b> NY COUNCIL ON ADOPT CHILDREN 242 W 38 ST NEW YORK, NY 10018	23-7269678	501(C)(3)	287,500.				PROGRAM SUPPORT
<b>(12)</b> NY JUSTICE FOR OUR NEIGHBORS 475 RIVERSIDE DR. NEW YORK, NY 10115	84-2948798	501(C)(3)	43,003.				PROGRAM SUPPORT

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<b>(1)</b> NY LEGAL ASSISTANCE GROUP INC 100 PEARL ST NEW YORK, NY 10004	13-3505428	501(C)(3)	233,447.				PROGRAM SUPPORT
<b>(2)</b> OBRA COLLECTIVE 628 SWEETGUM LN CHARLOTTE, NC 28211	87-1736320	501(C)(3)	6,600.				PROGRAM SUPPORT
<b>(3)</b> OLA OF EASTERN LONG ISLAND INC PO BOX 278 SAGAPONACK, NY 11962	43-1997489	501(C)(3)	187,309.				PROGRAM SUPPORT
<b>(4)</b> OPEN DOOR FAM MEDICAL CTR INC 165 MAIN ST OSSINING, NY 10562	13-2813103	501(C)(3)	139,898.				PROGRAM SUPPORT
<b>(5)</b> OPPORTUNITIES BETTER TOMORROW 882 3RD AVE BROOKLYN, NY 11232	11-2934620	501(C)(3)	94,846.				PROGRAM SUPPORT
<b>(6)</b> ORLANDO CENTER FOR JUSTICE INC 1300 N SEMORAN BLVD ORLANDO, FL 32807	81-2421015	501(C)(3)	5,500.				PROGRAM SUPPORT
<b>(7)</b> PATHSTONE CORPORATION 400 EAST AVE ROCHESTER, NY 14607	16-0984913	501(C)(3)	187,060.				PROGRAM SUPPORT
<b>(8)</b> PHIPPS NEIGHBORHOODS INC 257 PARK AVE S NEW YORK, NY 10010	13-2707665	501(C)(3)	89,654.				PROGRAM SUPPORT
<b>(9)</b> PRODUCTORES DE CAFE DE PR INC PO BOX 945 ADJUNTAS, PR 00601	66-0904470	501(C)(3)	19,799.				PROGRAM SUPPORT
<b>(10)</b> PROMESA INC 311 E 175TH ST BRONX, NY 10457	13-2663328	501(C)(3)	94,945.				PROGRAM SUPPORT
<b>(11)</b> PROSPERA NORTH CAROLINA LLC 3201 E COLONIAL DR ORLANDO, FL 32803	82-1629344	501(C)(3)	20,000.				PROGRAM SUPPORT
<b>(12)</b> PROYECTO PECES INC PO BOX 647 PUNTA SANTIAGO, PR 00741	66-0444454	501(C)(3)	7,500.				PROGRAM SUPPORT

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<b>(1)</b> REDLANDS CHRISTIAN MIGRANT INC 402 WEST MAIN ST IMMOKALEE, FL 34142	59-1221966	501(C)(3)	21,620.				PROGRAM SUPPORT
<b>(2)</b> REFUGEE IMM SUPPORT SRV EMMAUS 1305 NORTH FLORES ST SAN ANTONIO, TX 78212	74-2436920	501(C)(3)	90,000.				PROGRAM SUPPORT
<b>(3)</b> RESEARCH FOUND OF THE CUNY 230 WEST 41ST ST NEW YORK, NY 10036	13-1988190	501(C)(3)	214,650.				PROGRAM SUPPORT
<b>(4)</b> RYAN NENA COMMUNITY HEALTH CTR 110 WEST 97TH ST NEW YORK, NY 10025	13-2884976	501(C)(3)	123,426.				PROGRAM SUPPORT
<b>(5)</b> SAFE PASSAGE PROJECT CORP 185 WEST BROADWAY NEW YORK, NY 10013	46-2946211	501(C)(3)	482,310.				PROGRAM SUPPORT
<b>(6)</b> SEPA MUJER INC 110 N OCEAN AVE PATCHOGUE, NY 11772	11-3369566	501(C)(3)	233,385.				PROGRAM SUPPORT
<b>(7)</b> SIEMBRA TODAY INC 30-68 38TH ST ASTORIA, NY 11103	93-3223540	501(C)(3)	75,000.				PROGRAM SUPPORT
<b>(8)</b> SISTERS OF SAINT JOSEPH 1725 BRENTWOOD ROAD BRENTWOOD, NY 11717	11-1631830	501(C)(3)	64,451.				PROGRAM SUPPORT
<b>(9)</b> SOUTH ASIAN COUNCIL SOCIAL SRV 143-06 45 AVE FLUSHING, NY 11355	11-3632920	501(C)(3)	120,000.				PROGRAM SUPPORT
<b>(10)</b> SOUTH BRONX UNITED INC PO BOX 1267 BRONX, NY 10451	26-4064041	501(C)(3)	80,000.				PROGRAM SUPPORT
<b>(11)</b> ST. ANN'S CORNER OF HARM REDUC 886 WESTCHESTER AVE BRONX, NY 10459	13-3724008	501(C)(3)	80,000.				PROGRAM SUPPORT
<b>(12)</b> STATEN ISLAND COMM JOB CENTER 774 PORT RICHMOND AVE STATEN IS, NY 10302	47-2787706	501(C)(3)	250,365.				PROGRAM SUPPORT

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<b>(1)</b> SURE WE CAN INC 219 MCKIBBIN ST BROOKLYN, NY 11206	26-1217947	501(C)(3)	95,000.				PROGRAM SUPPORT
<b>(2)</b> TACOMBI FOUNDATION INC 262 BOWERY NEW YORK, NY 10024	83-2550224	501(C)(3)	83,314.				PROGRAM SUPPORT
<b>(3)</b> THE ARAB AMERICAN FAM SUPPORT 150 COURT ST BROOKLYN, NY 11201	11-3167245	501(C)(3)	84,046.				PROGRAM SUPPORT
<b>(4)</b> THE BROTHERHOOD SISTER SOL INC 512 WEST 143RD ST NEW YORK, NY 10031	13-3857387	501(C)(3)	95,000.				PROGRAM SUPPORT
<b>(5)</b> THE CHILDREN AID SOCIETY 117 WEST 124TH ST NEW YORK, NY 10027	13-5562191	501(C)(3)	69,355.				PROGRAM SUPPORT
<b>(6)</b> THE GUATEMALAN MAYA CENTER INC 1776 LAKE WORTH RD LAKE WORTH, FL 33460	65-0355018	501(C)(3)	9,000.				PROGRAM SUPPORT
<b>(7)</b> THE KNOWLEDGE HOUSE INC 79 ALEXANDER AVE BRONX, NY 10454	47-2747713	501(C)(3)	87,954.				PROGRAM SUPPORT
<b>(8)</b> THE NY TRANSGENDER ADV GROUP 118 EAST 28TH ST NEW YORK, NY 10016	81-1370263	501(C)(3)	89,847.				PROGRAM SUPPORT
<b>(9)</b> TRUE RIDGE 204 6TH AVE WEST HENDERSONVILLE, NC 28739	82-1094679	501(C)(3)	14,080.				PROGRAM SUPPORT
<b>(10)</b> UNLOCAL INC 45 W 29TH ST NEW YORK, NY 10001	41-2278265	501(C)(3)	300,000.				PROGRAM SUPPORT
<b>(11)</b> URBAN HEALTH PLAN INC 1065 SOUTHERN BLVD. BRONX, NY 10459	23-7360305	501(C)(3)	450,288.				PROGRAM SUPPORT
<b>(12)</b> URBAN JUSTICE CENTER 40 RECTOR ST NEW YORK, NY 10006-1732	13-3442022	501(C)(3)	76,560.				PROGRAM SUPPORT

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 . . . . . \_\_\_\_\_

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

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

**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](http://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**

- 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
- 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) VALORES INC 2633 WHITE OAK DR BURLINGTON, NC 27215	93-4850886	501(C)(3)	12,000.				PROGRAM SUPPORT
(2) VIOLENCE INTERVENTION PROG INC P O BOX 1161 NEW YORK, NY 10035	13-3540337	501(C)(3)	96,626.				PROGRAM SUPPORT
(3) VOCES LATINAS CORP 37 63 83RD ST JACKSON HEIGHTS, NY 11372	20-2312651	501(C)(3)	702,474.				PROGRAM SUPPORT
(4) VOLUNTEERS OF LEGAL SRVCS INC 40 WORTH ST NEW YORK, NY 10013	13-3234630	501(C)(3)	74,953.				PROGRAM SUPPORT
(5) WORKER JUSTICE CENTER OF NY 1187 CULVER ROAD ROCHESTER, NY 14609	16-1155130	501(C)(3)	68,375.				PROGRAM SUPPORT
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

**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 SCHOLARSHIPS AND STIPENDS	328	1,082,103.			
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](http://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? **4a**  **4b**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**  **9**

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>	<input checked="" type="checkbox"/>	
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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 AND CEO	(i)	339,461.	51,000.	NONE	20,368.	30,278.	441,107.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DORIS GUZMAN 2 CHIEF FINANCIAL OFFICER	(i)	208,865.	15,000.	NONE	12,599.	28,278.	264,742.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BRENT WILKES 3 SVP FOR INSTITUTIONAL DEV	(i)	219,871.	10,000.	NONE	13,192.	13,312.	256,375.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JASLYN JIMENEZ 4 SENIOR VP FOR OPERATIONS	(i)	193,659.	15,000.	NONE	11,627.	26,729.	247,015.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JESSICA GUZMAN MEJIA 5 SENIOR VP STRATEGY & IMPACT	(i)	172,776.	15,000.	NONE	10,367.	26,668.	224,811.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JESSICA GUTTLEIN 6 SENIOR VP POLICY & COMM	(i)	165,766.	15,000.	NONE	10,367.	26,622.	217,755.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
STEPHEN CALENZANI 7 VICE PRESIDENT FOR DEVELOPMENT	(i)	157,976.	4,000.	NONE	9,667.	13,257.	184,900.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JULIETTA LOPEZ 8 VP FOR FEDERAL ADVOCACY	(i)	159,310.	2,000.	NONE	4,781.	13,242.	179,333.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
FREDERICK VELEZ III 9 NAT. DIRECTOR OF CIVIC ENG.	(i)	129,850.	1,000.	NONE	749.	29,828.	161,427.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARIO COLON 10 VP FOR SPECIAL INITIATIVES	(i)	128,794.	4,000.	NONE	7,917.	15,762.	156,473.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
INGRID DIMARZO 11 VP FOR POLICY & STRATEGY ENG.	(i)	133,891.	5,000.	NONE	8,096.	8,841.	155,828.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LUIS MARQUEZ 12 VP FOR DEVELOPMENT STRATEGY	(i)	136,442.	NONE	NONE	3,046.	10,846.	150,334.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

FORM 990, SCH J, PART I, LINE 7:

BONUS RECOMMENDATIONS ARE MADE TO THE PRESIDENT AND CEO BY CHIEF

OPERATING OFFICER AND HER SUPPORT TEAM.

THE PRESIDENT AND CEO MAKES FINAL DECISIONS WITH THE COUNSEL OF THE

ORGANIZATION'S EXECUTIVE TEAM.

FINAL DECISIONS ARE REPORTED TO THE CHIEF FINANCIAL OFFICER WHO REVIEWS

AND APPROVES THE ALLOCATIONS WHICH ARE PROCESSED BY PAYROLL WITH ALL

APPROPRIATE WITHHOLDINGS APPLIED.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2025**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

HISPANIC FEDERATION INC

Employer identification number

13-3573852

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	2	3,404,735.	FMV
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( _____ )				
26 Other ( _____ )				
27 Other ( _____ )				
28 Other ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2025 Created 12/29/25

JSA

5E1298 1.000

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2025**

**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 2025, 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 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 IS THE SOLE RESPONSIBILITY OF THE PRESIDENT OR HIS/HER DESIGNEE. QUALIFIED PERSONNEL FROM WITHIN HF MAY BE CONSIDERED FOR REASSIGNMENT OR PROMOTION TO AVAILABLE VACANT OR NEW POSITIONS PRIOR TO RECRUITMENT AND

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2025**

**Open to Public  
Inspection**

Employer identification number

13-3573852

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

Employer identification number

HISPANIC FEDERATION INC

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, ILLINOIS, CALIFORNIA, AND PUERTO RICO. THE ORGANIZATION UPLIFTS MILLIONS OF 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. 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 YOUTH WORKERS, IMMIGRANTS, AND FAMILIES ACROSS ITS GROWING FOOTPRINT IN 43 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 800 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.

Name of the organization

Employer identification number

HISPANIC FEDERATION INC

13-3573852

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

=====

DESCRIPTION	GRANTS	EXPENSES	REVENUE
-----	-----	-----	-----
ADVOCACY SERVICES	489,490.	6,117,602.	NONE
	-----	-----	-----
TOTALS	489,490.	6,117,602.	NONE
	=====	=====	=====

Name of the organization

Employer identification number

HISPANIC FEDERATION INC

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
TRIBECA ENTERPRISES LLC 375 GREENWICH STREET NEW YORK, NY 10013	CREATIVE CONSULTING	540,666.
DNF SOLUTIONS 5 UNION SQUARE WEST 1027 NEW YORK, NY 10003	MAINTENANCE	304,909.
CALDERON SOLUTIONS 647 COLONADO ROAD WEST HEMPSTEAD, NY 11552	DEVELOPMENT	240,000.
BDO USA, PC 5300 PATTERSON AVE SUITE 100 GRAND RAPIDS, MI 49512	CONSULTING	217,222.
CONSULTANTS JUST FOR YOU INC. 6108 3RD AVENUE BROOKLYN, NY 11220	CONSULTING	134,127.

Name of the organization

Employer identification number

**HISPANIC FEDERATION INC**

**13-3573852**

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
FIXED INCOME FUNDS	5,725,187.	7,863,149.	FMV
EQUITY FUNDS	12,714,656.	19,053,443.	FMV
MONEY MARKET FUNDS	676,129.	8,257,414.	FMV
<b>TOTALS</b>	<b>19,115,972.</b>	<b>35,174,006.</b>	