

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2012**Open to Public
Inspection**

A For the 2012 calendar year, or tax year beginning 01/01, 2012, and ending 12/31, 20 12	
B Check if applicable:	C Name of organization Hispanics In Philanthropy <input type="checkbox"/> Address change Doing Business As <input type="checkbox"/> Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite <input type="checkbox"/> Initial return 414 13th Street Suite 200 <input type="checkbox"/> Terminated City, town or post office, state, and ZIP code <input type="checkbox"/> Amended return Oakland, CA 94612 <input type="checkbox"/> Application pending F Name and address of principal officer: Diana Campoamor 414 13th Street, Oakland, CA 94612
D Employer identification number 94-3040607	
E Telephone number 415-223-8263	
G Gross receipts \$ 3,301,717	
H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ www.hiponline.org	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 1987 M State of legal domicile: CA	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: HIP Aims to Strengthen Latino Communities by Increasing Resources for the Latino and Latin American Civil Sector Via Latino Participation and Leadership in the Field of Philanthropy and to Foster Policy Change to Enhance Equity and Inclusiveness.
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 17
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 16
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 21
	6	Total number of volunteers (estimate if necessary) 6 2
		7a
7b		Net unrelated business taxable income from Form 990-T, line 34 7b 0
Revenue	8	Contributions and grants (Part VIII, line 1h) 2,811,337 3,079,786
	9	Program service revenue (Part VIII, line 2g) 0 0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 233,669 221,931
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,045,006 3,301,717
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) 1,205,464 1,519,829
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0 0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,073,467 1,113,413
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0 0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 564,290
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 950,471 831,508
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 3,229,402 3,464,750
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 -184,396 -163,033
		Beginning of Current Year End of Year
	20	Total assets (Part X, line 16) 8,028,461 8,226,092
	21	Total liabilities (Part X, line 26) 749,005 1,146,947
	22	Net assets or fund balances. Subtract line 21 from line 20 7,279,456 7,079,145

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		7.18.13 Date
	Signature of officer Diana Campoamor, President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Jeremy Ware	Preparer's signature 	Date 7/1/13	Check <input type="checkbox"/> if self-employed	PTIN P00642659
	Firm's name ▶ TCA Partners LLP			Firm's EIN ▶ 20-2707086	
	Firm's address ▶ 1111 E Herndon Avenue Suite 211, Fresno, CA 93720			Phone no. 559-431-7708	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2012)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

HIP enhances awareness of Hispanic issues through: research, support, and publications. Published newsletters are issued for members and others interested in Hispanic issues.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,461,422 including grants of \$ 1,519,829) (Revenue \$ 3,079,786)
 HIP seeks to strengthen Latino communities by increasing resources for the Latino and Latin American civil sector via participation and leadership in the field of philanthropy and to foster policy change to enhance equity and inclusiveness.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
 (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses **▶** 2,461,422

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 44		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 21		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b ✓		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Elizabeth Hernandez, (415)837-0427

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
Marcus Escobedo Director	2 0	✓						0	0	0
Sandra Vargas Director	3 0	✓						0	0	0
Nelson Colon Chairperson	5 0	✓						0	0	0
Phillippe Wallace Treasurer	5 0	✓						0	0	0
Elisa Arevalo Director Emeritus	0 0	✓						0	0	0
Aixa Beuachamp Director	2 0	✓						0	0	0
Tara Sandercock Director	2 0	✓						0	0	0
Herman Gallegos Director Emeritus	0 0	✓						0	0	0
John Govea Director	2 0	✓						0	0	0
Julio Marcial Director	2 0	✓						0	0	0
Miguel Bustos Director	2 0	✓						0	0	0
Kathlyn Mead Director	2 0	✓						0	0	0
Tara Sandercock Director	2 0	✓						0	0	0
Paul Splvey Director	2 0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
Luz Vega	2									
Director - Emeritus	0	✓						0	0	0
Alejandro Villanueva	2									
Director	0	✓						0	0	0
Daniel Diaz	1									
Director	0	✓						0	0	0
Diana Campoamor	40									
President	0			✓				276,600	0	19,317
Benedict Maulbeck	40									
VP Programs	0						✓	115,769	0	8,244
1b Sub-total								392,369	0	27,561
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								392,369	0	27,561

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 **▶ 1**

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

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 of compensation from the organization **▶**

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question 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, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 3,079,786				
	g	Noncash contributions included in lines 1a-1f: \$	0				
	h	Total. Add lines 1a-1f ▶	3,079,786				
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f ▶		0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		221,931	221,931	0	0
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0
	5	Royalties ▶		0	0	0	0
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss) 0 0					
	d	Net rental income or (loss) ▶					
	7a	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss) 0 0					
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b					
c	Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		0				
12	Total revenue. See instructions. ▶		3,301,717	221,931	0	0	

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 to any question in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,393,329	1,393,329		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	126,500	126,500		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	954,587	468,324	170,659	315,604
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,868	13,492	5,946	3,430
9 Other employee benefits	66,126	42,707	11,409	12,010
10 Payroll taxes	69,832	41,266	18,075	10,491
11 Fees for services (non-employees):				
a Management	262,120	186,037	21,562	54,521
b Legal	4,741		4,741	
c Accounting	89,211		89,211	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	30,848		30,848	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	21,473	17,873	3,200	400
12 Advertising and promotion				
13 Office expenses				
14 Information technology	50,240	21,019	7,581	21,640
15 Royalties				
16 Occupancy	79,201	44,792	12,227	22,182
17 Travel	131,225	64,314	14,599	52,312
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,739	8,212	4,726	10,801
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,482	7,077	2,318	4,087
23 Insurance	13,971		13,971	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Supplies	21,946	5,543	2,551	13,852
b Postage and Shipping	5,467	2,174	767	2,526
c Rental and Maintenance	3,126	937	780	1,409
d				
e All other expenses	80,718	17,826	23,867	39,025
25 Total functional expenses. Add lines 1 through 24e	3,464,750	2,461,422	439,038	564,290
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,169,480	1	2,860,950
	2 Savings and temporary cash investments	0	2	
	3 Pledges and grants receivable, net	922,641	3	118,750
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 137,482		
	b Less: accumulated depreciation	10b 78,377	24,020	10c 59,105
	11 Investments—publicly traded securities	4,906,420	11	5,175,756
	12 Investments—other securities. See Part IV, line 11	0	12	
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets	0	14	
	15 Other assets. See Part IV, line 11	5,900	15	11,531
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,028,461	16	8,226,092	
Liabilities	17 Accounts payable and accrued expenses	99,525	17	136,822
	18 Grants payable	152,320	18	70,000
	19 Deferred revenue	497,160	19	940,125
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	
	24 Unsecured notes and loans payable to unrelated third parties	0	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	749,005	26	1,146,947
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,327,678	27	3,309,188
	28 Temporarily restricted net assets	3,951,778	28	3,769,957
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	7,279,456	33	7,079,145
34 Total liabilities and net assets/fund balances	8,028,461	34	8,226,092	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,301,717
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,464,750
3	Revenue less expenses. Subtract line 2 from line 1	3	-163,033
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,279,456
5	Net unrealized gains (losses) on investments	5	-37,278
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,079,145

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question 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 in 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 in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

Hispanics in Philanthropy

Employer identification number

94-3040607

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 11, 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.)
- 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)(vii).** (Complete Part II.)
- 9 ☐ 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,785,694	3,507,685	2,392,296	2,811,337	3,079,786	16,576,798
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0
4 Total. Add lines 1 through 3	4,785,694	3,507,685	2,392,296	2,811,337	3,079,786	16,576,798
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						16,576,798

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	4,785,694	3,507,685	2,392,296	2,811,337	3,079,786	16,576,798
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	96,572	264,292	256,331	233,669	221,931	1,072,795
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	-38,046	0	0		-38,046
11 Total support. Add lines 7 through 10						17,611,547
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	94.12 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	74.84 %
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

General Explanation - NA

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Hispanics in Philanthropy

Employer identification number

94-3040607

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 ► \$ (ii) Assets included in Form 990, Part X ► \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 ► \$ b Assets included in Form 990, Part X ► \$	

Part VII Investments—Other Securities. 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)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

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

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

1	Total revenue, gains, and other support per audited financial statements	1	3,276,339
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-37,278
b	Donated services and use of facilities	2b	11,900
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	-25,378
3	Subtract line 2e from line 1	3	3,301,717
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,301,717

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,476,650
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	11,900
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	11,900
3	Subtract line 2e from line 1	3	3,464,750
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,464,750

Part XIII Supplemental Information

Complete this part to 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.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

Hispanics in Philanthropy

Employer identification number

94-3040607

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) North America (including C	0	0	Program Services	Grant making and consul	112,500
(2) Central America and the Ca	0	0	Program Services	Grantmaking and consult	14,000
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			126,500

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶
- 3 Enter total number of other organizations or entities ▶

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Grant and community buildi	Central America and t	1	14,000	Wire Transfer			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Schedule F, Part I, Line 2 - Grantees are required to compile reports on the use of grant funds.

**SCHEDULE I
(Form 990)**

OMB No. 1545-0047

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

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

2012
**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service
Name of the organization

Hispanics in Philanthropy

Employer identification number

94-3040607

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Sch I, Strnt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 68

3 Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50056P

Schedule I (Form 990) (2012)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Schedule I, Part I, Line 2 - Grantees are required to compile reports on the use of grant funds.

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Description of Grants and Other Assistance to Governments and Organizations in the United States

		Amount of cash grant	Amount of non-cash assistance
Name and address	Rose Community Foundation Inc 600 South Cherry Street Denver, CO 80246	145,000	
EIN	84-0920862		
IRC code section	501(c)3		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Program Grant		
Name and address	Immigrant Law Center of Minnesota 450 North Syndicate Street St Paul, MN 55104	70,624	
EIN	41-0909036		
IRC code section	501(c)3		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Program Grant		
Name and address	Centro Humanitario para los Trabajadores 2260 California Street Denver, CO 80205	56,300	
EIN	03-0412235		
IRC code section	501(c)3		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Program Grant		
Name and address	Benevolent Healthcare Foundation 10377 E Geddes Ave Ste 200 Centennial, CO 80112	51,000	
EIN	84-1568566		
IRC code section	501(c)3		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Program Grant		
Name and address	Student Action with Farmworkers 1317 W Pettigrew St Durham North Carolina, NC 27705	38,000	
EIN	56-1789014		
IRC code section	501(c)3		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Capcity Bldg Grant		
Name and address	Raices Culturales Latinoamericans 2757 N 5th Street Philadelphia, PA 19133	35,000	
EIN	23-2662025		
IRC code section	501(c)3		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Capcity Bldg Grant		
Name and address	NC Society for Hispanics Professionals	34,500	

Schedule I, Part IV, Statement 1

Hispanics in Philanthropy

8450 Chapel Hill Road Suite 209
Cary, NC 27513

EIN 56-2131090

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Bldg Grant

Name and address	El Centro Hispano Inc 600 East Main St Durham, NC 27701	33,300
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EIN 56-2011661

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Bldg Grant

Name and address	Museo de las Americas 861 Santa Fe Drive Denver, CO 80204	25,500
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EIN 84-1197230

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Bldg Grant

Name and address	Catawba County Hispanic Ministry 737 12th St SW Hickory, NC 28602	25,300
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EIN 56-2170931

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Bldg Grant

Name and address	GALAEI 1207 Chestnut Street 5th Floor Philadelphia, PA 19107	25,000
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EIN 23-7046393

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Bldg Grant

Name and address	Philadelphia HUNE 2200 North Second Street Philadelphia, PA 19133	25,000
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EIN 23-3049815

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Bldg Grant

Name and address	Norris Square Neighborhood Project 2141 North Howard Street Philadelphia, PA 19122	22,000
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EIN 23-2045157

IRC code section 501(c)3

Method of valuation

Description of non-

Schedule I, Part IV, Statement 1

Hispanics in Philanthropy

cash assistance

Purpose of grant Capcity Bldg Grant

Name and address	Hispanic Liaison of Chatham County	20,100
	105 E Second Street	
	Siler City, NC 27344	

EIN 56-1974043

IRC code section 501(c)3

Method of valuation

Description of non-
cash assistance

Purpose of grant Capcity Bldg Grant

Name and address	Artistas y Musicos Latinoamericanos	20,000
	4261 North 5th Street	
	Philadelphia, PA 19140	

EIN 31-1616972

IRC code section 501(c)3

Method of valuation

Description of non-
cash assistance

Purpose of grant Capcity Bldg Grant

Name and address	Centro de CulturaArteTrabajo	20,000
	1657 Daws Road	
	Blue Bell, PA 19422	

EIN 26-2987850

IRC code section 501(c)3

Method of valuation

Description of non-
cash assistance

Purpose of grant Capcity Bldg Grant

Name and address	Esperanza Immigration Legal Services	20,000
	4261 N 5th Street	
	Philadelphia, PA 19140	

EIN 23-2552707

IRC code section 501(c)3

Method of valuation

Description of non-
cash assistance

Purpose of grant Capcity Bldg Grant

Name and address	Fresno Barrios Unidos	20,000
	4403 E Tulare Avenue	
	Fresno, CA 93702	

EIN 77-0363955

IRC code section 501(c)3

Method of valuation

Description of non-
cash assistance

Purpose of grant Capcity Bldg Grant

Name and address	Fresno Cty Hisp Comm on AlchDrug Abuse	20,000
	1803 Broadway Street	
	Fresno, CA 93721	

EIN 94-2427585

IRC code section 501(c)3

Method of valuation

Description of non-
cash assistance

Purpose of grant Capcity Bldg Grant

Name and address	Kern County Hispanic Commission	20,000
	2008 D Street	
	Bakersfield, CA 93301	

EIN 77-0051442

Schedule I, Part IV, Statement 1

Hispanics in Philanthropy

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Bldg Grant

Name and address	Family Services of Montgomery County PA	19,000
	3125 Ridge Pike	
	Eagleville, PA 19403	

EIN 23-1352361

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Bldg Grant

Name and address	El Buen Pastor Latino Community Services	18,300
	4637 Tim Rd	
	WinstonSalem, NC 27106	

EIN 20-3751959

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Bldg Grant

Name and address	Taller Puertorriqueno	17,500
	2721 North 5th Street	
	Philadelphia, PA 19133	

EIN 23-1946165

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Bldg Grant

Name and address	Coalicion de Organizaciones Latino-Americ	17,450
	34 Wall Street suite 402	
	Asheville, NC 28801	

EIN 20-8303608

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Bldg Grant

Name and address	Comite de Apoyo a los Trabajadores Agrico	17,000
	4 South Delsea Dr	
	Glassboro, NJ 08028	

EIN 05-0599905

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Bldg Grant

Name and address	Ipoderac's Children Fund	17,000
	2965 Akron Court	
	Denver, CO 80238	

EIN 27-1395489

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Bldg Grant

Name and address	Boys&Girls Clubs of Philadelphia Lauretha	16,000
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Schedule I, Part IV, Statement 1

Hispanics in Philanthropy

4800 Whitaker Ave
Philadelphia, PA 19127
EIN 23-1966756
IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capcity Bldg Grant

Name and address Latino Coalition of Randolph County 15,300
PO Box 3527
Asheboro, NC 27204

EIN 16-1699826
IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capcity Bldg Grant

Name and address Boys and Girls Club of Tulare County 15,000
215 W Tulare Ave
Visalia, CA 93277

EIN 77-0469369
IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capcity Bldg Grant

Name and address Friends of Farmworks Inc 15,000
42 South 15th Street
Philadelphia, PA 19102

EIN 51-0214321
IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capcity Bldg Grant

Name and address Housing Alliance of Fresno 15,000
1515 Divisadero Ste 108
Fresno, CA 93721

EIN 56-2665424
IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capcity Bldg Grant

Name and address Pasion y Arte 15,000
6411 Overbrook Avenue
Philadelphia, PA 19151

EIN 23-3099942
IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capcity Bldg Grant

Name and address San Juan Center Inc 15,000
1283 Main Street
Harford, CT 06103

EIN 06-0890788
IRC code section 501(c)3

Method of valuation

Description of non-

Schedule I, Part IV, Statement 1

Hispanics in Philanthropy

cash assistance

Purpose of grant	Capcity Bldg Grant	
Name and address	Hispanic League of the Piedmont Triad PO Box 30651 WinstonSalem, NC 27130	14,970
EIN	56-1791215	
IRC code section	501(c)3	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capcity Bldg Grant	
Name and address	Young Women United PO Box 8490 Albuquerque, NM 87198	14,000
EIN	85-0481224	
IRC code section	501(c)3	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capcity Bldg Grant	
Name and address	Colorado Latino Leadership Advocacy & Research Organization 309 West 1st Avenue Denver, CO 80223	12,500
EIN	84-0562952	
IRC code section	501(c)3	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capcity Bldg Grant	
Name and address	Sisters of Color United for Education 2895 W 8th Avenue Denver, CO 80204	12,500
EIN	31-1554794	
IRC code section	501(c)3	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capcity Bldg Grant	
Name and address	Centro Unido Latino Americano 14 N Main Street Marion, NC 28752	11,300
EIN	56-6001073	
IRC code section	501(c)3	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capcity Bldg Grant	
Name and address	Accion Colombia 4636 N 5th Street Philadelphia, PA 19140	10,000
EIN	23-7155203	
IRC code section	501(c)3	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capcity Bldg Grant	
Name and address	Bridges Project 112A Alexander Street Taos, NM 87571	10,000

Schedule I, Part IV, Statement 1

Hispanics in Philanthropy

EIN 85-0448942

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Bldg Grant

Name and address	Immigrant Legal Center of Boulder County	10,000
	948 North Street Suite 8	
	Boulder, CO 80304	

EIN 20-3001622

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Bldg Grant

Name and address	Padres Unidos	10,000
	3025 W 37th Avenue 206	
	Denver, CO 80211	

EIN 84-1426652

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Bldg Grant

Name and address	Project Capoeira Inc	10,000
	7707 McCallum St Apt A	
	Philadelphia, PA 19118	

EIN 11-3625329

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Bldg Grant

Name and address	Westchester Hispanic Coalition	10,000
	46 Waller Avenue	
	White Plains, NY 10605	

EIN 13-2805219

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Bldg Grant

Name and address	El Futuro	9,550
	136 E Chapel Hill Street	
	Durham, NC 27701	

EIN 80-0122334

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Bldg Grant

Name and address	La Raza Youth Leadership	8,500
	PO Box 8571	
	Denver, CO 80201	

EIN 84-1548542

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Bldg Grant

Schedule I, Part IV, Statement 1

Hispanics in Philanthropy

Name and address	Rocky Mountain Immigrant Advocacy Network	8,500
	3489 West 72nd Avenue Suite 211	
	Westminster, CO 80201	
EIN	84-1565542	
IRC code section	501(c)3	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capcity Bldg Grant	

Name and address	Ceiba	8,000
	149 W Susquehanna Ave	
	Philadelphia, PA 19122	
EIN	23-2732783	
IRC code section	501(c)3	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capcity Bldg Grant	

Name and address	Center For Community Advocacy	8,000
	22 West Gabilan Street	
	Salinas, CA 93901	
EIN	77-0192068	
IRC code section	501(c)3	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capcity Bldg Grant	

Name and address	Centro Community Hispanic Association Inc	8,000
	727 Pine Ave	
	Long Beach, CA 90813	
EIN	33-0703131	
IRC code section	501(c)3	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capcity Bldg Grant	

Name and address	Latinas Contra Cancer	8,000
	255 North market Street	
	San Jose, CA 95112	
EIN	56-2412069	
IRC code section	501(c)3	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capcity Bldg Grant	

Name and address	Latino Diabetes Association	8,000
	200 W Mines	
	Montebello, CA 90640	
EIN	20-0303774	
IRC code section	501(c)3	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capcity Bldg Grant	

Name and address	Organizacion en California de Lideres	8,000
	2101 S Rose Ave Suite A	
	Oxnard, CA 93033	
EIN	95-4611282	
IRC code section	501(c)3	
Method of valuation		

Schedule I, Part IV, Statement 1

Hispanics in Philanthropy

Description of non-cash assistance

Purpose of grant Capcity Bldg Grant

Name and address	The Latino Commision on Alcohol & Drug	8,000
	301 Grand Ave Ste 301	
	San Francisco, CA 94110	

EIN 94-3149136

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capcity Bldg Grant

Name and address	Vision y Compromiso	8,000
	2536 Edwards Ave	
	El Cerrito, CA 94530	

EIN 32-0071651

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capcity Bldg Grant

Name and address	El Pueblo Inc	7,800
	PO Box 33762	
	Raleigh, NC 27636	

EIN 56-1934310

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capcity Bldg Grant

Name and address	Chicano Humanities Arts Council	7,500
	772 Santa Fe Drive	
	Denver, CO 80204	

EIN 84-0821657

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capcity Bldg Grant

Name and address	Durango Latino Education Coalition	7,500
	1309 E 3rd Ave Smiley Bldg 2	
	Durango, CO 81302	

EIN 84-1385195

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capcity Bldg Grant

Name and address	Early Excellence Program of Denver	7,500
	3580 Franklin St	
	Denver, CO 80205	

EIN 27-0228912

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capcity Bldg Grant

Name and address	Focus Points Family Resource Center	7,500
	2501 E 48th Avenue	
	Denver, CO 80216	

Schedule I, Part IV, Statement 1

Hispanics in Philanthropy

EIN 84-1353944

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capcity Bldg Grant

Name and address	Hispanic Affairs Project 300 N Cascade Ave Montrose, CO 81401	7,500
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EIN 27-1276653

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capcity Bldg Grant

Name and address	La Clinica Tepeyac 5075 Lincoln Street Denver, CO 80216	7,500
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EIN 84-1285505

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capcity Bldg Grant

Name and address	Mexican Cultural Center Denver 5350 Leetsdale Drive G50 Denver, CO 80246	7,500
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EIN 84-1235382

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capcity Bldg Grant

Name and address	NEWSED Community Development Corporation 901 W 10th Ave Suite 2A Denver, CO 80204	7,500
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EIN 74-2275534

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capcity Bldg Grant

Name and address	Servicios de la Raza 4055 Tejon Street Denver, CO 80211	7,500
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EIN 84-0625478

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capcity Bldg Grant

Name and address	Street Level Health Project - V 2501 International Blvd Oakland, CA 94601	7,500
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EIN 56-2324355

IRC code section 501(c)3

Method of valuation

Description of non-cash assistance

Purpose of grant Capcity Bldg Grant

Schedule I, Part IV, Statement 1

Hispanics in Philanthropy

Name and address	Latina Breast Cancer Agency 2912 Diamond Ste 131 San Francisco, CA 94110	7,000	
EIN	01-0628124		
IRC code section	501(c)3		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Capcity Bldg Grant		
Name and address	Companeros 4 Corners Immigrant Resource C 1022 1/2 Main Ave Durango, CO 81302	6,000	
EIN	37-1640345		
IRC code section	501(c)3		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Capcity Bldg Grant		
Name and address	Centro Binacional Para el Desarrollo Indig 774 North Abby Street Fresno, CA 93720	8,580	0
EIN	77-0337939		
IRC code section	501(c)3		
Method of valuation	Cash		
Description of non-cash assistance	0		
Purpose of grant	Capacity Building Grant		
Name and address	Alianza para la Educacion Alternative PMB 133 352 Calle San Claudio Suite San Juan, Puerto Rico 00926 Puerto Rico	25,000	
EIN	66-0491142		
IRC code section	501c3		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Capacity Building Grant		
Name and address	Jovenes de Puerto Rico en Riesgo Inc 406 Padre Rugo Street Floral Park Hato Rey, Puerto Rico 00917 Puerto Rico	30,000	
EIN	66-0491142		
IRC code section	501c3		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Capacity Building Grant		
Name and address	Nuestra Escuela 352 Avenida San Claudio San Juan, PR 00926	30,000	
EIN	66-0592559		
IRC code section	501c3		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Capacity Building Grant		

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
► **Complete if the organization answered "Yes" to Form 990,**
Part IV, line 23.
► **Attach to Form 990.** ► **See separate instructions.**

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

Hispanics in Philanthropy

Employer identification number

94-3040607

Part I **Questions Regarding Compensation**

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"><tr><td><input type="checkbox"/> First-class or charter travel</td><td><input type="checkbox"/> Housing allowance or residence for personal use</td></tr><tr><td><input type="checkbox"/> Travel for companions</td><td><input type="checkbox"/> Payments for business use of personal residence</td></tr><tr><td><input type="checkbox"/> Tax indemnification and gross-up payments</td><td><input type="checkbox"/> Health or social club dues or initiation fees</td></tr><tr><td><input type="checkbox"/> Discretionary spending account</td><td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td></tr></table>	<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 (e.g., maid, chauffeur, chef)		
<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 (e.g., 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?										
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table border="0"><tr><td><input checked="" type="checkbox"/> Compensation committee</td><td><input type="checkbox"/> Written employment contract</td></tr><tr><td><input type="checkbox"/> Independent compensation consultant</td><td><input type="checkbox"/> Compensation survey or study</td></tr><tr><td><input type="checkbox"/> Form 990 of other organizations</td><td><input type="checkbox"/> Approval by the board or compensation committee</td></tr></table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4a ✓ 4b ✓ 4c ✓									
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.										
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	5a ✓ 5b ✓									
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	6a ✓ 6b ✓									
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7 ✓									
8 Were any amounts reported in 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 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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 in 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 are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Diana Campoamor, President	(i)	(ii)	(iii)				
1	237,900	38,700	0	4,362	14,955	295,917	0
2	(i)	(ii)	(iii)				0
3	(i)	(ii)	(iii)				
4	(i)	(ii)	(iii)				
5	(i)	(ii)	(iii)				
6	(i)	(ii)	(iii)				
7	(i)	(ii)	(iii)				
8	(i)	(ii)	(iii)				
9	(i)	(ii)	(iii)				
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				

Part III **Supplemental Information**

Complete this part to 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.

Schedule J, Part I, Line 4 - B. Maulbeck received a severance package as part of his separation.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

Hispanics in Philanthropy

Employer identification number

94-3040607

Form 990, Part VI, Section B, Line 11b - Elizabeth Hernandez, Hispanics in Philanthropy's (HIP) Director of Finance and Programs, reviews the Form 990 prepared by the external auditors, she then submits to the President, Treasurer and Finance Committee for review. Upon completion of review, the report is submitted to the Executive Committee for review and approval. The report will also be distributed to the full Board of Directors for inspection.

Form 990, Part VI, Section B, Line 12c - Annually Board Members review the Conflict of Interest Policy and sign a confirmation indicating that they have read and understood the policy. The policy is also part of the Board Handbook, which is reviewed with new Board Members during their orientation.

Form 990, Part VI, Section B, Line 15 - The Executive Committee reviews President and key employee salaries by conducting a market salary review from time to time. This information is made available at the time Committee is conducting annual performance and salary reviews.

Form 990, Part VI, Section C, Line 19 - The Audited Financial Statements and annual IRS Form 990 are made available on the organization's website: www.hiponline.org and on Guidestar.org. Governing documents, policies and other financial information are also available upon request to the general public. Such requests are fulfilled by e-mail or regular postal service.