

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning	01/01	2014, and ending	12/31	, 20 14
B Check if applicable:	C Name of organization: Hispanics in Philanthropy			D Employer identification number
<input type="checkbox"/> Address change	Doing business as			94-3040607
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)			E Telephone number
<input type="checkbox"/> Initial return	414 13th Street Suite 200			415-223-8263
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code			
<input type="checkbox"/> Amended return	Oakland, CA 94612			G Gross receipts \$ 4,883,771
<input type="checkbox"/> Application pending	F Name and address of principal officer: Diana Campomanor 414 13th Street Suite 200, Oakland, CA 94612			H Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(4) <input type="checkbox"/> 4947(e)(1) or <input type="checkbox"/> 527				Hb Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
J Website: ► www.hiponline.org				Hc Group exemption number ►
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: 1981			M State of legal domicile: CA

Part I Summary	
1 Activities & Governance	Briefly describe the organization's mission or most significant activities: HIP's mission is to strengthen Latino communities by increasing resources for the Latino and Latin American civil sector; increasing Latino participation and leadership throughout the field of philanthropy; and fostering policy change to enhance equity and inclusiveness.
2 Revenue	Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
3 Expenses	Number of voting members of the governing body (Part VI, line 1a) 3 16
4	Number of independent voting members of the governing body (Part VI, line 1b) 4 15
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 19
6	Total number of volunteers (estimate if necessary) 6 3
7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
b	Net unrelated business taxable income from Form 990-T, line 34 7b 0
	Prior Year Current Year
8	Contributions and grants (Part VIII, line 1h) 5,373,367 4,685,731
9	Program service revenue (Part VIII, line 2g) 0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 222,179 198,040
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,595,546 4,883,771
	2,054,593 2,623,777
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0
14	Benefits paid to or for members (Part IX, column (A), line 4) 1,315,717 1,164,541
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0
16a	Professional fundraising fees (Part IX, column (A), line 11e) 502,806
b	Total fundraising expenses (Part IX, column (D), line 25) ► 502,806
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 897,239 1,024,460
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,267,549 4,812,778
19	Revenue less expenses. Subtract line 18 from line 12 1,327,997 70,993
	Beginning of Current Year End of Year
20 Net Assets or Fund Balances	Total assets (Part X, line 16) 9,187,474 9,180,417
21	Total liabilities (Part X, line 26) 1,048,563 1,112,551
22	Net assets or fund balances. Subtract line 21 from line 20 8,138,911 8,067,866

Part II Signature Block

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

Sign Here	Signature of officer	5-1-15
	Elizabeth Hernandez, Director of Finance	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Jeremy Ware	Jeremy Ware	5-1-15		P00642659
	Firm's name ► TCA Partners LLP		Firm's BN ►	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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III

- 1** Briefly describe the organization's mission:

HIP's mission is to strengthen Latino communities by increasing resources for the Latino and Latin American civil sector; increasing Latino participation and leadership throughout the field of philanthropy; and fostering policy change to enhance equity and inclusiveness.

- 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 \$ 3,893,392 including grants of \$ 2,623,777.) (Revenue \$ 4,883,771.)

HIP's mission is to strengthen Latino communities by increasing resources for the Latino and Latin American civil sector; increasing Latino participation and leadership throughout the field of philanthropy; and fostering 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 ► 3,893,392

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 ✓	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II	22 ✓	
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? If "Yes," complete Schedule J	23 ✓	
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a ✓	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26 ✓	
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? If "Yes," complete Schedule L, Part III	27 ✓	
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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a ✓	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b ✓	
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? If "Yes," complete Schedule L, Part IV	28c ✓	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 ✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 ✓	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31 ✓	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32 ✓	
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? If "Yes," complete Schedule R, Part I	33 ✓	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 ✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a ✓	
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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36 ✓	
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? If "Yes," complete Schedule R, Part VI	37 ✓	
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	38 ✓	

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

		Yea	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	37
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	<input checked="" type="checkbox"/>
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	19
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	<input checked="" type="checkbox"/>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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	<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring 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	
	<i>Note.</i> 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	<input checked="" type="checkbox"/>
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 or note to any line in this Part VI.

Section A. Governing Body and Management

- 1a Enter the number of voting members of the governing body at the end of the tax year. 1a 16
- 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 15
- 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 ✓
- 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 ✓
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 ✓
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 ✓
- 6 Did the organization have members or stockholders? 6 ✓
- 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 ✓
- b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8a ✓
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8b ✓
- a The governing body?
- b Each committee with authority to act on behalf of the governing body?
- 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 ✓

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

- 10a Did the organization have local chapters, branches, or affiliates? 10a ✓
- 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 ✓
- 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 ✓
- b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b ✓
- 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 ✓
- 13 Did the organization have a written whistleblower policy? 13 ✓
- 14 Did the organization have a written document retention and destruction policy? 14 ✓
- 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 ✓
- b Other officers or key employees of the organization 15b ✓
- 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 ✓
- 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 ► CA
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► Elizabeth Hernandez, (415)837-0427

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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
		Officer independent contractor	Institutional trustee	Officer	Key employee	Highest compensated			
Nelson Colon	5								
Chairperson	0	✓					0	0	0
Sandra Vargas	2.00								
Director	0	✓					0	0	0
Joyce Lee	2.00								
Treasurer	0	✓					0	0	0
Miguel Bustos	1								
Director	0	✓					0	0	0
Rafael Cortes Dapena	1								
Director	0	✓					0	0	0
Marcus Escobedo	1								
Director	0	✓					0	0	0
Ronald B Richard	1								
Director	0	✓					0	0	0
Danielle Gonzales	1								
Director	0	✓					0	0	0
John Govea	1								
Director	0	✓					0	0	0
Shelly Esque	1								
Director	0	✓					0	0	0
Aida Rodriguez	1								
Director	0	✓					0	0	0
Mary Skelton Roberts	1								
Director	0	✓					0	0	0
Paul Spivey	1								
Director	0	✓					0	0	0
Diana Campomanor	40								
President	0	✓	✓	✓			279,600	0	17,897

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

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

	Yes	No
3	✓	
4	✓	
5		✓

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
Maria Gracia Goya, Amsterdam 115 901, Hipódromo, Condesa 06100, Mexico	Consulting	\$110,000

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

		(A) Total revenue	(B) Related or exempt functions revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1b Membership dues 1c Fundraising events 1d Related organizations 1e Government grants (contributions) 1f All other contributions, gifts, grants, and similar amounts not included above 1g Noncash contributions included in lines 1a-1f \$ 1h Total. Add lines 1a-1f ►	1a 0 1b 0 1c 192,609 1d 0 1e 0 1f 4,493,122 1g 0 1h 4,685,731			
Program Service Revenue	2a 2b 2c 2d 2e 2f All other program service revenue 2g Total. Add lines 2a-2f ►	Business Code			
	3 Investment income (including dividends, interest, and other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties ► 6a Gross rents 6b Less: rental expenses 6c Rental income or (loss) 0 0 6d Net rental income or (loss) ► 7a Gross amount from sales of assets other than inventory 7b Less: cost or other basis and sales expenses 7c Gain or (loss) 0 0 7d Net gain or (loss) ►		198,040	0	0 198,040
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 8b Less: direct expenses b 0 8c Net income or (loss) from fundraising events ► 0 0 0 0				
	9a Gross income from gaming activities. See Part IV, line 19 a 9b Less: direct expenses b 9c Net income or (loss) from gaming activities ►				
	10a Gross sales of inventory, less returns and allowances a 10b Less: cost of goods sold b 10c Net income or (loss) from sales of inventory ►				
	Miscellaneous Revenue	Business Code			
	11a 11b 11c 11d All other revenue 11e Total. Add lines 11a-11d ►				
	12 Total revenue. See instructions. ►		4,683,771	0	0 198,040

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,521,629	2,521,629		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	80,000	80,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	22,148	22,148		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	298,014	178,886	52,893	66,235
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	706,788	371,772	134,584	200,432
8 Pension plan accruals and contributions. (Include section 401(k) and 403(b) employer contributions)	19,116	9,899	3,707	5,510
9 Other employee benefits	63,337	33,590	12,706	17,041
10 Payroll taxes	77,286	42,526	13,968	20,792
11 Fees for services (non-employees):				
a Management	398,283	302,371	34,153	61,759
b Legal	3,411	3,000	411	
c Accounting	29,705		29,705	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	37,537	30	37,507	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	72,801	33,516	33,730	5,555
12 Advertising and promotion				
13 Office expenses	49,241	23,956	13,910	11,365
14 Information technology	32,985	20,288	4,715	7,982
15 Royalties				
16 Occupancy	93,393	52,898	15,368	25,127
17 Travel	119,725	73,714	4,476	41,535
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,115	4,988	1,895	2,234
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,004	10,745	3,991	10,268
23 Insurance	7,782	4,187	1,153	2,442
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 Evaluation	82,331	70,251	0	12,050
b Communication and publication	28,055	14,313	4,026	9,716
c Rental and maintenance	4,246	1,950	958	1,338
d				
e All other expenses	30,846	16,697	12,724	1,426
25 Total functional expenses. Add lines 1 through 24a	4,812,720	3,803,392	416,580	502,806
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> If following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year	(B) End of year
	Assets		
1	Cash—non-interest-bearing	2,960,039	2,150,639
2	Savings and temporary cash investments	2	
3	Pledges and grants receivable, net	1,230,200	140,000
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 113,637	
b	Less: accumulated depreciation	10b 50,736	10c 62,901
11	Investments—publicly traded securities	4,947,271	6,800,409
12	Investments—other securities. See Part IV, line 11	12	
13	Investments—program-related. See Part IV, line 11	13	
14	Intangible assets	14	
15	Other assets. See Part IV, line 11	15 12,181	26,568
16	Total assets. Add lines 1 through 15 (must equal line 34)	9,187,474	9,180,417
	Liabilities		
17	Accounts payable and accrued expenses	200,543	216,281
18	Grants payable	70,000	70,000
19	Deferred revenue	778,020	826,270
20	Tax-exempt bond liabilities	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	22	
23	Secured mortgages and notes payable to unrelated third parties	23	
24	Unsecured notes and loans payable to unrelated third parties	24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	0
26	Total liabilities. Add lines 17 through 25	1,048,563	1,112,551
	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	5,178,655	5,133,876
28	Temporarily restricted net assets	2,980,256	2,933,990
29	Permanently restricted net assets	0	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	8,138,911	8,067,866
34	Total liabilities and net assets/fund balances	9,187,474	9,180,417

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	4,883,771
2 Total expenses (must equal Part IX, column (A), line 26)	2	4,812,778
3 Revenue less expenses. Subtract line 2 from line 1	3	70,993
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,138,911
5 Net unrealized gains (losses) on investments	5	-142,038
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	8,057,860

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

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

OMB No. 1545-0047

2014**Open to Public
Inspection**

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

► Attach to Form 990 or Form 990-EZ.

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

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)(iv). 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)(v). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi).
- 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)(vii). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(viii). (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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization listed in your governing document?		(V) Amount of monetary support (see instructions)	(VI) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						0

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,392,296	2,811,337	3,079,786	5,373,367	4,686,731	18,342,517
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	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	0
4 Total. Add lines 1 through 3.	2,392,296	2,811,337	3,079,786	5,373,367	4,686,731	18,342,517
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.						18,342,517

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	2,392,296	2,811,337	3,079,786	5,373,367	4,686,731	18,342,517
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	256,331	233,669	221,931	222,179	198,040	1,132,150
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						19,474,667
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 2014 (line 6, column (f)) divided by line 11, column (f)	14	94.19 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	93.67 %
16a 33½% support test—2014. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33½% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%
19a 33½% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33½% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(l) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount: Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes			
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9 Distributable amount for 2014 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014
1 Distributable amount for 2014 from Section C, line 6			(iii) Distributable Amount for 2014
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
B Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI **Supplemental Information.** 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.)

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

2014Open to Public
Inspection► 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.► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

Hispanics in Philanthropy

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

Part II Conservation Easements.

Complete if the organization answered "Yes" 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 a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	
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)(ii) 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) Revenue 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 Revenue included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 b Scholarly research
 c Preservation for future generations
 d Loan or exchange programs
 e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds.

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

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

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

- a Board designated or quasi-endowment ► %
 b Permanent endowment ► %
 c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations Yes No
 (ii) related organizations Yes No

- b If "Yes" to 3aii), are the related organizations listed as required on Schedule R?

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

3a(i)	3a(ii)

Part VI Land, Buildings, and Equipment.

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

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	113,637	50,736	62,901
e Other	0	0	0	0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ►

62,901

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	4,886,371
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	0
b	Donated services and use of facilities	2b	2,600
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	2,600
3	Subtract line 2e from line 1	3	4,883,771
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	4,883,771

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

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

1	Total expenses and losses per audited financial statements	1	4,815,378
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,600
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	2,600
3	Subtract line 2e from line 1	3	4,812,778
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 16.)	5	4,812,778

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D, Part X, Line 2 - HIP is a not-for-profit organization, exempt from federal income tax under Section 501 (c)(3) of the U.S.

Internal Revenue Code (the Code), and contributions to it are tax deductible as described by the Code. HIP has been classified as an

organization that is not a private foundation under Section 509(a)(1) and has been designated as a "publicly supported" organization under Section 170(b)(1)(A)(vi) of the Code. The tax years of 2011 through 2014 remain open and subject to examination by the appropriate government agencies in the United States and California.

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0017

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Hispanics in Philanthropy

Employer identification number

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 Canada)	0	0	Grantmaking	Grantmaking	22,148
(2)					
(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			22,148

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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, etc.)
[1]			North America (incl. Program Grant - Voices)		11,140	Wire Transfer		Program grant	FMV
[2]			North America (incl. Program Grant - Mold)		11,000	Wire Transfer		Program grant	FMV
[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 ► 0

3. Enter total number of other organizations or entities ► 2

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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, Fair, Appraised, others)
(1)							
(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; do not file with Form 990). 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; do not file with Form 990). Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column If (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 - Monitoring performed as part of grant award.

SCHEDULE G
[Form 990 or 990-EZ]

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 590 or 590-EZ) and its Instructions is at www.irs.gov/form590.

OMB No. 1545-0347

2014

**Open to Public
Inspection**

Name of the organization

Hispanics in Philanthropy

Employer identification number

94-3040607

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

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

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

		(a) Event #1 30th Anniversary Gala	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Event type	Event type	Total number	
Revenue	1 Gross receipts	292,639			292,639
	2 Less: Contributions	0			0
	3 Gross income (line 1 minus line 2)	292,639			292,639
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	0			0
	6 Rent/facility costs	0			0
	7 Food and beverages	0		0	0
	8 Entertainment	0		0	0
	9 Other direct expenses	100,030			100,030
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				100,030
	11 Net income summary. Subtract line 10 from line 3, column (d) ►				192,609

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

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

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

- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- | | | |
|--|---|--|
| 11 | Does the organization conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13 Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a % |
| b | An outside facility | 13b % |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |

Name ►

Address ► 1000 N. Main Street • Suite 100 • Salt Lake City, UT 84111 • (800) 338-2222

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► 1000 10th Street NW, Washington, DC 20004

- ## 16. Gathering manager information:

Name ►

Gaining manager compensation ► 5

Description of services provided ►

Director/officer Employee Independent contractor

- ### 17 Mandatory distributions:

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

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE I
(Form 990)**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0347

2014**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

Hispanics in Philanthropy

Employer identification number

94-3086607

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/Form990.**Part I General Information on Grants and Assistance**

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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	1(b) EIN	1(c) PCS status, if applicable	1(d) Amount of cash grant	1(e) Amount of non-cash assistance	1(f) Method of valuation (book, FMV, appraisal, other)	1(g) Description of non-cash assistance	1(h) Purpose of grant or assistance
(1) Sch I, Stmt 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 ► **77**3 Enter total number of other organizations listed in the line 1 table ► **8**

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

Cat. No. 99587

Schedule I (Form 990) (2014)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part N, 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 Age Wives Fellow	3	80,000	0	FMV	
2					
3					
4					
5					
6					
7					

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

Schedule I, Part I, Line 2 - Monitoring performed as part of grant award.

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

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	Adams 14 Education Foundation 5291 East 60th AVE Commerce City, CO 80022	84-1360546	7,000	
IRC code section	501(c)3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Program Grant			
Name and address	Alianza para la Educacion Alternativa PMB 133 362 Calle San Claudio Ste 1 San Juan, PR 00926	68-0491142	25,000	
IRC code section	501(c)3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Program Grant			
Name and address	Anabella Gonzalez Dance Theater Inc 4 East 59th St P-C New York, NY 10126	13-2878757	10,000	
IRC code section	501(c)3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Program Grant			
Name and address	ARTE INC 19 Grand Avenue New Haven, CT 06513	54-2138181	15,000	
IRC code section	501(c)3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Program Grant			
Name and address	Artistas y Musicos Latinoamericanos 4261 North 5th Street Philadelphia, PA 19140	31-1616972	10,000	
IRC code section	501(c)3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Program Grant			
Name and address	Boston Foundation Inc 75 Arlington St Boston, MA 02116	04-2104021	85,000	
IRC code section	501(c)3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Program Grant			
Name and address	Bregamos Theater 315 Peck Street New Haven, CT 06513	52-2438949	7,000	
IRC code section	501(c)3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Program Grant			
Name and address	Bridgeport Caribe Youth Leaders 1067 Park Ave Bridgeport, CT 06604	20-0421577	12,219	
IRC code section	501(c)3			

Schedule L, Part IV, Statement 1

Hispanics In Philanthropy

Method of valuation

Desc. of Non-Cash Asset.

Purpose of grant Program Grant

Name and address	Bridges Project PO Box 306 Taos, NM 87571	85-0448842	10,000
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Bronx Academy of Arts and Dance 2474 Westchester Ave Bronx, NY 10461	13-3997265	10,000
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Building Skills Partnership 828 W Washington Blvd LA, CA 90015	26-1254255	25,000
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	California Rural Legal Assistance Found 2210 K Street Ste 201 Sacramento, CA 95816	94-2800442	35,000
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Celpull Mexican Dance Compan Inc 8000 38th Avenue E12 Jackson Heights, NY 11372	20-0842440	16,569
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Canal Alliance 91 Larkspur ST San Rafael, CA 94901	94-2832648	55,000
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	CARECEN Central American Resource Center 2848 W 7th Street Los Angeles, CA 90006	95-3867724	121,162
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	CARECEN Northern California 3101 Mission St B101 San Francisco, CA 94110	94-3036506	130,000
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		

Schedule I, Part IV, Statement 1		Hispanics in Philanthropy	
Name and address	Casa Otonal Inc 135 Sylvan Avenue New Haven, CT 06519	81-0201170	8,250
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	CATA 4 Delsea Drive South Glassboro, NJ 08028	22-2588350	10,000
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Catholic Charities Los Angeles 1531 James M Wood Blvd PO Box 15095 Los Angeles, CA 90015	95-1690973	188,000
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Catholic Legal Services of Miami 25 SE 2nd Ave Suite 220 Miami, FL 33131	53-0196617	25,000
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Cebis 149 W Susquehanna Ave Philadelphia, PA 19122	23-2732783	10,000
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Central American Refugee Center 81 N Franklin Street S 208 Hempstead, NY 11550	11-2705005	57,500
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Central Coast Center for Independent Living 318 Cayuga St Ste 206 Salinas, CA 93901	77-0055747	25,000
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Centro CHA 1900 Atlantic Avenue Long Beach, CA 90806	33-0703131	25,000
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Centro Legal De La Raza 3022 International Blvd S410 Oakland, CA 94601	23-7181456	100,382

Schedule I, Part IV, Statement 1

Hispanics in Philanthropy

IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Grant

Name and address	COFEM 125 Paseo de la plaza Suite 101 Los Angeles, CA 90012	32-0154043	5,109
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IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Grant

Name and address	Colorado Immigrant Rights Coalition 2525 W Alameda Ave Denver, CO 80219	73-1675486	13,000
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IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Grant

Name and address	Community Legal Services in East 2117 University Avenue East Palo Alto, CA 94303	22-3866910	70,000
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IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Grant

Name and address	Concilio Campesino del Sureste INC 2220 S Solano Drive Las Cruces, NM 88001	85-0236117	14,000
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IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Grant

Name and address	East Bay Sanctuary Covenant 2362 Bancroft Way Berkeley, CA 94704	94-3249753	90,470
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IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Grant

Name and address	El Centro Hispano Inc 600 East Main St Durham, NC 27701	56-2011651	37,545
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IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Grant

Name and address	En Foco Inc 1738 Hone Ave Bronx, NY 10461	13-3378184	10,000
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IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Grant

Name and address	Enlace Comunitario PO Box 8919 Albuquerque, NM 87198	65-0473384	12,000
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IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asst.

Schedule I, Part IV, Statement 1		Hispanics in Philanthropy	
Purpose of grant	Program Grant		
Name and address	Esperanza Immigration Legal Services 4261 N 5th Street Philadelphia, PA 19140	23-2552707	10,000
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Friends of Farmworks Inc. 42 South 15th Street Suite 605 Philadelphia, PA 19102	51-0214321	10,000
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	GALAEI 1207 Chestnut Street 5th Floor Philadelphia, PA 19107	23-7046393	14,740
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Girls Inc of Metro Denver 1498 Julian Street Denver, CO 80233	74-2277666	10,000
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Hispanics Against Child Abuse and Neglect 11230 Waples Mill Road suite 105 Fairfax, VA 22030	56-1406607	10,137
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Homes Unidos 2105 Beverly Blvd Ste 219 Los Angeles, CA 90057	95-4740768	9,594
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Immigrant Law Center of Minnesota 450 North Syndicate Street Suite 175 St Paul, MN 55104	41-0909036	16,694
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	JUNTOS 2029 S 8th Street Philadelphia, PA 19148	01-0709538	10,000
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		

Schedule I, Part IV, Statement 1		Hispanics in Philanthropy	
Name and address	Kids in Need of Defense (KIND) 1300 L Street 11th Floor Washington, DC 20005	26-2763038	57,500
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Latin American Association 2750 Buford Highway NE Atlanta, GA 30024	58-1237316	57,500
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Latin American Education Foundation 501 Santa Fe Drive Denver, CO 80204	84-6010415	7,000
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Latino Breast Cancer Agency 4271 Mission Street 2nd Floor San Francisco, CA 94112	01-0628124	25,000
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Latino Council 171 Carlos Drive San Rafael, CA 94903	94-2046815	32,750
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Latino Scholarship Fund PO Box 3355 Danbury, CT 06813	06-1426236	6,325
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Latino Task Force of Boulder County 2090 Heron Ct Longmont, CO 80501	20-2064149	25,000
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Legal Services for Children 1254 Market Street 3rd Floor San Francisco, CA 94110	51-0169463	133,727
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Legal Services of Southern Piedmont 1431 Elizabeth Ave Charlotte, NC 28204	58-1202940	28,917
IRC code section	501(c)3		

Schedule I, Part IV, Statement 1

Hispanics in Philanthropy

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Grant

Name and address	Mand a Mand Mexican Culture WO Borders 550 W 159th St New York, NY 10032	56-2545700	15,000
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IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Grant

Name and address	Mapleton Education Foundation 591 E 80th AVE Denver, CO 80229	64-1205807	7,000
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IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Grant

Name and address	Mi Casa Resource Center 360 Acoma St Denver, CO 80223	64-0867773	7,000
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IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Grant

Name and address	Museo de las Americas 961 Santa Fe Drive Denver, CO 80204	84-1197230	10,447
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IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Grant

Name and address	NC Society for Hispanics Professionals 8400 Chapel Hill Road Suite 209 Cary, NC 27513	56-2131090	28,500
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IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Grant

Name and address	NC State University Campus Box 7214 Raleigh, NC 27695	56-6000766	34,560
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IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Grant

Name and address	Neighbors Link Stamford 75 Seelick Street Stamford, CT 06902	27-5024317	14,000
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IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Grant

Name and address	North Square Neighborhood Project 2141 North Howard Street Philadelphia, PA 19122	23-2045157	16,624
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IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asset

Purpose of grant Program Grant

Schedule I, Part IV, Statement 1		Hispanics In Philanthropy	
Name and address	Padres Abriendo Puertas 608 Weston Street Hartford, CT 06120	06-1338837	5,600
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Philadelphia HUNE 2200 North Second Street Philadelphia, PA 19133	23-3049815	10,000
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Public Counsel 610 South Ardmore Ave Los Angeles, CA 91005	23-7105149	160,000
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Raices Culturales Latinoamericanas 1417 North 2nd Street First Floor Annex Philadelphia, PA 19122	23-2862025	17,817
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	San Juan Center Inc 1283 Main Street Hartford, CT 06103	06-0800788	13,000
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Share El Salvador 2425 College Ave Berkelay, CA 94704	52-1241597	13,110
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Sisters of Color United for Education 2895 W 38th Avenue Denver, CO 80204	31-1554794	19,667
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Society of the Educational Arts Inc 107 Suffolk St 2nd Floor New York, NY 10002	11-3210593	15,000
IRC code section	501(c)3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Grant		
Name and address	Somos en Pueblo Unido 1804 Espinacitas Street Santa Fe, NM 87507	20-4216830	14,000

Schedule I, Part IV, Statement 1

Hispanics in Philanthropy

IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Grant

Name and address	Spanish Community of Wethersfield Inc 284 Washington Street PO Box 6092 Wethersfield, CT 06492	06-1076168	12,000
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IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Grant

Name and address	Spanish Speaking Center 29 Cedar Street New Britain, CT 06051	06-0847848	8,928
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IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Grant

Name and address	Student Action with Farmworkers 1317 W Pettigrew St Durham, NC 27705	55-1789014	75,388
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IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Grant

Name and address	Taller Puertorriqueño 2721 North 5th Street Philadelphia, PA 19133	23-1946165	18,531
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IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Grant

Name and address	Thalia Spanish Theater 4117 Greenpoint Ave Long Island City, NY 11104	23-7448811	15,000
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IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Grant

Name and address	The Latina ARMY Inc PO Box 713 Shelton, CT 06484	26-2444212	10,000
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IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Grant

Name and address	UFW Foundation PO Box 62 Keene, CA 93531	85-2703575	20,000
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IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Grant

Name and address	University of California at Davis Office of Research Sponsored Programs 1850 Research Park Drive 300 Davis, CA 95618	94-6036494	87,000
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IRC code section 501(c)3

Method of valuation

Schedule I, Part IV, Statement 1

Hispanics in Philanthropy

Desc. of Non-Cash Asset.

Purpose of grant Program Grant

Name and address	Young Center for Immigrant Children's Rights Tide Center Sponsor 1638 S Blue Island Ave Chicago, IL 60608	94-3213100	21,988
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IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asset.

Purpose of grant Program Grant

Name and address	Young Women United Tania Esperanza 309 Gold Ave SW Albuquerque, NM 87102	85-0481224	14,000
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IRC code section 501(c)3

Method of valuation

Desc. of Non-Cash Asset.

Purpose of grant Program 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" on Form 990, Part IV, line 23.
► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

Hispanics In Philanthropy

Employer Identification number

94-3040607

Part I Questions Regarding Compensation

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

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" 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:

- Receive a severance payment or change-of-control payment?
- Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- 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.

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) 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:

- The organization?

- Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

- 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:

- The organization?

- Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

- 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.

- 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.

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

Part III 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)-(D) 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)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(B) Base compensation	(C) Bonus & incentive compensation	(D) Other reportable compensation				
Diana Campion, President	0	285,800	29,700	0	0,908	8,412	299,113
1	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0
8	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0
10	0	0	0	0	0	0	0
11	0	0	0	0	0	0	0
12	0	0	0	0	0	0	0
13	0	0	0	0	0	0	0
14	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0
16	0	0	0	0	0	0	0

Part III Supplemental Information

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2014

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. The report will also be distributed to the full Board of Directors for review and comment.

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.