

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

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 2015 calendar year, or tax year beginning	01/01	, 2015, and ending	12/31	, 2015
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 \$ 4,701,518
<input type="checkbox"/> Application pending	F Name and address of principal officer: Diana Campoverde 414 13th Street, Oakland, CA 94612			H Is this a group return for purposes? <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(a)(1) or <input type="checkbox"/> 527				H(e) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
J Website ► www.hiponline.org				H(e) 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 Briefly describe the organization's mission or most significant activities: HIP's mission is to strengthen Latino leadership, voice, and equity. HIP directly support nonprofits and individuals who are engaging in innovative grassroots work to: improve (Continued on Schedule O, Statement 1)

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets.

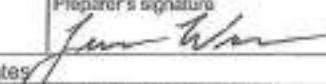
3 Number of voting members of the governing body (Part VI, line 1a)	3	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	20
6 Total number of volunteers (estimate if necessary)	6	20
7a 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

Activities & Governance	Revenue	Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	4,685,731	4,491,151
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	198,040	210,367
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,883,771	4,701,518
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,623,777	2,262,691
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,104,541	1,214,406
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ► 493,721		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,024,460	1,260,842
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,812,778	4,737,939
	19 Revenue less expenses. Subtract line 18 from line 12	70,993	-36,421
Net Assets or Fund Balances		Beginning of Current Year	End of Year
		9,180,417	8,644,850
20	Total assets (Part X, line 16)	1,112,551	903,787
21	Total liabilities (Part X, line 26)	8,067,866	7,741,063
22	Net assets or fund balances. Subtract line 21 from line 20		

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		Date 4/12/16
	Signature of officer	
	Elizabeth Hernandez, Director of Finance	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 4/12/16	Check <input type="checkbox"/> if self-employed	PTIN P00642659
	Jeremy Ware				
	Firm's name ► JMT and Associates		Firm's EIN ► 47-2251777		
	Firm's address ► 1111 East Herndon Avenue, Fresno, CA 93720		Phone no. 559-431-7700		

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 leadership, voice, and equity. HIP directly support nonprofits and individuals who are engaging in innovative grassroots work to: Improve educational outcomes for Latino students; Provide care for the aging Latino population; Foster coalitions across the LGBT and Latino movements; Increase the understanding of the challenges that Latino (Continued on Schedule O, Statement 2)

- 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 \$ 3,693,498 Including grants of \$ 2,262,691) (Revenue \$ 4,701,518)

HIP's mission is to strengthen Latino leadership, voice, and equity. HIP directly support nonprofits and individuals who are engaging in innovative grassroots work to: Improve educational outcomes for Latino students; Provide care for the aging Latino population; Foster coalitions across the LGBT and Latino movements; Increase the understanding of the challenges that Latino men and boys face; Build a stronger transnational diaspora; and Address policies that affect Latinos such as health, immigration, and economic development.

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 ► 3,693,498

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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
- 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
- 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
- 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- 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
- 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
 - 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
 - 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
 - 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
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- 12 If the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
- 12b 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 14b 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
- 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
- 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
- 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)
- 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
- 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

	Yes	No
1	✓	
2	✓	
3		✓
4		✓
5		✓
6		✓
7		✓
8		✓
9		✓
10		✓
11a	✓	
11b		✓
11c		✓
11d		✓
11e	✓	
11f	✓	
12a	✓	
12b		✓
13		✓
14a	✓	
14b	✓	
15	✓	
16	✓	
17		✓
18	✓	
19		✓

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	✓	
20b	b. If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	✓	
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 III.		
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.		
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?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	✓	
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.		
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.		
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.	✓	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	✓	
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.		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	✓	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	✓	
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.	✓	
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.		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
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.		
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.		
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.	✓	

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

- 1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable **1a** 44
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable **1b** 0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? **1c** ✓
- 2a** Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 20
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **2b** ✓
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
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?
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
7. Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?
b If "Yes," did the organization notify the donor of the value of the goods or services provided?
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?
d If "Yes," indicate the number of Forms 8282 filed during the year **7d**
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?
8. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?
9. Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4968?
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?
10. Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12 **10a**
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**
11. Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) **11a**
11b
12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? **12a**
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**
13. Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state?
Note. See the instructions for additional information the organization must report on Schedule O.
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?
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O **14a** ✓
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	15	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.				
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14	✓	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			✓	
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?			✓	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			✓	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			✓	
6	Did the organization have members or stockholders?			✓	
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?			✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a	✓		
b	Each committee with authority to act on behalf of the governing body?	8b	✓		
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.			✓	

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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		
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

- List the states with which a copy of this Form 990 is required to be filed ► CA
- 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)
- 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.
- 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	Individual trustee	Institutional trustee	Director	Key employee			
Nelson Colon Chairperson	5 0	✓					0	0	0
Sandra Vargas Director	2 0	✓					0	0	0
Joyce Lee Treasurer	2 0	✓					0	0	0
Miguel Bustos Director	1 0	✓					0	0	0
Rafael Cortes Dapena Director	1 0	✓					0	0	0
Marcus Escobedo Director	1 0	✓					0	0	0
Ronald B Richards Director	1 0	✓					0	0	0
Tara McKenzie Sandercock Director	1 0	✓					0	0	0
John Goves Director	1 0	✓					0	0	0
Gabriella Gomez Director	1 0	✓					0	0	0
Mary Skelton Roberts Director	1 0	✓					0	0	0
Beatriz Maria Solis Director	1 0	✓					0	0	0
Rui Mesquita Cordeiro Director	1 0	✓					0	0	0
Cynthia Rivera Weissblum Director	1 0	✓					0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer or director or trustee	Individual trustee	Institutional trustee	Other	Key employee	Highest compensated employee			
Diana Campomanor President	40 0	✓		✓				278,522	0	19,260
Elisa Arevalo Director Emeritus	1 0	✓						0	0	0
Herman Gallegos Director - Emeritus	1 0	✓						0	0	0
Luz Vega Director Emeritus	1 0	✓						0	0	0
1b Sub-total							►	278,522	0	19,260
c Total from continuation sheets to Part VII, Section A							►			
d Total (add lines 1b and 1c)							►	278,522	0	19,260

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

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	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	135,000
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 1		

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 0				
	1b Membership dues	1b 0				
	1c Fundraising events	1c 182,732				
	1d Related organizations	1d 0				
	1e Government grants (contributions)	1e 0				
	1f All other contributions, gifts, grants, and similar amounts not included above	1f 4,308,419				
	g Noncash contributions included in lines 1a-1f: \$	0				
	h Total. Add lines 1a-1f ►		4,491,151			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f ►		0			
	3 Investment Income (Including dividends, interest, and other similar amounts) ►		210,367	0	0	210,367
	4 Income from investment of tax-exempt bond proceeds ►		0	0	0	0
	5 Royalties ►		0	0	0	0
	6a Gross rents	(i) Residential (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)	0 0				
	d Net rental income or (loss) ►					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)	0 0				
	d Net gain or (loss) ►					
Other Revenue	8a Gross income from fundraising events (not including \$ 182,732 of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events . . . ►					
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities . . . ►					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory . . . ►					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d ►		0			
	12 Total revenue. See instructions. ►		4,701,518	0	0	210,367

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,151,263	2,151,263		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	111,428	111,428		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	297,782	118,572	31,601	147,609
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	736,675	365,450	185,531	186,694
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,679	10,438	5,464	4,777
9 Other employee benefits	82,100	38,520	19,396	24,182
10 Payroll taxes	77,170	36,957	16,016	24,597
11 Fees for services (non-employees):				
a Management	531,022	411,037	102,497	17,488
b Legal	11,435	1,581	8,815	1,039
c Accounting	20,825		20,825	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	32,220		32,220	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	27,666	21,692	4,073	1,901
12 Advertising and promotion				
13 Office expenses	30,377	18,493	5,676	6,208
14 Information technology	30,585	18,494	7,354	4,737
15 Royalties				
16 Occupancy	84,365	46,510	13,662	24,193
17 Travel	150,926	105,283	26,410	19,233
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	28,039	17,263	771	10,005
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	52,648	43,335	3,461	5,802
23 Insurance	10,827	7,029	1,313	2,485
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 Grantee conferences	76,381	73,589	2,792	0
b Fees	52,353	18,607	26,140	7,606
c Communications	43,925	30,483	7,328	6,114
d Membership and Sponsorship	31,385	12,480	18,834	51
e All other expenses	45,933	35,394	10,539	
25 Total functional expenses. Add lines 1 through 24e	4,737,939	3,693,498	550,720	493,721
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
	1 Cash—non-interest-bearing	2,150,539	1 1,446,958
	2 Savings and temporary cash investments		2
	3 Pledges and grants receivable, net	140,000	3 365,000
	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
Assets	7 Notes and loans receivable, net		7
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges	26,568	9 33,826
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 253,640	
	b Less: accumulated depreciation	10b 103,334	10c 150,306
	11 Investments—publicly traded securities	6,800,409	11 6,648,760
	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
	16 Total assets. Add lines 1 through 15 [must equal line 34]	9,180,417	16 8,644,850
	17 Accounts payable and accrued expenses	216,281	17 184,264
	18 Grants payable	70,000	18 70,000
	19 Deferred revenue	826,270	19 649,523
	20 Tax-exempt bond liabilities		20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21
Liabilities	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	1,112,551	26 903,787
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	5,133,876	27 5,590,961
	28 Temporarily restricted net assets	2,933,990	28 2,150,102
	29 Permanently restricted net assets	0	29 0
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building, or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
	33 Total net assets or fund balances	8,067,866	33 7,741,063
	34 Total liabilities and net assets/fund balances	9,180,417	34 8,644,850

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	4,701,518
2 Total expenses (must equal Part IX, column (A), line 25)	2	4,737,939
3 Revenue less expenses. Subtract line 2 from line 1	3	-36,421
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,057,866
5 Net unrealized gains (losses) on investments	5	-290,382
6 Donated services and use of facilities	6	0
7 Investment expenses	7	0
8 Prior period adjustments	8	0
9 Other changes in net assets or fund balances (explain in Schedule O)	9	0
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,741,063

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	<input checked="" type="checkbox"/>	
2b	<input checked="" type="checkbox"/>	
2c	<input checked="" type="checkbox"/>	
3a	<input checked="" type="checkbox"/>	
3b		

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

OMB No. 1545-0347

2015Open to Public
InspectionComplete 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

Employer identification number

Hispanics In Philanthropy

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 (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An 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 1-8 above (see instructions))	(IV) Is the organization listed in your governing document?		(V) Amount of monetary support (see instructions)	(VI) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,811,337	3,079,786	5,373,367	4,685,731	4,491,151	20,441,372
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	2,811,337	3,079,786	5,373,367	4,685,731	4,491,151	20,441,372
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.						20,441,372

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	2,811,337	3,079,786	5,373,367	4,685,731	4,491,151	20,441,372
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	233,669	221,931	222,179	198,040	210,367	1,086,186
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						21,527,558
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 2015 (line 6, column (f) divided by line 11, column (f))	14	94.95 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	94.19 %
16a 33½% support test—2015. 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 checked="" type="checkbox"/>		
b 33½% support test—2014. 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 type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. 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—2014. 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 8						
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 2015 (line 8, column f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%
19a 33½% support tests—2015. 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—2014. 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 in line 11 on 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

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
 - 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.
 - 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.
- 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.
 - 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.
 - 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.
- 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).
 - b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete **Part I** of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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**.
 - b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
 - c Did a disqualified person (as defined in line 9a) 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**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part V 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," describe 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- The organization satisfied the Activities Test. Complete line 2 below.
 - The organization is the parent of each of its supported organizations. Complete line 3 below.
 - 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.
- 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.
 - 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.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- 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.
 - Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. 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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 8a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0947

2015Open to Public
Inspection

Name of the organization

Hispanics in Philanthropy

Employer identification number

94-3040607

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 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? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

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

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

- 1a If the organization elected, as permitted under 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 on Form 990, Part VIII, line 1 ► \$
- (ii) Assets included in Form 990, Part X ► \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on 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 <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other |
| c <input type="checkbox"/> Preservation for future generations | |
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | Amount |
|--------|
| 1c |
| 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 on Part XIII . . .

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . .					
b Contributions . . .					
c Net investment earnings, gains, and losses . . .					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses . . .					
g End of year balance . . .					
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:					
a Board designated or quasi-endowment ► %					
b Permanent endowment ► %					
c Temporarily restricted endowment ► %					
The percentages on lines 2a, 2b, and 2c should equal 100%.					
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:					
i) unrelated organizations . . .					
ii) related organizations . . .					
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . .					
4 Describe in Part XIII the intended uses of the organization's endowment funds.					

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . .	0	0		0
b Buildings . . .	0	0	0	0
c Leasehold improvements . . .	0	0	0	0
d Equipment . . .	0	253,640	103,334	150,306
e Other . . .	0	0	0	0
Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . ►				150,306

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	0

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,701,518
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	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	4,701,518
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	4,701,518

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	4,737,939
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	0
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	0
3	Subtract line 2e from line 1	3	4,737,939
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,737,939

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 2012 through 2015 remain open and subject to examination by the appropriate government agencies in the United States and California. In June 2006, FASB issued Interpretation No. 48, Accounting for Uncertainty in Income Taxes, an interpretation of FASB Statement No. 109 (FIN 48). FIN 48 addresses the accounting for uncertainties in income taxes recognized in an enterprise's financial statements and prescribes a threshold of more-likely-than-not for recognition and de-recognition of tax positions taken or expected to be taken in a tax return. FIN 48 also provides related guidance on measurement, classification, interest and penalties, and disclosure. There was no material impact to HIP's financial statements as a result of the adoption of FIN 48.

SCHEDULE F
(Form 990)**Statement of Activities Outside the United States**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.**2015**Open to Public
Inspection

Name of the organization

Hispanics in Philanthropy

Employer Identification number

94-3040607

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" 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	1	Grantmaking	Grantmaking	92,586
(2) Central America and the Caribbean	0	0	Grantmaking	Grantmaking	5,000
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	1			97,586

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, other)
(1)	North America (incl) Program Grant - Casa				7,681	Wire Transfer	0	Program Grant	FMV
(2)	North America (incl) Program Adopte un				7,324	Wire Transfer	0	Program Grant	FMV
(3)	North America (incl) Misiones Catoriales d				6,000	Wire Transfer	0	Program Grant	FMV
(4)	North America (incl) Ayudame a Sonreir Ar				5,581	Wire Transfer	0	Program grant	FMV
(5)	Central America and Parroquia San Pedro				5,001	Wire Transfer	0	Program Grant	FMV
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

2 5
 3 0

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] Nature of cash disbursement	[f] Amount of non-cash assistance	[g] Description of non-cash assistance	[h] Method of valuation (book, FMV, appraised, stated)
(1) Gundulape Mendoza - Fellow	North America (including [2])	1	\$6,000	Wire Transfer		Program Grant	FMV
(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 826, *Return by a U.S. Transferor of Property to a Foreign Corporation* (see Instructions for Form 826). 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 separately file Form 3520, *Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts*, and/or Form 3520-A, *Annual Automation 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 separately 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 (l) (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 - As part of the grantmaking process candidates (individual or organization) provide a project proposal, budget and documentation that they are authorized to work in the country where the project will be implemented or are a charitable/nonprofit organization pursuant to the regulations of their country.

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

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" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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. (ii)	(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" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 Leadership Conference (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	375,292			375,292
	2 Less: Contributions	0			0
	3 Gross income (line 1 minus line 2)	375,292			375,292
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	192,560			192,560
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				192,560
	11 Net income summary. Subtract line 10 from line 3, column (d) ►				182,732

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

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

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

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

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

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

Name ►

Address ►

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

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$ _____

Description of services provided ►

 Director/officer Employee Independent contractor
17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

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

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

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

Schedule I, Part I, Line 2 - Grantmaking decisions are based on written proposals including project budget. HIP monitors use of funds and project activities through site visits, cohort convening and/or informal check-ins. Grantees are also required to submit progress reports that include budget versus actual spending analysis.

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

		Recipient EIN	Amt. of cash grant	Amt. of non-cash assist.
Name and address	Chicago Youth Boxing Club 2300 S Millard Ave Chicago, IL 60623	26-0053759	5,129	
IRC code section	501(C)3			
Method of valuation				
Desc. of Non-Cash Assit.				
Purpose of grant	Program Grant			
Name and address	Latino Community Fund of Washington State 11038 Fremont Ave N Seattle, WA 98133	20-5887389	5,137	
IRC code section	501(C)3			
Method of valuation				
Desc. of Non-Cash Assit.				
Purpose of grant	Program Grant			
Name and address	Intake Organization Inc 400 Main Street Suite 510 Stamford, CT 06901	90-0725672	5,500	
IRC code section	501(C)3			
Method of valuation				
Desc. of Non-Cash Assit.				
Purpose of grant	Program Grant			
Name and address	East Bay Sanctuary Covenant 2362 Bancroft Way # Berkeley, CA 94704	94-3249753	6,173	
IRC code section	501(C)3			
Method of valuation				
Desc. of Non-Cash Assit.				
Purpose of grant	Program Grant			
Name and address	Neighbors Link Stamford 75 Setlock Street # Stamford, CT 06902	27-5024317	6,434	
IRC code section	501(C)3			
Method of valuation				
Desc. of Non-Cash Assit.				
Purpose of grant	Program Grant			
Name and address	JUMTOG 2029 S 6th Street Philadelphia, PA 19148	01-0789538	7,000	
IRC code section	501(C)3			
Method of valuation				
Desc. of Non-Cash Assit.				
Purpose of grant	Program Grant			
Name and address	CATA 4 Dalessa Drive South	22-2588350	7,000	

Schedule I, Part IV, Statement 1

Hispanic In Philanthropy

IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Isidor Puerto Rican 2721 North 3rd Street Philadelphia, PA 19103	23-1946105	7,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Esperanza Immigration Legal Services 4281 N 5th Street Philadelphia, PA 19140	23-2562707	7,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Racines Culturales Latinoamericanas 1417 North 2nd Street Philadelphia, PA 19122	23-2662025	7,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Celba 149 W Susquehanna Ave Philadelphia, PA 19122	23-2732783	7,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Philadelphia HIJUE 2215 N American Street Philadelphia, PA 19133	23-3049815	7,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Urban Affairs Coalition Galeel 1207 Chestnut Street 7th Floor Philadelphia, PA 19107	23-7046383	7,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Artistas y Musicos Latinoamericanos 4281 North 5th Street Philadelphia, PA 19140	31-1616972	7,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			

Schedule I, Part IV, Statement 1		Disbursements in Philanthropy	
Purpose of grant			
Name and address	Friends of Farmworks Inc 42 South 15th Street Philadelphia, PA 19102	51-4214321	7,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	NEWSED Community Development Corporation 901 W 10th Ave Suite 2A 0 Denver, CO 80204	74-2275534	7,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Mexican Cultural Center Denver 5350 Leetsdale Drive G50 0 Denver, CO 80246	84-1235382	7,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Colorado Progressive Coalition 700 Kannah Street Denver, CO 80204	84-1338006	7,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Share El Salvador 2425 College Ave Berkeley, CA 94704	52-1241597	9,161
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	PAHO Foundation 1860 F Street NW Suite 312 Washington, DC 20006	20-7072046	8,404
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	William and Lenea C Feathersone Foundation 2031 Kenmore Road Windsor Mill, MD 21244	26-3827474	9,233
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			
			Hipaales In Philanthropy
Name and address	Centro Legal De La Raza 3022 International Blvd #410 Oakland, CA 94601	23-7184456	8,264
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Centro Humanitario para los Trabajadores 2260 California Street Denver, CO 80205	03-0412235	10,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	El Grupo Vida INC PO Box 11096 Denver, CO 80211	20-1062607	10,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Victim Offender Reconciliation Program 4301 W 39th Ave Denver, CO 80219	84-1313876	10,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Ashville Latin Americans for Adv Soc PO Box 7152 Ashville, NC 28802	20-2667542	10,500
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	International Center of Forsyth Tech 2300 Sabis Creek Parkway Winston Salem, NC 27103	56-1070354	10,500
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Cometics 1242 N Leavitt St Chicago, IL 60622	27-3326532	11,700
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Latino Community Services Inc 184 Wethersfield Ave Hartford, CT 06114	06-1269357	12,000
IRC code section	501(C)3		

Schedule I, Part IV, Statement I

Hispanic In Philanthropy

Method of valuation

Desc. of Non-Cash Asset

Purpose of grant Program Grant

Name and address	Street Level Health Project 2501 International Blvd Oakland, CA 94601	EE-2324355	12,648
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Latin American Economic Development Corp 1930 Abbot Street Suite 304 Charlotte, NC 28203	20-5648805	15,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Hispanic Affairs Project 300 N Cascade Ave Monrovia, CO 81401	27-1275653	15,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Casa Azul 200 N Davis Street Ste 201 Greensboro, NC 27402	55-0746180	15,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Hispanic liaison of Chatham County 105 E Second Street Siler City, NC 27344	56-1974043	15,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	El Centro Hispano Inc 600 East Main St Durham, NC 27701	56-2011661	15,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Catawba County Hisp Minis Centro Latino PO Box 104 Hickory, NC 28603	56-2170931	15,000
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			Hospitales en Philanthropy
Name and address	Padres y Jóvenes Unidos 3025 W 37th Ave Suite 200 Denver, CO 80111	84-1426632	15,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	RIDGE Colorado 1400 Dayton St Aurora, CO 80013	84-1509039	15,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	El Refugio 407 W Main St Sandford, NC 27332	86-0727045	17,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Homes Unidos 2105 Beverly Blvd Ste 219 Los Angeles, CA 90007	95-4740768	17,450
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Home Square Neighborhood Project 2141 North Howard Street Philadelphia, PA 19122	23-2045157	18,515
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Centro Interdenominacional de Raleigh 3039 Stony Brook Dr Ste 3 Raleigh, NC 27604	20-1892858	20,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	North Carolina Latino Coalition 1926 Holloway Street Durham, NC 27703	51-0628332	20,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Eton University School of Law 201 N Greene St Greensboro, NC 27401	56-0532303	20,000
IRC code section	501(C)3		

Schedule I, Part IV, Statement 1

Hypothetical Philanthropy

Method of valuation

Desc. of Non-Cash Asset

Purpose of grant Program Grant

Name and address	NC Justice Center PO Box 28068 Raleigh, NC 27601	56-1546106	20,000
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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	Latin American Women's Association 3440 Longview Way Ste 210 Charlottesville, VA 22907	56-178106C	20,000
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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	Latino Community Coalition of Guilford PO Box 26170 room 2511 MHRA Bldg Greensboro, NC 27402-6170	53-0001468	20,000
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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	Circle de Luz PO Box 2 Davidson, NC 28036	74-3259379	20,000
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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	Latino Task Force of Boulder County 2090 Heron Ct Longmont, CO 80501	20-2064149	21,500
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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	Family Life Education Inc. 39 Grace St Hartford, CT 06106-2106	06-1262848	21,567
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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	Greenbrier Learning Center 5461 7th road South Arlington, VA 22204	52-1705642	22,271
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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

HCapacita in Philanthropy

Name and address	12 Plus 134B W Cheltenham Ave Sto 202 Elkins Park, PA 19022	22-3054091	22,006
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	San Miguel School Inc 7705 Georgia Ave NW Washington, DC 20012	20-5002349	23,022
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Episcopal Fanmawller Hanisky PO Box 160 Newton Grove, NC 28366	58-0552784	25,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	YNICA High Point 112 Gatewood Ave High Point, NC 27283	56-0579640	27,375
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Scholars Latino Initiative 401 Prosboro St Ste 3011 Chapel Hill, NC 27599-5145	58-6001393	27,501
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	El Buen Pastor Latino Community Services 4637 Tim Rd Winston-Salem, NC 27105	20-0751959	30,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Adelante Education Coalition 1317 West Pettigrew St Durham, NC 27705	58-1789044	30,000
IRC code section	501(C)3		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	El Pueblo Inc 2321 Osbourn Blvd Suite 105 Raleigh, NC 27604	56-1934310	30,000
IRC code section	501(C)3		

Schedule I, Part IV, Statement I

Hispanic in Philanthropy

Method of valuation

Desc. of Non-Cash Asset

Purpose of grant Program Grant

Name and address	New Mexico Immigrant Law Center 714 4th St Albuquerque, NM 87102	27-33003237	\$0,046
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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	Latin American Coalition 4938 Central Ave. Rd. Charlotte, NC 28206	58-1945776	\$3,622
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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	Pisgah Legal Service PO Box 2276 Asheville NC 28802	50-1191115	\$4,693
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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	Adams 14 Education Foundation 5281 East 50th AVE Commerce City, CO 80022	84-1360346	\$5,000
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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	Latin American Education Foundation 561 Santa Fe Drive Denver, CO 80204	84-5010415	\$8,000
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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	La Casa Resource Center 360 Adams St. Denver, CO 80223	84-0867773	\$9,000
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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	Instituto Nueva Escuela Avenida Ponce de Leon 1101 Rio Piedras, PR 00925	66-0725105	\$9,300
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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	Mapleton Education Foundation 501 E 60th AVE Denver, CO 80223	04-1205537	41,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	FaithAuction International House 705 N Greeno St Greensboro, NC 27401	58-1800490	42,500
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Jovenes de Puerto Rico en Plego Inc 108 Padre Pugio Street Forest Park Hato Rey, PR 00917	66-0454142	44,300
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Nuestra Escuela Avenida San Juan 352 San Juan, PR 00906	66-48582559	44,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Amistades Inc 680 W Prince St Suite 100 Tucson, AZ 85705	20-5274049	50,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	Southwest Organizing Project 211 10th St SW Albuquerque, NM 87102	85-0368743	60,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	YouthWorks 1000 Cordoba Place #15 Santa Fe, NM 87505	35-0480524	61,250
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asset			
Purpose of grant	Program Grant		
Name and address	AMEXCAN PO Box 2744 Greenville, NC 27838	94-3421627	54,118
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:	Gris Inc of Metro Denver 1499 Julian Street Denver, CO 80235	74-227668	\$6,250
IRC code section:	501(C)3		
Method of valuation:			
Desc. of Non-Cash Asst:			
Purpose of grant:	Program Grant		
Name and address:	Agulla Youth Leadership Institute 3030 N 3rd Suite 1230 Phoenix, AZ 85012	20-5820043	\$5,935
IRC code section:	501(C)3		
Method of valuation:			
Desc. of Non-Cash Asst:			
Purpose of grant:	Program Grant		
Name and address:	La Plazza Institute 831 Meia Blvd SW Albuquerque, NM 87106	26-2486467	\$6,275
IRC code section:	501(C)3		
Method of valuation:			
Desc. of Non-Cash Asst:			
Purpose of grant:	Program Grant		
Name and address:	Farm Labor Organizing Committee FLOC 4354 Hwy 117 South Dudley, NC 28333	34-1329126	\$6,000
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	56-1799014	\$2,374
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 Antioch St Boston, MA 02116	04-2104021	\$5,000
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 87190	85-0473084	\$15,000
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		Hipanities in Philanthropy
Name and address	Citizen Advocacy Coalition 502B Brookside Camp Rd Hendersonville, NC 28792	56-2287674 105,855
IRC code section	501(c)(3)	
Method of valuation		
Desc. of Non-Cash Ass't.		
Purpose of grant	Program Grant	

SCHEDULE J
(Form 990)

Compensation Information

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

Hispanics in Philanthropy

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

Yes

No

1b

2

- 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 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 checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a. Receive a severance payment or change-of-control payment?
 b. Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 c. Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

4a

✓

4b

✓

4c

✓

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

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

5a

✓

5b

✓

- a. The organization?
 b. Any related organization?

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

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

6a

✓

6b

✓

- a. The organization?
 b. Any related organization?

If "Yes" on lines 6a or 6b, describe in Part III.

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

7

✓

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

8

✓

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

9

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.

Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (I) and from related organizations, described in the instructions, on row (II). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of VI-2 and/or 1099-MISC compensation		(C) Retirement and other deferred compensation		(D) Nontaxable benefits		(E) Total of columns (B)(i)–(D)		(F) Compensation in column (E) reported as deferred on prior Form 990	
		(I) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation							
1	Diana Campionar, President	\$0	\$256,200	\$0							
2		\$0	\$0	\$0							
3		\$0	\$0	\$0							
4		\$0	\$0	\$0							
5		\$0	\$0	\$0							
6		\$0	\$0	\$0							
7		\$0	\$0	\$0							
8		\$0	\$0	\$0							
9		\$0	\$0	\$0							
10		\$0	\$0	\$0							
11		\$0	\$0	\$0							
12		\$0	\$0	\$0							
13		\$0	\$0	\$0							
14		\$0	\$0	\$0							
15		\$0	\$0	\$0							
16		\$0	\$0	\$0							

Part III Supplemental Information

Provide the information, explanation, or description required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 6c, 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.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

► 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.

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 be also 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.

Activity Or Mission Description
Description
educational outcomes for Latino students; Provide care for the aging Latino population; Foster coalitions across the LGBT and Latino movements; Increase the understanding of the challenges that Latino men and boys face; Build a stronger transnational diaspora; and Address policies that affect Latinos such as health, immigration, and economic development.

Mission Description

Description

women and boys face; Build a stronger international diaspora; and Address policies that affect Latinos such as health, immigration, and economic development.