

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HISPANICS IN PHILANTHROPY		D Employer identification number 94-3040607
	Doing business as		E Telephone number 415-837-0427
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	414 13TH STREET		G Gross receipts \$ 34,873,762.
	City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612		
F Name and address of principal officer: CATTERINA OLAZABAL SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.HIPONLINE.ORG

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1981 **M** State of legal domicile: CA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	38
	6 Total number of volunteers (estimate if necessary)	6	30
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	14,796,097.	30,692,446.
	9 Program service revenue (Part VIII, line 2g)	430,596.	237,737.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	220,325.	131,044.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	85,048.	74,639.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,532,066.	31,135,866.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,091,237.	15,784,292.
	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)	2,056,907.	2,736,605.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	203,537.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 631,112.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,832,372.	3,540,382.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,980,516.	22,264,816.
19 Revenue less expenses. Subtract line 18 from line 12	7,551,550.	8,871,050.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 15,517,659.	End of Year 28,405,071.
	21 Total liabilities (Part X, line 26)	559,106.	3,206,010.
	22 Net assets or fund balances. Subtract line 21 from line 20	14,958,553.	25,199,061.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	CATTERINA OLAZABAL, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SARA ELIZABETH JONES HYRE	Preparer's signature SARA ELIZABETH JONES HYRE	Date 11/15/21	Check if self-employed <input type="checkbox"/>	PTIN P00235495
	Firm's name ▶ CLARK NUBER PS	Firm's address ▶ 10900 NE 4TH ST STE 1400 BELLEVUE, WA 98004	Firm's EIN ▶ 91-1194016	Phone no. 425-454-4919	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 7,679,144. including grants of \$ 5,430,897.) (Revenue \$) THE ORGANIZATION'S EMERGENCY RESPONSE PROGRAM, INCLUDED PANDEMIC RELIEF EFFORTS TO PROVIDE EMERGENCY GRANTMAKING TO NON-PROFITS PROVIDING DIRECT CASH AID, LEGAL SERVICES, AND SUPPORT TO FARMWORKERS AND ESSENTIAL WORKERS. THE PROGRAM WAS ABLE TO DISTRIBUTE OVER 400,000 MASKS AND PPE SUPPLIES, AND SUPPORTED ESSENTIAL WORKERS IN THE OVER 35 US STATES, AS WELL AS D.C. AND PUERTO RICO. HIP ALSO LAUNCHED THE COVID-19 IMPACT DISPARITY PROJECT TO CREATE AN INTERACTIVE DATA MAPPING PROJECT AND COLLECTION OF STORIES DOCUMENTING THE DISPARATE IMPACT OF COVID-19 ON OUR LATINX AND LATIN AMERICAN COMMUNITIES.

4b (Code:) (Expenses \$ 4,642,500. including grants of \$ 3,557,500.) (Revenue \$) THE GENDER EQUITY PROGRAM PROVIDED CONTINUED GRANTMAKING ACTIVITIES, AND ALSO EXPANDED WORK TO ADDRESS THE COVID-19 PANDEMIC AND QUARANTINE MEASURES WHICH INCREASED INEQUALITIES AND GENDER VIOLENCE. THE PROGRAM DISTRIBUTED AN ADDITIONAL \$300,000 IN EMERGENCY FUNDING TO PROVIDE ADDITIONAL FINANCIAL CAPACITY TO 31 ORGANIZATIONS IN MEXICO. AS PART OF INTERNATIONAL DAY FOR THE ELIMINATION OF VIOLENCE AGAINST WOMEN AND IN COLLABORATION WITH RACISCOMOMX, THE PROGRAM CREATED A CAMPAIGN HIGHLIGHTING RACISM AS A FORM OF VIOLENCE AGAINST WOMEN. THE PROGRAM ALSO LED 5 LONG-TERM CAPACITY BUILDING WORKSHOPS AND PRODUCED 6 VIDEOS AND 2 WEBINARS WHICH SERVED AS TESTIMONIES OF WOMEN VICTIMS OF RACISM AND GENDER VIOLENCE PARTICULARLY FOR WOMEN DOMESTIC WORKERS, SURVIVORS OF FAMILY WORKERS, SEX WORKERS, AND INDIGENOUS WOMEN.

4c (Code:) (Expenses \$ 3,752,794. including grants of \$ 2,865,000.) (Revenue \$) THE POWERUP FUND PROGRAM WAS ABLE TO PROVIDE \$2,500,000 GRANTS TO 500 LATINX SMALL BUSINESS OWNERS AND STARTUP FOUNDERS, AND PROVIDED \$390,000 IN COACHING MENTORSHIP AND CAPACITY BUILDING. THE PROGRAM CONNECTED WITH TECH ENTREPRENEURS TO ASSIST IN EARTHQUAKE AND HURRICANE RECOVERY EFFORTS IN PUERTO RICO WITH MESH WIFI AND SOLAR LIGHT KITS. THE PROGRAM ALSO LAUNCHED PLACE-BASED PILOT PROGRAMS TO SUPPORT LATINX SMALL BUSINESSES IMPACTED BY COVID-19.

4d Other program services (Describe on Schedule O.) (Expenses \$ 5,124,681. including grants of \$ 3,930,895.) (Revenue \$ 262,482.)

4e Total program service expenses 21,199,119.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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, 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?; 7b 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? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
CATT OLAZABAL - 415-223-8267
414 13TH STREET SUITE 200, OAKLAND, CA 94612

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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANA MARIE ARGILAGOS PRESIDENT	40.00			X			282,900.	0.	22,345.	
(2) MONICA RAMIREZ PRES. JUSTICE4MIGRANTWOMEN	40.00					X	155,000.	0.	26,245.	
(3) CATTERINA OLAZABAL CHIEF FINANCIAL OFFICER	34.50			X			156,245.	0.	17,318.	
(4) AMALIA GREENBERG DELGADO ASSOCIATE VICE PRESIDENT	40.00					X	135,000.	0.	20,322.	
(5) KELLEY BRUNER COO JUSTICE4MIGRANTWOMEN	40.00					X	111,000.	0.	27,455.	
(6) JAZMIN CHAVEZ ASSOCIATE VICE PRESIDENT	40.00					X	113,750.	0.	8,894.	
(7) EFRAIN ESCOBEDO VICE CHAIR	2.00	X		X			0.	0.	0.	
(8) HILDA POLANCO TREASURER	2.00	X		X			0.	0.	0.	
(9) MARY SKELTON-ROBERTS CHAIR	2.00	X		X			0.	0.	0.	
(10) ROY COSME SECRETARY	2.00	X		X			0.	0.	0.	
(11) BEATRIZ SOLS BOARD MEMBER	1.00	X					0.	0.	0.	
(12) CHRISTINE SWITZER BOARD MEMBER	1.00	X					0.	0.	0.	
(13) CYNTHIA RIVERA WEISSBLUM AT-LARGE OFFICER	1.00	X					0.	0.	0.	
(14) ELIZABETH CAMPBELL AT-LARGE OFFICER	1.00	X					0.	0.	0.	
(15) GABRIELLA GOMEZ BOARD MEMBER	1.00	X					0.	0.	0.	
(16) HECTOR MUJICA BOARD MEMBER	1.00	X					0.	0.	0.	
(17) JENNIFER CHAVEZ RUBIO BOARD MEMBER	1.00	X					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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JULIO COPO TERRES BOARD MEMBER	1.00	X					0.	0.	0.	
(19) MARCO DAVIS BOARD MEMBER	1.00	X					0.	0.	0.	
(20) MARIA PESQUEIRA BOARD MEMBER	1.00	X					0.	0.	0.	
(21) MIGUEL BUSTOS BOARD MEMBER	1.00	X					0.	0.	0.	
(22) RAFAEL CORTS DAPENA BOARD MEMBER	1.00	X					0.	0.	0.	
(23) SAM ZAMARRIPA BOARD MEMBER	1.00	X					0.	0.	0.	
(24) SHAWN ESCOFFERY BOARD MEMBER	1.00	X					0.	0.	0.	
(25) TARA SANDERCOCK BOARD MEMBER	1.00	X					0.	0.	0.	
(26) TONY MESTRES BOARD MEMBER	1.00	X					0.	0.	0.	
1b Subtotal							953,895.	0.	122,579.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							953,895.	0.	122,579.	

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 6

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
JORGE RAMPHIS CASTRO 163 E 92ND ST, APT 3, NEW YORK, NY 10128	STRATEGY CONSULTANT	125,000.

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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	798,134.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	354,815.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	29,539,497.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 641,740.				
	h Total. Add lines 1a-1f		30,692,446.				
Program Service Revenue	2 a ANNUAL CONFERENCE	Business Code					
		900099	237,737.	237,737.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		237,737.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		210,943.			210,943.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	49,894.			
			(ii) Personal				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	49,894.				
	d Net rental income or (loss)		49,894.			49,894.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	3,657,997.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	3,737,896.				
	c Gain or (loss)	7c	-79,899.				
d Net gain or (loss)		-79,899.			-79,899.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a COVID MAPPING	Business Code					
		900099	24,745.	24,745.			
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d		24,745.					
12 Total revenue. See instructions		31,135,866.	262,482.	0.	180,938.		

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 ...	9,116,498.	9,116,498.		
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	6,667,794.	6,667,794.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	478,807.	375,452.	42,758.	60,597.
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	1,901,800.	1,533,237.	122,854.	245,709.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,221.	20,221.		
9 Other employee benefits	165,535.	141,286.	4,023.	20,226.
10 Payroll taxes	170,242.	137,389.	10,951.	21,902.
11 Fees for services (nonemployees):				
a Management				
b Legal	10,176.	8,868.	1,308.	
c Accounting	128,836.		128,836.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	203,537.			203,537.
f Investment management fees	35,072.		35,072.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,609,068.	1,586,015.	11,221.	11,832.
12 Advertising and promotion	24,279.	24,279.		
13 Office expenses	274,297.	253,632.	18,338.	2,327.
14 Information technology	158,363.	127,098.	16,842.	14,423.
15 Royalties				
16 Occupancy	163,062.	124,479.	12,861.	25,722.
17 Travel	248,401.	237,050.	3,672.	7,679.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	93,544.	91,611.	644.	1,289.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,509.	1,147.	121.	241.
23 Insurance	16,998.	11,602.	3,171.	2,225.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DONATED FACE MASKS/ PPE	587,500.	587,500.		
b ALTISIMO LIVE EVENT	114,457.	114,457.		
c _____				
d _____				
e All other expenses _____	74,820.	39,504.	21,913.	13,403.
25 Total functional expenses. Add lines 1 through 24e	22,264,816.	21,199,119.	434,585.	631,112.
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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,762,962.	1	10,533,348.
	2 Savings and temporary cash investments	0.	2	3,008,441.
	3 Pledges and grants receivable, net	1,088,597.	3	2,442,337.
	4 Accounts receivable, net	27,919.	4	27,361.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	185,829.	9	48,055.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 70,403.		
	b Less: accumulated depreciation	10b 36,186.		
	11 Investments - publicly traded securities	8,452,352.	11	12,311,312.
	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 33)	15,517,659.	16	28,405,071.	
Liabilities	17 Accounts payable and accrued expenses	271,502.	17	237,316.
	18 Grants payable	256,094.	18	2,929,034.
	19 Deferred revenue	28,000.	19	39,660.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	3,510.	25	0.
	26 Total liabilities. Add lines 17 through 25	559,106.	26	3,206,010.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,067,641.	27	17,287,132.
	28 Net assets with donor restrictions	8,890,912.	28	7,911,929.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	14,958,553.	32	25,199,061.
33 Total liabilities and net assets/fund balances	15,517,659.	33	28,405,071.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,135,866.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,264,816.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,871,050.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,958,553.
5	Net unrealized gains (losses) on investments	5	440,101.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	929,357.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	25,199,061.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,721,345.	5,144,183.	4,879,865.	14,796,097.	30,692,446.	60,233,936.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,721,345.	5,144,183.	4,879,865.	14,796,097.	30,692,446.	60,233,936.
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)						16,908,625.
6 Public support. Subtract line 5 from line 4.						43,325,311.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	4,721,345.	5,144,183.	4,879,865.	14,796,097.	30,692,446.	60,233,936.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	173,735.	165,885.	196,855.	253,064.	260,837.	1,050,376.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	59,970.			15,389.		75,359.
11 Total support. Add lines 7 through 10						61,359,671.
12 Gross receipts from related activities, etc. (see instructions)					12	703,078.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	70.61 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	57.99 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. 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 - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
1		
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)? <i>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).</i>		
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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, 9a, 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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

EXCHANGE GAIN

2019 AMOUNT: \$ 14,044.

2020 AMOUNT: \$ 0.

MISCELLANEOUS INCOME

2019 AMOUNT: \$ 1,345.

REIMBURSEMENTS

2016 AMOUNT: \$ 59,970.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

HISPANICS IN PHILANTHROPY

Employer identification number

94-3040607

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization HISPANICS IN PHILANTHROPY	Employer identification number 94-3040607
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,803,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 7,558,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,320,288.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 721,312.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HISPANICS IN PHILANTHROPY	Employer identification number 94-3040607
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization HISPANICS IN PHILANTHROPY	Employer identification number 94-3040607
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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.

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

OMB No. 1545-0047

2020

Open 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for 2a-2d, and Yes/No options for monitoring and requirements.

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.

Form with questions 1a, 1b, and 2 regarding art and historical treasures, including checkboxes and dollar amount fields for revenue and assets.

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

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

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|------------|
| c Beginning balance | 671,829. |
| d Additions during the year | 2,977,793. |
| e Distributions during the year | 1,571,524. |
| f Ending balance | 2,078,098. |
- 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** Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|--------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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				
b Buildings				
c Leasehold improvements		5,649.	5,649.	0.
d Equipment		64,754.	30,537.	34,217.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				34,217.

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. (Col. (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. (Col. (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	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	31,426,438.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	440,101.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-114,457.
e	Add lines 2a through 2d	2e	325,644.
3	Subtract line 2e from line 1	3	31,100,794.
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	35,072.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	35,072.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	31,135,866.

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	22,115,287.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	22,115,287.
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	35,072.
b	Other (Describe in Part XIII.)	4b	114,457.
c	Add lines 4a and 4b	4c	149,529.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	22,264,816.

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.

PART IV, LINE 1B:

HISPANICS IN PHILANTHROPY AND JUSTICE FOR MIGRANT WOMEN HAVE A FISCAL

SPONSORSHIP AGREEMENT IN PLACE. HISPANICS IN PHILANTHROPY ACCEPTS

DONATIONS, GRANTS AND OTHER FUNDING ON BEHALF OF JUSTICE FOR MIGRANT WOMEN

WHILE ALSO PROVIDING EMPLOYMENT, BENEFITS, AND ALL BACK-OFFICE SUPPORT,

PAYMENT PROCESSING, AND FINANCIAL REPORTING. JUSTICE FOR MIGRANT WOMEN IS

A PROJECT OF HISPANICS IN PHILANTHROPY, AS SUCH THE PROGRAMS AND

ACTIVITIES CONDUCTED BY JUSTICE FOR MIGRANT WOMEN ARE IN ALIGNMENT WITH

HISPANICS IN PHILANTHROPY'S MISSION AND VALUES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

-114,457.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 114,457.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization HISPANICS IN PHILANTHROPY	Employer identification number 94-3040607
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 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**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTS TO RECIPIENTS		6,024,125.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	GRANTS TO RECIPIENTS		575,296.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	GRANTS TO RECIPIENTS		68,373.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	FUNDRAISING	GRANT WRITING AND REPORTING ON ACTIVITIES AND PROGRAMMATIC OUTCOMES	6,860.
3 a Subtotal	0	0			6,674,654.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			6,674,654.

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	22,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT AND HIPGIVE	30,441.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENDER EQUITY	165,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY RESPONSE	20,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	HIPGIVE	6,958.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY RESPONSE AND HIPGIVE	11,790.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT	20,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT	30,000.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► 106

3 Enter total number of other organizations or entities ►

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	HIPGIVE	5,718.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT	10,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT	15,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT	40,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY RESPONSE AND HIPGIVE	15,213.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT	30,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	HIPGIVE	12,543.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT	35,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT	20,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SOUTH AMERICA	MIGRATION AND FORCED DISPLACEMENT	15,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	HIPGIVE	15,481.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENDER EQUITY	57,500.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT	40,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENDER EQUITY	230,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	40,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	15,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENDER EQUITY	105,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	10,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT AND GENDER EQUITY	345,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENDER EQUITY	103,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY RESPONSE	10,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	HIPGIVE	5,482.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENDER EQUITY	125,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENDER EQUITY AND HIPGIVE	145,179.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	HIPGIVE	8,273.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY RESPONSE AND GENDER EQUITY	98,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY RESPONSE	10,000.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT AND EMERGENCY RESPONSE	45,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT	25,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY RESPONSE	20,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	HIPGIVE	51,115.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	HIPGIVE	8,569.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	55,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENDER EQUITY	100,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	HIPGIVE	84,907.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	30,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	HIPGIVE	28,269.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY RESPONSE AND HIPGIVE	11,042.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY RESPONSE	20,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	HIPGIVE	7,355.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	5,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY RESPONSE, HIPGIVE, AND GENDER EQUITY	185,839.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	HIPGIVE	9,470.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY RESPONSE	7,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	50,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SOUTH AMERICA	MIGRATION AND FORCED DISPLACEMENT AND HIPGIVE	23,373.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT	70,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY RESPONSE	8,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT AND EMERGENCY RESPONSE	45,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT AND EMERGENCY RESPONSE	105,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	HIPGIVE	5,373.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENDER EQUITY	105,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENDER EQUITY	205,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT	48,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	20,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT AND HIPGIVE	10,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY RESPONSE	10,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY RESPONSE AND GENDER EQUITY	214,500.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY RESPONSE	10,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	HIPGIVE	12,464.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	30,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT, GENDER EQUITY, AND HIPGIVE	263,297.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	5,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	30,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	HIPGIVE	5,231.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT AND HIPGIVE	34,670.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENDER EQUITY, AND HIPGIVE	206,210.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	15,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT	50,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY RESPONSE	15,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	HIPGIVE	12,388.	WIRE	0.		
		SOUTH AMERICA	MIGRATION AND FORCED DISPLACEMENT AND HIPGIVE	10,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	10,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	15,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	15,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	HIPGIVE	6,332.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	5,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY RESPONSE	5,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	30,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENDER EQUITY	305,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY RESPONSE	13,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENDER EQUITY	380,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY RESPONSE	20,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY RESPONSE AND HIPGIVE	38,667.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	102,100.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY RESPONSE	10,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	40,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT, GENDER EQUITY, AND EMERGENCY RESPONSE	60,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENDER EQUITY	62,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENDER EQUITY	25,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	20,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY RESPONSE	10,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY RESPONSE	10,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	HIPGIVE	8,262.	WIRE	0.		
		SOUTH AMERICA	MIGRATION AND FORCED DISPLACEMENT	10,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EMERGENCY RESPONSE	10,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENDER EQUITY	230,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	SUPPORTING PROGRAMMATIC ACTIVITIES TO FURTHER HIP'S MISSION AND	920,000.	WIRE	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't 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; don't 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 (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

HISPANICS IN PHILANTHROPY REQUIRES ALL NON-US GRANTEES TO PROVIDE A NARRATIVE AND FINANCIAL REPORTING, AND/OR ANY PRODUCTION MATERIALS OR REPORTS WHICH DETAIL THE GRANTEES SUCCESS IN MEETING PROPOSED OUTCOMES AND OBLIGATIONS.

PART I, LINE 3:

THE EXPENDITURES IN SCHEDULE F, PART I ARE REPORTED ON AN ACCRUAL BASIS.

PART II, COLUMN (D):

REGION: NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES

(D) PURPOSE OF GRANT: SUPPORTING PROGRAMMATIC ACTIVITES TO FURTHER HIP'S MISSION AND GOALS

SCHEDULE F, PART IV, LINE 1:

FORM 926 IS NOT REQUIRED TO BE FILED BECAUSE THE TRANSFER TO A FOREIGN CORPORATION DOES NOT MEET THE REPORTING REQUIREMENTS IN THE IRC SEC 6038(A)(1)(A).

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

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

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		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 (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: MISSION IMPACT PHILANTHROPY

(I) ADDRESS OF FUNDRAISER: 6852 WIGEON PLACE, CARLSBAD, CA 92011

(II) ACTIVITY: SOLICIT FUNDING AND PROVIDE FUNDRAISING STRATEGY

(I) NAME OF FUNDRAISER: KRISTINE MICHIE

(I) ADDRESS OF FUNDRAISER: 13961 KUNDE COURT, SAN DIEGO, CA 92310

(II) ACTIVITY: SOLICIT FUNDING AND PROVIDE FUNDRAISING STRATEGY

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: DANIELLE SHERMAN

(I) ADDRESS OF FUNDRAISER: 1161 NW OVERTON ST. 901, PORTLAND, OR 97209

(II) ACTIVITY: SOLICIT FUNDING AND PROVIDE FUNDRAISING STRATEGY

(I) NAME OF FUNDRAISER: MARY EMMONS

(I) ADDRESS OF FUNDRAISER: 5068 CALVIN AVENUE, TARZANA, CA 91356

(II) ACTIVITY: SOLICIT FUNDING AND PROVIDE FUNDRAISING STRATEGY

(I) NAME OF FUNDRAISER: CATALAN CONLON CONSULTING LLC

(I) ADDRESS OF FUNDRAISER: 3732 BRUNSWICK AVE, LOS ANGELES, CA 90039

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **HISPANICS IN PHILANTHROPY** Employer identification number **94-3040607**

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADELANTE ALABAMA WORKER CENTER 2104 CHAPEL HILL BIRMINGHAM, AL 35216	46-5635459	501(C)(3)	35,000.	0.			ESSENTIAL WORKERS FUND
AL OTRO LADO INC 4843 SLAUSON AVE MAYWOOD, CA 90270	47-2910078	501(C)(3)	5,000.	0.			MIGRATION AND FORCED DISPLACEMENT
ALIANZA AMERICAS P.O. BOX 23491 CHICAGO, IL 60623	34-2066826	501(C)(3)	50,000.	0.			MIGRATION AND FORCED DISPLACEMENT
ALIENTO EDUCATION FUND 2264 S DEERFIELD LANE GILBERT, AZ 85295	84-4749451	501(C)(3)	15,000.	0.			ESSENTIAL WORKERS FUND
ALLAPATTAH COLLABORATIVE COMMUNITY DE - 1951 NW 7TH AVE. SUITE # 600 - MIAMI, FL 33136	84-2792176	501(C)(3)	125,000.	0.			POWERUP FUND COVID RELIEF
ALLIANCE FOR GLOBAL JUSTICE 225 E. 26TH STREET, SUITE 1 TUCSON, AZ 85713	52-2094677	501(C)(3)	20,000.	0.			ESSENTIAL WORKERS FUND

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 202.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 4.

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICA BAR ASSOCIATION FUND FOR JUSTICE - 321 N. CLARK STREET, FLOOR 20 - CHICAGO, IL 60654	36-6110299	501(C)(3)	10,000.	0.			MIGRATION AND FORCED DISPLACEMENT
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA, PA 19102	23-1352010	501(C)(3)	15,000.	0.			MIGRATION AND FORCED DISPLACEMENT
AMERICANS FOR IMMIGRANTS JUSTICE 6355 NW 36TH ST, SUITE 2201 MIAMI, FL 33166	65-0610872	501(C)(3)	10,000.	0.			MIGRATION AND FORCED DISPLACEMENT
APOYO LEGAL AL EMPRENDIMIENTO COMUNITARIO - PO BOX 2000 - CAGUAS, PUERTO RICO	66-0948433	501(C)(3)	12,000.	0.			CIVIC ENGAGEMENT
ARIZONA COALITION TO END SEXUAL AND DOMESTIC VIOLENCE - 2201 E CAMELBACK RD., STE 405 B - PHOENIX, AZ 85016	86-0593601	501(C)(3)	15,000.	0.			MIGRATION AND FORCED DISPLACEMENT
ARIZONA COMMUNITY FOUNDATION 2201 E CAMELBACK RD., STE 405 B PHOENIX, AZ 85016	86-0348306	501(C)(3)	25,000.	0.			MIGRATION AND FORCED DISPLACEMENT AND ESSENTIAL WORKERS FUND
ARRIBA LAS VEGAS WORKERS CENTER 1948 E. CHARLESTON BLVD LAS VEGAS, NV 89104	83-4206510	501(C)(3)	30,000.	0.			ESSENTIAL WORKERS FUND
ARTICULATE FOUNDATION INC 111 TOWN SQUARE PLACE, SUITE 1203 JERSEY CITY, NJ 07310	83-1766585	501(C)(3)	12,500.	0.			MIGRATION AND FORCED DISPLACEMENT
ASYLUM ACCESS 555 12TH STREET OAKLAND, CA 94612	20-3642040	501(C)(3)	85,000.	0.			MIGRATION AND FORCED DISPLACEMENT

Schedule I (Form 990)

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BAISER LLC 8325 NE 2ND AVENUE, SUITE 127 MIAMI, FL 33139	47-1368858		15,000.	0.			POWERUP FUND COVID RELIEF
BIENESTAR INC PO BOX 665 HILLSBORO, OR 97123	93-0860753	501(C)(3)	70,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
BORDER YOUTH TENNIS EXCHANGE INC 1171 W TARGET RANGE ROAD NOGALES, AZ 85621	82-1211390	501(C)(3)	15,000.	0.			MIGRATION AND FORCED DISPLACEMENT
BOYS AND GIRLS CLUB OF GREATER HOUSTON IN - 815 CROSBY STREET - HOUSTON, TX 77019	76-0270942	501(C)(3)	8,000.	0.			CIVIC ENGAGEMENT
BOYS AND GIRLS CLUB OF PUERTO RICO INC - P O BOX 79526 - CAROLINA, PUERTO RICO	66-0327584	501(C)(3)	25,000.	0.			ESSENTIAL WORKERS FUND, AND EMERGENCY RESPONSE
CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA ST, SUITE 400 LOS ANGELES, CA 90012	95-4774698	501(C)(3)	30,000.	0.			LATINXHOUSE
CALIFORNIA LATINAS FOR REPRODUCTIVE JUSTICE - PO BOX 861766 - LOS ANGELES, CA 90086	26-2213868	501(C)(3)	8,572.	0.			HIPGIVE
CALLED TO SERVE FARMWORKERS INC 304 NW 8TH ST MULBERRY, FL 33860	84-5145441	501(C)(3)	25,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
CAMPESINOS SIN FRONTERAS 663 E MAIN STREET, SUITE A SOMERTON, AZ 85350	86-0944114	501(C)(3)	100,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND

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CASA CHIRILAGUA 4109 MOUNT VERNON AVE ALEXANDRIA, VA 22305	27-4575777	501(C)(3)	30,000.	0.			ESSENTIAL WORKERS FUND
CASA CORNELIA LEGAL SERVICES 2760 FIFTH AVENUE, STE. 200 SAN DIEGO, CA 92103	33-0719221	501(C)(3)	5,000.	0.			MIGRATION AND FORCED DISPLACEMENT
CASA DE LA BONDAD INC. PO BOX 8999 HUMACAO, PUERTO RICO	66-0502690	501(C)(3)	15,000.	0.			ESSENTIAL WORKERS FUND
CASA PROTEGIDA JULIA DE BURGOS INC PO BOX 362433 SAN JUAN, PUERTO RICO	66-0387659	501(C)(3)	10,000.	0.			ESSENTIAL WORKERS FUND
CASA SAN JOSE 2116 BROADWAY AVE PITTSBURGH, PA 15226	46-4729004	501(C)(3)	20,000.	0.			ESSENTIAL WORKERS FUND
CASALUZ INC 3340 POPLAR AVE SUITE 212 MEMPHIS, TN 38111	81-3256108	501(C)(3)	15,000.	0.			ESSENTIAL WORKERS FUND
CATHOLIC CHARITIES OF THE RIO GRANDE VALLEY, INC. - 700 N. VIRGEN DE SAN JUAN BLVD. - SAN JUAN, TX 78589	68-0599307	501(C)(3)	15,000.	0.			MIGRATION AND FORCED DISPLACEMENT
CATHOLIC LEGAL IMMIGRATION NETWORK INC - 8757 GEORGIA AVENUE SUITE 850 - SILVER SPRING, MD 20910	52-1584951	501(C)(3)	10,000.	0.			MIGRATION AND FORCED DISPLACEMENT
CENTER FOR A NEW ECONOMY INC P.O. BOX 9024240 SAN JUAN, PUERTO RICO	66-0566096	501(C)(3)	10,206.	0.			HIPGIVE

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CENTER FOR LEADERSHIP AND JUSTICE 47 VINE STREET HARTFORD, CT 06112	06-0689693	501(C)(3)	20,000.	0.			ESSENTIAL WORKERS FUND
CENTRAL VIRGINIA LEGAL AID SOCIETY INC - 101 WEST BROAD STREET #101 - RICHMOND, VA 23220	54-0900644	501(C)(3)	35,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
CENTRO COMUNITARIO DE TRABAJADORES INCorp - 1532 ACUSHNET AVE - NEW BEDFORD, MA 02746	27-0445556	501(C)(3)	10,000.	0.			ESSENTIAL WORKERS FUND
CENTRO CULTURAL LATINO UNIDOS INC 301 KING STREET POTTSTOWN, PA 19464	23-2826162	501(C)(3)	10,000.	0.			ESSENTIAL WORKERS FUND
CENTRO DE APOYO COMUNITARIO 11 HAWTHORNE RD BROOMALL, PA 19008	05-0599905	501(C)(3)	15,000.	0.			ESSENTIAL WORKERS FUND
CENTRO DE LA MUJER DOMINICANA INC CALLE ROBLES #54 RIO PIEDRAS, PUERTO RICO 00926	66-0642701	501(C)(3)	10,000.	0.			ESSENTIAL WORKERS FUND
CENTRO DE LOS DERECHOS DEL MIGRANTE INC - 10 E. NORTH AVE, #9 - BALTIMORE, MD 21202	20-2588279	501(C)(3)	65,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND, ESSENTIAL WORKERS FUND
CENTRO POR LA JUSTICIA PO BOX 830706 SAN ANTONIO, TX 78283	74-2720710	501(C)(3)	45,000.	0.			CIVIC ENGAGEMENT AND ESSENTIAL WORKERS FUND
CENTROS SOR ISOLINA FERRE INC P.O. BOX 7313 PONCE, PUERTO RICO	66-0277396	501(C)(3)	5,000.	0.			EMERGENCY RESPONSE

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CESAR CHAVEZ SERVICE CLUBS INC. PO BOX 131156 SAN DIEGO, CA 92170	26-1605661	501(C)(3)	20,000.	0.			ESSENTIAL WORKERS FUND
CHICAGO WORKERS COLLABORATIVE NFP 1914 S. ASHLAND AVENUE CHICAGO, IL 60608	26-1470308	501(C)(3)	25,000.	0.			ESSENTIAL WORKERS FUND
CHILD & MIGRANT SERVICES INC P. O. BOX 1038 PALIDASE, CO 81526	84-0831830	501(C)(3)	10,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
CHILDREN FIRST CEO KANSAS INC. P. O. BOX 2385 WICHITA, KS 67201-2385	48-1235279	501(C)(3)	25,000.	0.			ESSENTIAL WORKERS FUND
COALICION LATINOAMERICANA 4938 CENTRAL AVE, SUITE 101 CHARLOTTE, NC 28205	58-1945776	501(C)(3)	25,000.	0.			CIVIC ENGAGEMENT AND ESSENTIAL WORKERS FUND
THE COALITION OF FLORIDA FARMWORKER ORGANIZATIONS INCORPORATED - PO BOX 344010 - FLORIDA CITY, FL 33034	59-2149950	501(C)(3)	35,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
COALITION OF HUMANE IMMIGRANT RIGHTS - 2533 W. THIRD STREET. SUITE 101 - LOS ANGELES, CA 90057	95-4421521	501(C)(3)	15,000.	0.			MIGRATION AND FORCED DISPLACEMENT
COLIBRI CENTER FOR HUMAN RIGHTS 738 N 5TH AVE, SUITE 235 TUCSON, AZ 85705	81-4032489	501(C)(3)	60,000.	0.			MIGRATION AND FORCED DISPLACEMENT
COMITE DE APOYO A LOS TRABAJADORES AGRICO - 4 SOUTH DELSEA DR - GLASSBORO, NJ 08028	22-2588350	501(C)(3)	80,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND

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COMMUNITY ACTION BOARD OF SANTA CRUZ COUNTY - 406 MAIN STREET SUITE 207 - WATSONVILLE, CA 95076	94-2523780	501(C)(3)	5,000.	0.			MIGRATION AND FORCED DISPLACEMENT
COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS - 707 ROBINS STREET, SUITE 118 - CONWAY, AR 72034	71-0393919	501(C)(3)	50,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
COMMUNITY COUNCIL OF IDAHO 317 HAPPY DAY BLVD #250 CALDWELL, ID 83607	82-0299736	501(C)(3)	100,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
COMMUNITY LABOR UNITED INC 8 BEACON ST, 5TH FLR BOSTON, MA 02108	20-3404034	501(C)(3)	20,000.	0.			ESSENTIAL WORKERS FUND
COMMUNITY LEGAL AID INC 405 MAIN ST., SUITE 301, WORCHESTER, MA 01608	04-2446242	501(C)(3)	25,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
COMMUNITY RESOURCES & HOUSING DEVELOPMENT - 7305 LOWELL BLVD SUITE 200 - WESTMINISTER, CO 80030	23-7102834	501(C)(3)	50,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
COMUNIDAD MAYA PIXAN IXIM REINFORCING OUR ROOTS LIVING OUR - 4913 SOUTH 25TH ST, SUITE 1 - OMAHA, NE 68107	45-5539560	501(C)(3)	15,000.	0.			ESSENTIAL WORKERS FUND
CON ALMA HEALTH FOUNDATION INC 144 PARK AVENUE SANTA FE, NM 87501	85-0484396	501(C)(3)	50,000.	0.			ESSENTIAL WORKERS FUND
DIAMANTE INC 607 APPECROSS DRIVE CARY, NC 27511	56-2103799	501(C)(3)	7,000.	0.			ESSENTIAL WORKERS FUND

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EAST BAY SANCTUARY COVENANT 2362 BANCROFT WAY BERKELEY, CA 94704	94-3249753	501(C)(3)	22,918.	0.			MIGRATION AND FORCED DISPLACEMENT AND HIPGIVE
EAST COAST MIGRANT HEAD START PROJECT - 2301 SUGAR BUSH ROAD, SUITE 400 - RALEIGH, NC 27608	52-1020023	501(C)(3)	50,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
EDP COLLEGE OF PUERTO RICO INC P. O. BOX 192303 SAN JUAN, PUERTO RICO	66-0277132	501(C)(3)	5,000.	0.			EMERGENCY RESPONSE
EDUCATION AND TRAINING INSTITUTE INC - 55 PATERSON STREET - NEW BRUNSWICK, NJ 08901	22-3665469	501(C)(3)	20,000.	0.			ESSENTIAL WORKERS FUND
EL CENTRO INC. 650 MINNESOTA AVE KANSAS CITY, KS 66101	36-2904073	501(C)(3)	25,000.	0.			ESSENTIAL WORKERS FUND
EL PUEBLO P.O. BOX 145 BILOXI, MS 39533	38-4104145	501(C)(3)	15,000.	0.			ESSENTIAL WORKERS FUND
EL PUENTE DE WILLIAMSBURGH INC 211 S 4TH STREET BROOKLYN, NY 11211	11-2614265	501(C)(3)	5,000.	0.			ESSENTIAL WORKERS FUND
EL PUENTE HISPANO P.O BOX 7441 CONCORD, NC 28027-7361	82-3260968	501(C)(3)	15,000.	0.			ESSENTIAL WORKERS FUND
EL SOL NEIGHBORHOOD EDUCATIONAL CENTER - 766 N WATERMAN AVE - SAN BERNARDINO, CA 92410	33-0552297	501(C)(3)	30,000.	0.			ESSENTIAL WORKERS FUND

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ENTRE HERMANOS 1621 S JACSON ST, SUITE 20 SEATTLE, WA 98144	31-1775429	501(C)(3)	20,000.	0.			ESSENTIAL WORKERS FUND
ESCUELA DE MEDICINA SAN JUAN BAUTISTA - PO BOX 4968 - CAGUAS, PUERTO RICO 00725	66-0361341	501(C)(3)	5,000.	0.			ESSENTIAL WORKERS FUND
ESSEX COUNTY COMMUNITY ORGANIZATION - 74 SOUTH COMMON STREET - LYNN, MA 01902	04-2768237	501(C)(3)	10,000.	0.			ESSENTIAL WORKERS FUND
FAMILY LIFE EDUCATION INC 57 CHARTER OAK AVENUE HARTFORD, CT 06106	06-1262848	501(C)(3)	30,000.	0.			ESSENTIAL WORKERS FUND
FARM LABOR RESEARCH PROJECT INC 1221 BROADWAY ST. TOLEDO, OH 43609	34-1329126	501(C)(3)	10,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
FARMWORKER AND LANDSCAPER ADVOCACY PROJEC - 33 N. LASALLE STREET SUITE 900 - CHICAGO, IL 60602	36-4306362	501(C)(3)	100,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
FARMWORKER ASSOCIATION OF FLORIDA INC - 1264 APOPKA BLVD - APOPKA, FL 32703-6582	59-2683978	501(C)(3)	106,000.	0.			CIVIC ENGAGEMENT AND FARMWORKERS PANDEMIC RELIEF FUND
FE Y JUSTICIA WORKER CENTER 1922 COMMON STREET HOUSTON, TX 77009	45-3855515	501(C)(3)	30,000.	0.			ESSENTIAL WORKERS FUND
FILANTROPIA PUERTO RICO INC P.O. BOX 9919 SAN JUAN, PUERTO RICO	66-0770270	501(C)(3)	5,000.	0.			EMERGENCY RESPONSE

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FLORENCE IMMIGRANT & REFUGEE RIGHTS PROJ - PO BOX 86299 - TUCSON, AZ 85754	86-0658103	501(C)(3)	5,000.	0.			MIGRATION AND FORCED DISPLACEMENT
FLORIDA IMMIGRANT COALITION INC 2800 BISCAYNE BLVD, SUITE 200 MIAMI, FL 33137	20-2123833	501(C)(3)	37,000.	0.			CIVIC ENGAGEMENT AND FARMWORKERS PANDEMIC RELIEF FUND
FOUNDATION FOR A BETTER PUERTO RICO INC - P.O. BOX 358 - CULEBRA, PUERTO RICO 00775	66-0817772	501(C)(3)	5,000.	0.			ESSENTIAL WORKERS FUND
FRIENDS OF PUERTO RICO 2481 PLAYUELA STE.501 AGUADILLA, PUERTO RICO 00603	81-1143995	501(C)(3)	10,000.	0.			ESSENTIAL WORKERS FUND
FUERZA LABORAL 92 CLAY STREET CENTRAL FALLS, RI 02863	20-5428607	501(C)(3)	20,000.	0.			ESSENTIAL WORKERS FUND
FOUNDATION FOR PUERTO RICO INC 1511 CALLE ANTONSANTI SAN JUAN, PUERTO RICO 00909	66-0776227	501(C)(3)	5,000.	0.			EMERGENCY RESPONSE
FUTURO MEDIA GROUP, THE 361 WEST 125TH STREET, 6TH FLOOR NEW YORK, NY 10027	27-2077349	501(C)(3)	55,000.	0.			ESSENTIAL WORKERS FUND
GENTE ORGANIZADA 2121 ARROYO DRIVE POMONA, CA 91768-1102	27-2352500	501(C)(3)	15,000.	0.			ESSENTIAL WORKERS FUND
GRAND RAPIDS COMMUNITY FOUNDATION 185 OAKES ST SW GRAND RAPIDS, MI 49503	38-2877959	501(C)(3)	10,000.	0.			ESSENTIAL WORKERS FUND

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HAITIAN BRIDGE ALLIANCE INC 13 OVERTURN LANE ALISO VIEJO, CA 92656	81-3558713	501(C)(3)	50,000.	0.			ESSENTIAL WORKERS FUND
HAND IN HAND MANO EN MANO PO BOX 573 MILBRIDGE, ME 04658	01-0836208	501(C)(3)	15,000.	0.			ESSENTIAL WORKERS FUND
HEARTLAND WORKERS CENTER 208 S. LASALLE, SUITE 1300 CHICAGO, IL 60604	36-1877640	501(C)(3)	20,000.	0.			ESSENTIAL WORKERS FUND
HISPANIC COMMUNITY SERVICES INC 211 VANDYNE ST JONESBOROR, AR 72401	68-0561016	501(C)(3)	15,000.	0.			ESSENTIAL WORKERS FUND
HISPANIC FEDERATION INC 667 CALLE LA PAZ, SUITE 201 SAN JUAN, PUERTO RICO 00907	13-3573852	501(C)(3)	70,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
HISPANIC INTEREST COALITION OF ALABAMA - PO BOX 190299 - BIRMINGHAM, AL 35219	63-1225764	501(C)(3)	8,000.	0.			CIVIC ENGAGEMENT
HOGAR RUTH PARA MUJERES MALTRATADAS INC - PO BOX 538 - VEGA ALTA, PUERTO RICO 00646	66-0413881	501(C)(3)	10,000.	0.			ESSENTIAL WORKERS FUND
HOLA OHIO PO BOX 3066 ASHTABULA, OH 44005	83-2039252	501(C)(3)	70,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
IDAHO ORGANIZATION OF RESOURCE COUNCILS - 910 MAIN STREET, SUITE 316 - BOISE, ID 83702	46-5310102	501(C)(3)	75,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND

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ILLINOIS MIGRANT COUNCIL 118 SOUTH CLINTON AVENUE, STE 500 CHICAGO, IL 60661	36-2597070	501(C)(3)	100,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
IMMIGRANT DEFENDERS LAW CENTER 634 S. SPRING ST. 10TH FLOOR LOS ANGELES, CA 90014	47-4473312	501(C)(3)	5,000.	0.			MIGRATION AND FORCED DISPLACEMENT
IMMIGRANT LEGAL DEFENSE 1322 WEBSTER STREET SUITE 300 OAKLAND, CA 94612	84-1833586	501(C)(3)	60,000.	0.			MIGRATION AND FORCED DISPLACEMENT AND ESSENTIAL WORKERS FUND
IMMIGRANT RIGHTS ACTION 70 WEST OAKLAND AVE., SUITE 200 DOYLESTOWN, PA 18901-0000	83-3148733	501(C)(3)	10,000.	0.			ESSENTIAL WORKERS FUND
INCLUSIVE ACTION FOR THE CITY 2900 E. CESAR E CHAVEZ AVE LOS ANGELES, CA 90033	27-0584116	501(C)(3)	125,000.	0.			ESSENTIAL WORKERS FUND AND POWERUP FUND
INLAND CONGREGATIONS UNITED FOR CHANGE SPONSORING COMMITTEE INC - 1441 N D ST, STE. 208 - SAN BERNADINO, CA 92405	33-0480298	501(C)(3)	7,500.	0.			MIGRATION AND FORCED DISPLACEMENT
INSTITUTE FOR WASHINGTON'S FUTURE 2720 VALENICA STREET BELLINGHAM, WA 98226	91-0931421	501(C)(3)	70,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
INTERNATIONAL CENTER FOR SPIRITUAL & SOCIAL ACTIVISM - 9900 MEMORIAL DR #58 - HOUSTON, TX 77024	30-0879953	501(C)(3)	10,000.	0.			ESSENTIAL WORKERS FUND
JOLT INITIATIVE INC P.O. BOX 4185 AUSTIN, TX 78765	82-1708759	501(C)(3)	8,000.	0.			CIVIC ENGAGEMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUSTICE IN MOTION INC 789 WASHINGTON AVENUE BROOKLYN, NY 11238	72-1597864	501(C)(3)	65,000.	0.			MIGRATION AND FORCED DISPLACEMENT
LA CASITA CENTER 223 E MAGNOLIA AVE LOUISVILLE, KY 40208	74-3178408	501(C)(3)	20,000.	0.			ESSENTIAL WORKERS FUND
LA COLABORATIVA INC 318 BROADWAY CHELSEA, MA 02150	22-2906521	501(C)(3)	20,000.	0.			ESSENTIAL WORKERS FUND
LA CONEXION DE WOOD COUNTY PO BOX 186 BOWLING GREEN, OH 43402	46-3222812	501(C)(3)	45,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
LA COOPERATIVA CAMPESINA DE CALIFORNIA - 1107 9TH STREET, SUITE 420 - SACRAMENTO, CA 95814	68-0329821	501(C)(3)	70,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
LA LUZ CENTER 17560 GREGER STREET SONOMA, CA 95476-3617	68-0228235	501(C)(3)	10,000.	0.			ESSENTIAL WORKERS FUND
LA UNION DEL PUEBLO ENTERO 1601 E. BUSINESS HWY 83 SAN JUAN, TX 78589	93-1029197	501(C)(3)	90,000.	0.			CIVIC ENGAGEMENT AND FARMWORKERS PANDEMIC RELIEF FUND
LAS AMERICAS IMMIGRANT ADVOCACY CENTER - 1500 E. YANDELL DR. - EL PASO, TX 79902	74-2472774	501(C)(3)	60,000.	0.			MIGRATION AND FORCED DISPLACEMENT
LATIN AMERICA WORKING GROUP EDUCATION FUND - 2029 P ST. NW SUITE 301 - WASHINGTON, DC 20036	11-3657128	501(C)(3)	40,000.	0.			MIGRATION AND FORCED DISPLACEMENT

Schedule I (Form 990)

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LATINAS LATINOS AL EXITO INC PO BOX 93531 DES MOINES, IA 50393	27-0933503	501(C)(3)	15,000.	0.			ESSENTIAL WORKERS FUND
LATINO COMMUNITY FUND INC PO BOX 3299 DECATUR, GA 30031	82-0911954	501(C)(3)	108,000.	0.			CIVIC ENGAGEMENT AND ESSENTIAL WORKERS FUND
LATINO COMMUNITY FUND OF WASHINGTON STATE - 68 S WASHINGTON STREET - SEATTLE, WA 98155	20-5987399	501(C)(3)	10,000.	0.			ESSENTIAL WORKERS FUND
LATINO UNION OF CHICAGO 4811 N CENTRAL PARK AVENUE CHICAGO, IL 60625	61-1403712	501(C)(3)	20,000.	0.			ESSENTIAL WORKERS FUND
LATINO JUSTICE PRLDEF 475 RIVERSIDE DRIVE, SUITE 1901 NEW YORK, NY 10115	13-2722664	501(C)(3)	8,000.	0.			CIVIC ENGAGEMENT
LIFTFUND INC 2007 W. MARTIN STREET SAN ANTONIO, TX 78207	74-2712770	501(C)(3)	125,000.	0.			POWERUP FUND
LOS ANGELES ALLIANCE FOR A NEW ECONOMY - 464 LUCAS AVE #202 - LOS ANGELES, CA 90017	95-4459427	501(C)(3)	15,000.	0.			ESSENTIAL WORKERS FUND
LULAC INSTITUTE INC 1133 19TH STREET NW, SUITE 1000 WASHINGTON, DC 20036	52-2072106	501(C)(3)	70,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
MAGIS AMERICAS INC 1016 16TH ST NW SUITE 400 WASHINGTON, DC 20036	30-0341787	501(C)(3)	15,072.	0.			MIGRATION AND FORCED DISPLACEMENT AND HIPGIVE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE THE ROAD NEW YORK 92-10 ROOSEVELT AVE JACKSON HEIGHTS, NY 11372	11-3344389	501(C)(3)	10,000.	0.			ESSENTIAL WORKERS FUND
MARIPOSAS MUJERES CAMBIANDO EL MUNDO - PO BOX 429 - KINDERHOOK, NY 12106	46-3094057	501(C)(3)	8,026.	0.			HIPGIVE
MI FAMILIA VOTA EDUCATION FUND 1140 E WASHINGTON AVE, BLDG C, STE PHOENIX, AZ 85034	20-0182824	501(C)(3)	28,000.	0.			CIVIC ENGAGEMENT
MIAMI WORKERS CENTER 745 NW 54TH ST. MIAMI, FL 33137	65-0942224	501(C)(3)	20,000.	0.			ESSENTIAL WORKERS FUND
MIGRANT FARMWORKERS ASSISTANCE FUND - PO BOX 413223 - KANSAS CITY, MO 64141	43-1805495	501(C)(3)	50,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
MIGRANT JUSTICE INC 179 S. WINOOSKI AVE. #202 BURLINGTON, VT 05401	81-4176655	501(C)(3)	40,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND, ESSENTIAL WORKERS FUND
MIXTECA ORGANIZATION INC 245 23RD ST, 2ND FLOOR BROOKLYN, NY 11215	11-3561651	501(C)(3)	16,435.	0.			ESSENTIAL WORKERS FUND AND HIPGIVE
MOTIVATION EDUCATION AND TRAINING PO BOX 1838 NEW CANEY, TX 77357-1838	74-1604560	501(C)(3)	50,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
MUJERES ALIADAS LAS COLINAS APT.293, 1600 N.WILMOT TUCZON, AZ 85712	45-1996158	501(C)(3)	16,987.	0.			HIPGIVE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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MULTICULTURAL INSTITUTE 1920 SEVENTH STREET BERKELEY, CA 94710	91-1823468	501(C)(3)	15,000.	0.			ESSENTIAL WORKERS FUND
NATIONAL DAY LABORER ORGANIZIN NETWORK - 1030 S ARROYO PARKWAY SUITE 106 - PASADENA, CA 91105	20-8802586	501(C)(3)	15,000.	0.			MIGRATION AND FORCED DISPLACEMENT
NC FIELD INC 327 N. QUEEN STREET, SUITE 306 KINSTON, NC 28501	27-4618713	501(C)(3)	70,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
NEIGHBORHOOD HOUSING SERVICES OF SAN ANTONIO INC. - 851 STEVES AVE. - SAN ANTONIO, TX 78210	74-2379794	501(C)(3)	20,000.	0.			ESSENTIAL WORKERS FUND
NEIGHBORS CONSEJO 6323 GEORGIA AVE NW, SUITE 206 WASHINGTON, DC 20011	52-1942418	501(C)(3)	30,000.	0.			ESSENTIAL WORKERS FUND
NET RESOURCE FOUNDATION 4001 HUGHES AVE. SUITE 205 CHATTANOOGA, TN 37410	81-1168775	501(C)(3)	20,000.	0.			ESSENTIAL WORKERS FUND
NEW IMMIGRANT COMMUNITY EMPOWERMENT INC - P.O BOX 7040 - ALBUQUERQUE, NM 87194-7040	27-3303237	501(C)(3)	26,623.	0.			ESSENTIAL WORKERS FUND AND HIPGIVE
NEW MEXICO IMMIGRANT LAW CENTER 5824 CLOVER DRIVE OAKLAND, CA 94618-1623	47-4997229	501(C)(3)	13,330.	0.			HIPGIVE
NICARAGUAN EDUCATION RESOURCE CENTER - 420 W GRIGGS - LAS CRUCES, NM 88005	27-3310051	501(C)(3)	7,388.	0.			HIPGIVE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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NM COMUNIDADES EN ACCION Y DE FE 4907 GARRETT ROAD DURHAM, NC 27707	51-0526332	501(C)(3)	12,000.	0.			CIVIC ENGAGEMENT
NORTHEAST NEW YORK COALITION FOR OCCUPATIONAL SAFETY & HEALTH - PO BOX 38098 - ALBANY, NY 12203	47-1936436	501(C)(3)	10,000.	0.			ESSENTIAL WORKERS FUND
NUEVA ESPERANZA 4261 NORTH 5TH STREET PHILADELPHIA, PA 19140	23-2552707	501(C)(3)	8,000.	0.			CIVIC ENGAGEMENT
NUEVA VIDA INC. 801 N PITT STREET, #113 ALEXANDRIA, VA 22314	54-1943145	501(C)(3)	15,000.	0.			ESSENTIAL WORKERS FUND
OFICINA LEGAL DEL PUEBLO UNIDO INC 1405 MONTOPOLIS DRIVE AUSTIN, TX 78741	74-1995879	501(C)(3)	25,000.	0.			CIVIC ENGAGEMENT AND MIGRATION AND FORCED DISPLACEMENT
ONE ARIZONA 530 E. MCDOWELL ROAD, SUITE 107-448 PHOENIX, AZ 85004-1549	37-1782220	501(C)(3)	8,000.	0.			CIVIC ENGAGEMENT
OUR FUND INC 1201 NE 26TH STREET STE. 108 WILTON MANORS, FL 33305	27-4734125	501(C)(3)	15,000.	0.			ESSENTIAL WORKERS FUND
PARA LA NATURALEZA INC 155 CALLE TETUAN SAN JUAN, PUERTO RICO 00901	66-0801404	501(C)(3)	5,000.	0.			EMERGENCY RESPONSE
PATHSTONE CORPORATION 15 PRINCE STREET ROCHESTER, NY 14607	16-0984913	501(C)(3)	50,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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PINAL HISPANIC COUNCIL 107 E. 4TH STREET ELOY, AZ 85131	86-0585274	501(C)(3)	50,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
PIONEER VALLEY WORKERS CENTER INC 20 HAMPTON AVE, STE. 200 NORTHAMPTON, MA 01060	82-4732798	501(C)(3)	50,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
PONCE NEIGHBORHOOD HOUSING SERVICES INC - PO BOX 330223 - PONCE, PUERTO RICO 00716	66-0501718	501(C)(3)	8,000.	0.			EMERGENCY RESPONSE AND ESSENTIAL FUND
PROGRESS TEXAS INSTITUTE PO BOX 6112 AUSTIN AUSTIN, TX 78763	61-1639490	501(C)(3)	15,000.	0.			MIGRATION AND FORCED DISPLACEMENT
PROJECT GETTYSBURG-LEON INC 300 N. WASHINGTON ST. GETTYSBURG, PA 17325	23-2525509	501(C)(3)	50,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
PROTEUS INC 1830 N. DINUBA BLVD VISALIA, CA 93291	94-2184330	501(C)(3)	70,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
PROTEUS EMPLOYMENT OPPORTUNITIES IWC - 1221 CENTER STREET, SUITE 16 - DES MOINES, IA 50306	42-1186501	501(C)(3)	50,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
PUENTE PO BOX 21837 PHOENIX, AZ 85036	45-3697690	501(C)(3)	20,000.	0.			ESSENTIAL WORKERS FUND
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER - 952 NAPA STREET - NAPA, CA 94558	20-3126333	501(C)(3)	10,000.	0.			ESSENTIAL WORKERS FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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REDLANDS CHRISTIAN MIGRANT ASSOCIATION - I 402 W. MAIN STREET - IMMOKALL, FL 34142	59-1221966	501(C)(3)	90,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
RICO INC 556 GUAYAMA ST. SAN JUAN, PUERTO RICO 00918	66-0831665	501(C)(3)	15,000.	0.			ESSENTIAL WORKERS FUND
RURAL & MIGRANT MINISTRIES PO BOX 4757 POUGHKEEPSIE, NY 12602	22-2527596	501(C)(3)	90,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
RURAL EMPLOYMENT OPPORTUNITIES INC PO BOX 831 HELENA, MT 59624	81-0397037	501(C)(3)	70,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
SABIO ENTERPRISES INC 400 CORPORATE POINTE, SUITE 300 CULVER CITY, CA 90230	46-4000152		7,500.	0.			POWERUP FUND
SANTA BARBARA COUNTY IMMIGRANT LEGAL - 601 E MONTECITO STREET - SANTA BARBARA, CA 93103	32-0549576	501(C)(3)	15,000.	0.			ESSENTIAL WORKERS FUND
SANTA FE DREAMERS PROJECT PO BOX 8009 SANTA FE, NM 87504	82-0839645	501(C)(3)	42,500.	0.			MIGRATION AND FORCED DISPLACEMENT
SEPA MUJER INC 45 OAK STREET PATCHOGUE, NY 11772	11-3369566	501(C)(3)	10,000.	0.			ESSENTIAL WORKERS FUND
SHEPARDS TABLE INC, THE 8106 GEORGIA AVE SILVER SPRING, MD 20910	52-1381738	501(C)(3)	10,000.	0.			ESSENTIAL WORKERS FUND

Schedule I (Form 990)

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SHOP LATINX INC 3108 E 4TH STREET APT 1 LOS ANGELES, CA 90063	84-3978161		7,500.	0.			POWERUP FUND
SIN BARRERAS WITHOUT BARRIERS INC PO BOX 6433 CHARLOTTESVILLE, VA 22906	46-1040727	501(C)(3)	15,000.	0.			ESSENTIAL WORKERS FUND
SISTERS OF COLOR UNITED FOR EDUCATION - 1400 WILLIAMS STREET - DENVER, CO 80218	31-1554794	501(C)(3)	30,000.	0.			ESSENTIAL WORKERS FUND
SOLAR RESPONDER 902 BROADWAY, FLOOR 6 NEW YORK, NY 10010	83-3822965	501(C)(3)	55,647.	0.			FISCAL SPONSORSHIP
SOLO POR HOY INC 68 CALLE GEORGETTI SAN JUAN, PUERTO RICO 00925	66-0723251	501(C)(3)	10,000.	0.			ESSENTIAL WORKERS FUND
SOUTHEAST GEORGIA COMMUNITIES PROJECT INC - 300 SOUTH STATE STREET - LYONS, GA 30436	58-2347258	501(C)(3)	50,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
ST LOUIS INTER-FAITH COMMITTEE ON LATIN - 5021 ADKINS #122 - ST. LOUIS, MO 63116	43-1284733	501(C)(3)	15,000.	0.			ESSENTIAL WORKERS FUND
STUDENT ACTION WITH FARMWORKERS 1317 W. PETTIGREW ST. DURHAM, NC 27705	56-1789014	501(C)(3)	90,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
TELAMON CORPORATION 5560 MUNFORD ROAD, SUITE 201 RALEIGH, NC 27612	56-1022483	501(C)(3)	70,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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TENNESSEE IMMIGRANT AND REFUGEE RIGHTS CO - 2195 NOLENSVILLE PIKE - NASHVILLE, TN 37211	20-0121100	501(C)(3)	15,000.	0.			ESSENTIAL WORKERS FUND
THIRD SECTOR NEW ENGLAND INC 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	15,000.	0.			ESSENTIAL WORKERS FUND
TIDES FOUNDATION 1014 TONERY AVE SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	20,000.	0.			CIVIC ENGAGEMENT
TODEC LEGAL CENTER PERRIS PO BOX 1235 MORENO VALLEY, CA 92556	33-0711527	501(C)(3)	5,000.	0.			MIGRATION AND FORCED DISPLACEMENT
TRANSGENDER LAW CENTER 300 FRANK OGAWA PLAZA, STE 9 OAKLAND, CA 94612	05-0544006	501(C)(3)	50,000.	0.			ESSENTIAL WORKERS FUND
TRANSLATINA NETWORK INC. 137 W 19 STREET 2 FL BROOKLYN, NY 10011	47-4807380	501(C)(3)	15,000.	0.			ESSENTIAL WORKERS FUND
TRANSNATIONAL VILLAGES NETWORK REDDE PUEBLOS TRANSNACIONALES - 419 117TH ST., APT 3B - NEW YORK, NY 10035	82-2237105	501(C)(3)	10,000.	0.			ESSENTIAL WORKERS FUND
TRI VALLEY OPPORTUNITY COUNCIL INC 102 N BROADWAY PO BOX 607 CROOKSTON, MN 56716-1731	41-0888488	501(C)(3)	25,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
UFW FOUNDATION 3002 WHITTIER BOULEVARD LOS ANGELES, CA 90023	95-2703575	501(C)(3)	45,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND

Schedule I (Form 990)

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UNITED MIGRANT OPPORTUNITY SERVICES INC - 929 W. MITCHELL STREET - MILWAUKEE, WI 53204-3534	39-1047172	501(C)(3)	45,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
UNLIMITED POTENTIAL INC. PO BOX 8814 TEMPE, AZ 85066	74-2383678	501(C)(3)	20,000.	0.			ESSENTIAL WORKERS FUND
URBAN JUSTICE CENTER 40 RECTOR ST., 9TH FLOOR NEW YORK, NY 10006	13-3442022	501(C)(3)	15,000.	0.			ESSENTIAL WORKERS FUND
UREEKA INC 135 EUCALYPTUS AVE HILLSBOROUGH, CA 94010	83-2915505		2,500,000.	0.			POWERUP FUND
VECINOS INC 3971 LITTLE SAVANNAH RD, 173 HHS CULLOWHEE, NC 28723	57-1192063	501(C)(3)	70,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
VENTURA COUNTY COMMUNITY FOUNDATION - 4001 MISSION OAKS BLVD, SUITE A, - CAMARILLO, CA 93012	77-0165029	501(C)(3)	50,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
VOCES DE LA FRONTERA 1027 S. 5TH STREET MILWAUKEE, WI 53204	39-2010107	501(C)(3)	45,000.	0.			CIVIC ENGAGEMENT AND ESSENTIAL WORKERS FUND
VOZ WORKERS RIGHTS EDUCATION PROJECT - 330 SE 11TH AVE - PORTLAND, OR 97214	26-1357376	501(C)(3)	21,250.	0.			ESSENTIAL WORKERS FUND
WASHINGTON OFFICE ON LATIN AMERICA INC - 1666 CONNECTICUT AVE NW, SUITE 400 - WASHINGTON, DC 20036	52-1249353	501(C)(3)	50,000.	0.			MIGRATION AND FORCED DISPLACEMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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WATSONVILLE LAW CENTER, THE 315 MAIN STREET #207 WATSONVILLE, CA 95076	20-8157214	501(C)(3)	45,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND, ESSENTIAL WORKERS FUND
WECOUNT! INC. 201 N. KROME AVE. SUITE 230-250 HOMESTEAD, FL 33030	56-2638368	501(C)(3)	30,000.	0.			ESSENTIAL WORKERS FUND
WESTERN NORTH CAROLINA WORKERS CENTER - PO BOX 3 - HICKORY, NC 28603	86-1120732	501(C)(3)	28,000.	0.			CIVIC ENGAGEMENT AND ESSENTIAL WORKERS FUND
WESTMINSTER FREE CLINIC 2673 SAN MIGUEL AVENUE THOUSAND OAKS, CA 91360	77-0563241	501(C)(3)	70,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
WILLAMETTE VALLEY LAW PROJECT 356 YOUNG STREET WOODBURN, OR 97071	93-0687718	501(C)(3)	50,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
WOMEN WORKING TOGETHER USA INC. 5715 WHITE HICKORY CIR TAMARAC, FL 33319	81-3156866	501(C)(3)	15,000.	0.			ESSENTIAL WORKERS FUND
WOMENS LINK WORLDWIDE 99 WALL STREET #502 NEW YORK, NY 10005	03-0371141	501(C)(3)	15,000.	0.			MIGRATION AND FORCED DISPLACEMENT
WORKER JUSTICE CENTER OF NEW YORK INC - 1187 CULVER ROAD - ROCHESTER, NY 14609	16-1155130	501(C)(3)	50,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
WORKERS CENTER OF CENTRAL NEW YORK 2013 E GENESSE ST, SUITE 8 SYRACUSE, NY 13210	61-1706974	501(C)(3)	60,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND, ESSENTIAL WORKERS FUND

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

GRANTMAKING DECISIONS ARE BASED ON WRITTEN PROPOSALS SUBMITTED TO THE ORGANIZATION FOR CONSIDERATION THROUGH A FORMAL REQUEST FOR PROPOSAL PROCESS. GRANTEES SUBMIT PROPOSALS ALONG WITH FINANCIAL INFORMATION AND GOVERNANCE DOCUMENTS FOR EVALUATION AND CONSIDERATION OF AWARD AND AWARDED AMOUNTS. HIP MONITORS USE OF FUNDS AND PROJECT ACTIVITIES THROUGH SITE VISITS, COHORT CONVENING AND/OR FORMAL AND INFORMAL CHECK-INS, AS WELL AS NARRATIVE AND FINANCIAL REPORTING. FROM TIME TO TIME HISPANICS IN PHILANTHROPY MAY ALSO REQUEST A GRANTEE TO CONDUCT AN AUDIT FOR ADDITIONAL

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
HISPANICS IN PHILANTHROPY

Employer identification number
94-3040607

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANA MARIE ARGILAGOS PRESIDENT	(i)	250,800.	24,000.	8,100.	9,630.	12,715.	305,245.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MONICA RAMIREZ PRES. JUSTICE4MIGRANTWOMEN	(i)	150,000.	5,000.	0.	338.	25,907.	181,245.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CATTERINA OLAZABAL CHIEF FINANCIAL OFFICER	(i)	149,245.	7,000.	0.	2,509.	14,809.	173,563.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AMALIA GREENBERG DELGADO ASSOCIATE VICE PRESIDENT	(i)	135,000.	0.	0.	3,885.	16,437.	155,322.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

ALL BONUSES ARE DISCRETIONARY. THE PRESIDENT'S BONUS IS DECIDED BY THE
BOARD OF DIRECTORS AND THE OTHERS ARE DECIDED AND AWARDED BASED ON REVIEW
BY THE PRESIDENT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **HISPANICS IN PHILANTHROPY** Employer identification number **94-3040607**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	54,239.	FMV OF SHARES
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (MASKS & PPE)	X	435,185	587,500.	FMV-WHOLESALE COST
26 Other ()				
27 Other ()				
28 Other ()				

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

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

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF DONORS FOR DONATED

SECURITIES AND THE NUMBER OF ITEMS FOR THE MASKS AND PPE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

HISPANICS IN PHILANTHROPY

Employer identification number

94-3040607

FORM 990, PART I, LINE 1

HISPANICS IN PHILANTHROPY IS STRENGTHENING LATINX LEADERSHIP, INFLUENCE
AND EQUITY BY LEVERAGING PHILANTHROPIC RESOURCES, AND DOING SO WITH AN
UNWAVERING VISION ON SOCIAL JUSTICE AND SHARED PROSPERITY ACROSS THE
AMERICAS. AS THE LEADER OF A TRANSNATIONAL NETWORK OF FOUNDATIONS,
DONORS, AND NONPROFITS, WE ARE MAKING IMPACTFUL INVESTMENTS IN THE
LATINX COMMUNITY AND DEVELOPING OUR LEADERS SO THEY CAN EFFECTIVELY
ADDRESS THE MOST PRESSING ISSUES IMPACTING COMMUNITIES IN THE U.S.,
LATIN AMERICA AND THE CARIBBEAN.

FORM 990, PART I, LINE 6:

VOLUNTEERS INCLUDE BOARD MEMBERS, EMERITAS DIRECTORS, AND INDIVIDUALS
SUPPORTING THE LEADERSHIP CONFERENCE OR OTHER EVENTS WITH AN ESTIMATED
NUMBER OF HOURS AT 250.

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

THE MIGRATION AND FORCE DISPLACEMENT PROGRAM PROVIDED GRANTMAKING TO
OVER 100 ORGANIZATIONS IN LATIN AMERICA AND THE UNITED STATES WHILE
IMPLEMENTING A COVID-19 RAPID RESPONSE FUND AND CENTRAL AMERICAN
HURRICANE RESPONSE FUND, AND CONTINUING EFFORTS WITH THE VENEZUELAN
MOVING FORWARD FUND. THE PROGRAM EXPANDED SUPPORT IN THE US TO 11 NEW
ORGANIZATIONS FOCUSING ON GROUPS ORGANIZING INTERSECTIONALLY ACROSS
BLACK, INDIGENOUS, AND LGBTQIA+ COMMUNITIES. IN CENTRAL AMERICA THE
PROGRAM EXPANDED 10 NEW PARTNERSHIPS IN HONDURAS, GUATEMALA, AND EL
SALVADOR TO SUPPORT LGTBQIA+ AND INDIGENOUS COMMUNITIES. THE PROGRAM
ALSO HOSTED 8 WEBINARS AND EVENTS TO DEEPEN NONPROFIT PARTNER CAPACITY.

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization HISPANICS IN PHILANTHROPY	Employer identification number 94-3040607
---	--

ALL OTHER PROGRAM ACTIVITIES WHICH SUPPORT HISPANICS IN PHILANTHROPY'S

MISSION AND VALUES

EXPENSES \$ 5,124,681. INCL GRANTS OF \$ 3,930,895. REVENUE \$ 262,482.

FORM 990, PART III, LINE 1

HISPANICS IN PHILANTHROPY IS STRENGTHENING LATINX LEADERSHIP, INFLUENCE

AND EQUITY BY LEVERAGING PHILANTHROPIC RESOURCES, AND DOING SO WITH AN

UNWAVERING VISION ON SOCIAL JUSTICE AND SHARED PROSPERITY ACROSS THE

AMERICAS. AS THE LEADER OF A TRANSNATIONAL NETWORK OF FOUNDATIONS,

DONORS, AND NONPROFITS, WE ARE MAKING IMPACTFUL INVESTMENTS IN THE

LATINX COMMUNITY AND DEVELOPING OUR LEADERS SO THEY CAN EFFECTIVELY

ADDRESS THE MOST PRESSING ISSUES IMPACTING COMMUNITIES IN THE U.S.,

LATIN AMERICA, AND THE CARIBBEAN.

FORM 990, PART VI, SECTION A, LINE 6:

ANY PERSON EIGHTEEN YEARS OF AGE OR OLDER WHO IS DEDICATED TO THE PURPOSE

OF THE CORPORATION AND EITHER (I) EMPLOYED AS AN OFFICER OF THE CORPORATION

OR AS A BANK TRUST OFFICER OR AS A STAFF MEMBER OF A GRANTMAKING

FOUNDATION, CORPORATION, OR ORGANIZATION, OR PROFESSIONAL ASSOCIATION OF

GRANTMAKERS, OR (II) SERVES AS A TRUSTEE OR A DIRECTOR RESPONSIBLE FOR

ALLOCATION OF PHILANTHROPIC GRANTS OF A CORPORATION, RELIGIOUS

ORGANIZATION, OR ANY OTHER TYPE OF GRANTMAKING ORGANIZATION OF

PHILANTHROPIC INSTITUTION MAY APPLY TO BECOME A MEMBER WITHIN THE MEANING

OF SECTION 5056 OF CALIFORNIA NONPROFIT LAW.

FORM 990, PART VI, SECTION A, LINE 7A:

Name of the organization

HISPANICS IN PHILANTHROPY

Employer identification number

94-3040607

EACH MEMBER IN GOOD STANDING SHALL BE ENTITLED TO ONE VOTE ON EACH MATTER

SUBMITTED TO A VOTE OF THE MEMBERS. EACH MEMBER OF THE CORPORATION HAS THE

RIGHT TO INSPECT THE BOOKS, RECORDS AND MEMBERSHIP LISTS OF THE CORPORATION

FOR PURPOSES REASONABLY RELATED TO THE PERSON'S INTEREST AS A MEMBER. EACH

MEMBER ALSO HAS A RIGHT TO INSPECT THE FINANCIAL RECORDS OF THE CORPORATION

UPON WRITTEN REQUEST.

FORM 990, PART VI, SECTION A, LINE 7B:

EACH MEMBER IN GOOD STANDING SHALL BE ENTITLED TO ONE VOTE ON EACH MATTER

SUBMITTED TO A VOTE OF THE MEMBERS. MEMBERS MAY VOTE ON A SLATE OF BOARD

MEMBERS UP FOR NOMINATION, MEMBERS MAY ALSO VOTE TO APPROVE SUBSTANTIAL

CHANGES TO PORTIONS OF THE BYLAWS THAT IMPACT MEMBERSHIP AND MEMBERSHIP

RIGHTS.

FORM 990, PART VI, SECTION B, LINE 11B:

HISPANICS IN PHILANTHROPY'S (HIP) CHIEF FINANCIAL OFFICER REVIEWS THE FORM

990 PREPARED BY THE EXTERNAL PREPARER, THEN SUBMITS TO THE PRESIDENT,

TREASURER AND FINANCE COMMITTEE FOR REVIEW. UPON COMPLETION OF REVIEW, THE

REPORT IS THEN SUBMITTED TO THE EXECUTIVE COMMITTEE FOR REVIEW. THE FORM IS

ALSO DISTRIBUTED TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND COMMENT

PRIOR TO FILING WITH THE IRS.

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. STAFF RECEIVES THE FORMS FROM BOARD

MEMBERS, AND IF A CONFLICT IS NOTED THE STAFF SHARE THE STATEMENT WITH THE

Name of the organization HISPANICS IN PHILANTHROPY	Employer identification number 94-3040607
---	--

BOARD CHAIR WHO BRINGS THE TOPIC FOR DISCUSSION AT THE NEXT EXECUTIVE COMMITTEE MEETING. THE EXECUTIVE COMMITTEE REVIEWS THE POTENTIAL CONFLICT, AND VOTE WHETHER A RESTRICTION NEEDS TO BE IMPOSED. THE PERSON WITH THE CONFLICT IS NOT ALLOWED TO BE PART OF THE VOTE, AND MUST EXCUSE THEMSELVES FROM THE DISCUSSION PART OF THE MEETING AND IS ALSO NOT PRESENT DURING THE VOTE.

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

THE EXECUTIVE COMMITTEE REVIEWS THE PRESIDENT'S COMPENSATION BY CONDUCTING A MARKET SALARY REVIEW FROM TIME TO TIME. THIS INFORMATION IS MADE AVAILABLE AT THE TIME THE COMMITTEE IS CONDUCTING ANNUAL PERFORMANCE AND SALARY REVIEWS. THIS PROCESS WAS LAST PERFORMED IN OCTOBER 2020. THE PRESIDENT REVIEWS COMPENSATION OF THE CHIEF FINANCIAL OFFICER BY CONDUCTING A MARKET SALARY REVIEW FROM TIME TO TIME. THE COMPENSATION AND PERFORMANCE EVALUATION PROCESS OF THE CHIEF FINANCIAL OFFICER IS EVALUATED ANNUALLY. COMPENSATION WAS LAST REVIEWED IN OCTOBER 2020.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, NM, MO, MS, NC, ND, NH, NJ, NM, NV NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, DC

FORM 990, PART VI, SECTION C, LINE 19:

HISPANICS IN PHILANTHROPY WILL MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **HISPANICS IN PHILANTHROPY** Employer identification number **94-3040607**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HIP-LATINOAMERICA A.C. NAYARIT 56, COL. ROMA SUR, DELEGACION CUAUHT CIUDAD DE MEXICO, C.P. 06760, MEXICO	FACILITATE THE WORK OF HIP US AND PROMOTE DEVELOPMENT OF LATIN AMERICA	MEXICO	EQUIVALENT				X

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b	X	
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q		X
1r		X
1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

