

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

# 2021

Open to Public Inspection

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

<b>A</b> For the <b>2021</b> calendar year, or tax year beginning and ending																													
<b>B</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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization HISPANICS IN PHILANTHROPY</td> <td><b>D</b> Employer identification number 94-3040607</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2"><b>E</b> Telephone number 415-837-0427</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>414 13TH STREET</td> <td>200</td> <td rowspan="2"><b>G</b> Gross receipts \$ 27,548,796.</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: CATTERINA OLAZABAL SAME AS C ABOVE</td> <td><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>J</b> Website: WWW.HIPFUNDS.ORG</td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td><b>H(c)</b> Group exemption number ▶</td> </tr> <tr> <td colspan="2"><b>L</b> Year of formation: 1981</td> <td><b>M</b> State of legal domicile: CA</td> </tr> </table>	<b>C</b> Name of organization HISPANICS IN PHILANTHROPY		<b>D</b> Employer identification number 94-3040607	Doing business as		<b>E</b> 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	200	<b>G</b> Gross receipts \$ 27,548,796.	City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612		<b>F</b> Name and address of principal officer: CATTERINA OLAZABAL SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>J</b> Website: WWW.HIPFUNDS.ORG		If "No," attach a list. See instructions	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>H(c)</b> Group exemption number ▶	<b>L</b> Year of formation: 1981		<b>M</b> State of legal domicile: CA
<b>C</b> Name of organization HISPANICS IN PHILANTHROPY		<b>D</b> Employer identification number 94-3040607																											
Doing business as		<b>E</b> 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	200	<b>G</b> Gross receipts \$ 27,548,796.																											
City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612																													
<b>F</b> Name and address of principal officer: CATTERINA OLAZABAL SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																											
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No																											
<b>J</b> Website: WWW.HIPFUNDS.ORG		If "No," attach a list. See instructions																											
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>H(c)</b> Group exemption number ▶																											
<b>L</b> Year of formation: 1981		<b>M</b> State of legal domicile: CA																											

**Part I Summary**

	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
Activities & Governance	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)	<b>3</b>	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	17
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	52
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	30
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	30,692,446.	19,438,159.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	237,737.	453,892.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	131,044.	435,322.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	74,639.	3,000.
		31,135,866.	20,330,373.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,784,292.	8,191,355.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,736,605.	3,952,465.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	203,537.	230,153.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 692,735.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,540,382.	3,626,362.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,264,816.	16,000,335.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	8,871,050.	4,330,038.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	28,405,071.	32,628,139.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	3,206,010.	2,898,635.
	25,199,061.	29,729,504.	

**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.

<b>Sign Here</b>	Signature of officer		Date		
	CATTERINA OLAZABAL, CHIEF FINANCIAL OFFICER				
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SARA ELIZABETH H. JONES	SARA ELIZABETH H. JONES	11/10/22		P00235495
	Firm's name ▶ CLARK NUBER PS	Firm's EIN ▶ 91-1194016			
	Firm's address ▶ 10900 NE 4TH ST STE 1400 BELLEVUE, WA 98004	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? [X] Yes [ ] 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 \$ 1,856,892. including grants of \$ 1,319,000. ) (Revenue \$ ) THE POWERUP FUND PROGRAM REBRANDED TO INICIO VENTURES AND REFINED THE PROGRAM INTO A THREE PILLAR APPROACH OF INVESTING, DEVELOPING, AND CONNECTING LATINX STARTUPS, IN 2021 INICIO VENTURES PROVIDED CAPITAL TO SIX LATINX-LED STARTUPS, WHICH WERE 67% FEMALE FOUNDERS, HELD TWO LAUNCHPAD PITCH COMPETITION EVENTS, LAUNCHED A FELLOWSHIP PROGRAM, AND PROVIDED FIELD BUILDING GRANTS TO ENTREPRENEURSHIP ECOSYSTEM BUILDERS.

4b (Code: ) (Expenses \$ 1,595,000. including grants of \$ 1,095,000. ) (Revenue \$ ) THE GENDER EQUITY PROGRAM PROVIDED GRANTMAKING ACTIVITIES AND RAISED AWARENESS OF THE REALITY OF MIGRANT WOMEN ON THEIR JOURNEYS THROUGH THE AMERICAS DURING THE INTERNATIONAL DAY FOR THE ELIMINATION OF VIOLENCE AGAINST WOMEN, IN PARTNERSHIP WITH RACISMOMX, ESPACIO MIGRANTE, AND CAFEMIN. THE PROGRAM ENGAGED SIX NEW PARTNERS IN MEXICO, DISTRIBUTED SIXTY-FOUR THOUSAND IN EMERGENCY FUNDS, AND GRANTED TO THIRTY ORGANIZATIONS.

4c (Code: ) (Expenses \$ 1,167,995. including grants of \$ 1,040,000. ) (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 COVID-19 EMERGENCY RESPONSE PROGRAMS RECEIVED A SIGNIFICANT REDUCTION IN FUNDING IN 2021, CLOSING GRANT AWARDS WERE DISTRIBUTED IN 2021.

4d Other program services (Describe on Schedule O.) (Expenses \$ 9,913,979. including grants of \$ 4,737,355. ) (Revenue \$ 456,892. )

4e Total program service expenses 14,533,866.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
<b>3</b> 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
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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	
<b>10</b> 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
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> 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
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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	
<b>15</b> 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	
<b>16</b> 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
<b>17</b> 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> See instructions .....	X	
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

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

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

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 17 regarding employee counts, tax filings, and organizational compliance.

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 on 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 on 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. [X] 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANA MARIE ARGILAGOS PRESIDENT	40.00			X				275,258.	0.	10,357.
(2) CATTERINA OLAZABAL CHIEF FINANCIAL OFFICER	40.00			X				166,520.	0.	17,953.
(3) MONICA RAMIREZ PRES. JUSTICE4MIGRANTWOMEN	40.00					X		159,617.	0.	19,498.
(4) JAZMIN CHAVEZ VICE PRESIDENT	40.00					X		134,621.	0.	5,254.
(5) AMALIA GREENBERG DELGADO VICE PRESIDENT	40.00					X		133,692.	0.	16,003.
(6) KELLEY BRUNER COO JUSTICE4MIGRANTWOMEN	40.00					X		106,768.	0.	21,989.
(7) ROCIO AVALOS OPERATIONS DIRECTOR	40.00					X		104,521.	0.	12,836.
(8) EFRAIN ESCOBEDO CHAIR	2.00	X		X				0.	0.	0.
(9) MARY SKELTON-ROBERTS CHAIR (THRU. 6/2021)	2.00	X		X				0.	0.	0.
(10) ROY COSME VICE CHAIR	2.00	X		X				0.	0.	0.
(11) HILDA POLANCO TREASURER	2.00	X		X				0.	0.	0.
(12) CHRISTINE SWITZER SECRETARY	2.00	X		X				0.	0.	0.
(13) CYNTHIA RIVERA WEISSBLUM AT-LARGE OFFICER (THRU. 6/2021)	1.00	X						0.	0.	0.
(14) ELIZABETH CAMPBELL AT-LARGE OFFICER	1.00	X						0.	0.	0.
(15) GABRIELLA GOMEZ BOARD MEMBER (THRU. 6/2021)	1.00	X						0.	0.	0.
(16) GLENDA MONTERROZA BOARD MEMBER	1.00	X						0.	0.	0.
(17) HECTOR MUJICA AT-LARGE OFFICER	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ICELA PELAYO BOARD MEMBER	1.00	X						0.	0.	0.
(19) JENNIFER CHAVEZ RUBIO BOARD MEMBER	1.00	X						0.	0.	0.
(20) JONATHAN JAYES-GREEN BOARD MEMBER	1.00	X						0.	0.	0.
(21) JULIO COPO TERRES BOARD MEMBER	1.00	X						0.	0.	0.
(22) MARCO DAVIS BOARD MEMBER	1.00	X						0.	0.	0.
(23) MARIA DEL SOCORRO PESQUEIRA BOARD MEMBER	1.00	X						0.	0.	0.
(24) RAUL MOAS BOARD MEMBER	1.00	X						0.	0.	0.
(25) SAM ZAMARRIPA BOARD MEMBER	1.00	X						0.	0.	0.
(26) SHAWN ESCOFFERY BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,080,997.	0.	103,890.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,080,997.	0.	103,890.

**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 7

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
SS KS LLC, 136 MADISON AVE 17TH FLR, NEW YORK, NY 10016	PROMOTION AND MARKETING	210,388.
ESPINOLA STRATEGIES 1414 N JOHANSON ST, ARLINGTON, VA 22201	TECH WORKSHOPS FOR GRANTEES	190,000.
IMPACTFULL INC 6852 WGEON PLACE, CARLSBAD, CA 92011	FUNDRAISING AND STRATEGY	180,000.
UREEKA INC 135 EUCALYPTUS AVE, HILLSBOROUGH, CA 94010	SMALL BUSINESS GRANT PROGRAM	150,000.
MAYA ESCOBAR 1323 W LUNT APT 1W, CHICAGO, IL 60626	WEBSITE UPDATE	110,000.

**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 5

SEE PART VII, SECTION A CONTINUATION SHEETS



**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 (check all that apply)						(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			
(27) TARA SANDERCOCK BOARD MEMBER (THRU. 6/2021)	1.00	X						0.	0.	0.
(28) TONY MESTRES BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	731,232.				
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	18,706,927.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,714.				
	<b>h Total.</b> Add lines 1a-1f .....			19,438,159.			
<b>Program Service Revenue</b>	<b>2 a</b> ANNUAL CONFERENCE	<b>Business Code</b>					
		900099	453,892.	453,892.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			453,892.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		332,928.			332,928.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				7,320,817.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	7,218,423.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	102,394.				
<b>d</b> Net gain or (loss) .....			102,394.		102,394.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> RESEARCH PROJECT	<b>Business Code</b>					
		900099	2,000.	2,000.			
	<b>b</b> SPEAKING ENGAGEMENT	900099	1,000.	1,000.			
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			3,000.				
<b>12 Total revenue.</b> See instructions .....			20,330,373.	456,892.	0.	435,322.	

**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  X

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	4,092,781.	4,092,781.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	4,098,574.	4,098,574.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	470,088.	310,835.	119,666.	39,587.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,816,751.	2,249,538.	278,563.	288,650.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	63,220.	51,239.	5,403.	6,578.
<b>9</b> Other employee benefits .....	364,365.	281,332.	46,454.	36,579.
<b>10</b> Payroll taxes .....	238,041.	185,672.	28,565.	23,804.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	55,110.	49,437.	5,673.	
<b>c</b> Accounting .....	151,442.	22,555.	122,937.	5,950.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	230,153.			230,153.
<b>f</b> Investment management fees .....	52,060.		52,060.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	2,169,871.	2,136,253.	21,013.	12,605.
<b>12</b> Advertising and promotion .....	43,898.	43,898.		
<b>13</b> Office expenses .....	208,416.	176,631.	24,270.	7,515.
<b>14</b> Information technology .....	297,850.	240,588.	38,804.	18,458.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	162,165.	130,191.	16,226.	15,748.
<b>17</b> Travel .....	175,843.	162,364.	7,236.	6,243.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	276,507.	276,507.		
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....	17,378.	9,692.	6,821.	865.
<b>24</b> 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.)				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____	15,822.	15,779.	43.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	16,000,335.	14,533,866.	773,734.	692,735.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	10,533,348.	<b>1</b>	5,791,519.
	<b>2</b> Savings and temporary cash investments .....	3,008,441.	<b>2</b>	9,319,989.
	<b>3</b> Pledges and grants receivable, net .....	2,442,337.	<b>3</b>	1,479,898.
	<b>4</b> Accounts receivable, net .....	27,361.	<b>4</b>	76,619.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	48,055.	<b>9</b>	51,778.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 233,938.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 36,186.		
	<b>11</b> Investments - publicly traded securities .....	12,311,312.	<b>11</b>	15,710,584.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	28,405,071.	<b>16</b>	32,628,139.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	237,316.	<b>17</b>	526,147.
	<b>18</b> Grants payable .....	2,929,034.	<b>18</b>	2,372,488.
	<b>19</b> Deferred revenue .....	39,660.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,206,010.	<b>26</b>	2,898,635.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	17,287,132.	<b>27</b>	22,141,879.
	<b>28</b> Net assets with donor restrictions .....	7,911,929.	<b>28</b>	7,587,625.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	25,199,061.	<b>32</b>	29,729,504.
<b>33</b> Total liabilities and net assets/fund balances .....	28,405,071.	<b>33</b>	32,628,139.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	20,330,373.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	16,000,335.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	4,330,038.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	25,199,061.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	200,405.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	29,729,504.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5,144,183.	4,879,865.	14,796,097.	30,692,446.	19,438,159.	74,950,750.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5,144,183.	4,879,865.	14,796,097.	30,692,446.	19,438,159.	74,950,750.
<b>5</b> 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) .....						15,594,711.
<b>6 Public support.</b> Subtract line 5 from line 4.						59,356,039.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	5,144,183.	4,879,865.	14,796,097.	30,692,446.	19,438,159.	74,950,750.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	165,885.	196,855.	253,064.	260,837.	332,928.	1,209,569.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....			15,389.			15,389.
<b>11 Total support.</b> Add lines 7 through 10						76,175,708.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,159,970.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	77.92 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	70.61 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described on 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>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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>	Yes	No
<b>b</b> Did the activities described on 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>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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>b</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>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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.

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

**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.

MISCELLANEOUS INCOME

2019 AMOUNT: \$ 1,345.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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), 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), 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).

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

**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/>	\$ 2,135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 8,156,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 626,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 525,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 480,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 460,000.	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
---	--

**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
7	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 2,025,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input 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
---	--

**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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

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

**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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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

2021

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 sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-9. Monitoring and enforcement questions (Yes/No).

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 regarding art collection reporting and 2 regarding financial gain reporting, with dollar amounts.

**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             | 2,078,098. |
| d Additions during the year     | 1,763,582. |
| e Distributions during the year | 2,185,377. |
| f Ending balance                | 1,656,303. |
- 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"/> | <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		163,535.		163,535.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				197,752.

**Part VII Investments - Other Securities.**

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	20,478,718.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	200,405.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	200,405.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	20,278,313.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	52,060.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	52,060.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	20,330,373.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	15,948,275.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	15,948,275.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	52,060.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	52,060.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	16,000,335.

**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.



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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

HISPANICS IN PHILANTHROPY

Employer identification number

94-3040607

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

- 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		3,331,574.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	GRANTS TO RECIPIENTS		511,000.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	GRANTS TO RECIPIENTS		256,000.
<b>3 a</b> Subtotal .....	0	0			4,098,574.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			4,098,574.

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

Schedule F (Form 990) 2021



**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	HIPGIVE	6,182.	WIRE	0.		
		NORTH AMERICA	GENDER EQUITY	20,000.	WIRE	0.		
		SOUTH AMERICA	EMERGENCY RESPONSE	10,000.	WIRE	0.		
		SOUTH AMERICA	EMERGENCY RESPONSE	10,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	MIGRATION AND FORCED DISPLACEMENT	50,000.	WIRE	0.		
		SOUTH AMERICA	MIGRATION AND FORCED DISPLACEMENT	70,000.	WIRE	0.		
		SOUTH AMERICA	EMERGENCY RESPONSE	10,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	MIGRATION AND FORCED DISPLACEMENT	40,000.	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 ..... ▶ 74

3 Enter total number of other organizations or entities ..... ▶

SEE PART V FOR COLUMN (D) DESCRIPTIONS

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MIGRATION AND FORCED DISPLACEMENT	60,000.	WIRE	0.		
		NORTH AMERICA	GENDER EQUITY	200,000.	WIRE	0.		
		NORTH AMERICA	GENDER EQUITY	125,000.	WIRE	0.		
		NORTH AMERICA	GENDER EQUITY	14,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	MIGRATION AND FORCED DISPLACEMENT	40,000.	WIRE	0.		
		NORTH AMERICA	MIGRATION AND FORCED DISPLACEMENT	35,000.	WIRE	0.		
		NORTH AMERICA	MIGRATION AND FORCED DISPLACEMENT	25,000.	WIRE	0.		
		NORTH AMERICA	HIPGIVE	6,490.	WIRE	0.		
		NORTH AMERICA	MIGRATION AND FORCED DISPLACEMENT	20,000.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	MIGRATION AND FORCED DISPLACEMENT	120,000.	WIRE	0.		
		NORTH AMERICA	GENDER EQUITY, AND HIPGIVE	6,763.	WIRE	0.		
		NORTH AMERICA	GENDER EQUITY, AND HIPGIVE	5,466.	WIRE	0.		
		NORTH AMERICA	HIPGIVE	39,985.	WIRE	0.		
		NORTH AMERICA	GENDER EQUITY	25,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HIPGIVE	20,391.	WIRE	0.		
		NORTH AMERICA	GENDER EQUITY	90,000.	WIRE	0.		
		NORTH AMERICA	MIGRATION AND FORCED DISPLACEMENT	100,000.	WIRE	0.		
		NORTH AMERICA	HIPGIVE	108,290.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	EMERGENCY RESPONSE	15,000.	WIRE	0.		
		NORTH AMERICA	HIPGIVE	7,364.	WIRE	0.		
		SOUTH AMERICA	EMERGENCY RESPONSE	10,000.	WIRE	0.		
		SOUTH AMERICA	EMERGENCY RESPONSE	15,000.	WIRE	0.		
		NORTH AMERICA	HIPGIVE	31,403.	WIRE	0.		
		NORTH AMERICA	EMERGENCY RESPONSE AND MIGRATION AND FORCED DISPLACEMENT	65,000.	WIRE	0.		
		NORTH AMERICA	HIPGIVE	29,748.	WIRE	0.		
		NORTH AMERICA	GENDER EQUITY	12,000.	WIRE	0.		
		NORTH AMERICA	HIPGIVE	9,513.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	MIGRATION AND FORCED DISPLACEMENT	60,000.	WIRE	0.		
		NORTH AMERICA	HIPGIVE	49,307.	WIRE	0.		
		NORTH AMERICA	GENDER EQUITY	20,000.	WIRE	0.		
		NORTH AMERICA	GENDER EQUITY AND HIPGIVE	105,195.	WIRE	0.		
		NORTH AMERICA	GENDER EQUITY	200,000.	WIRE	0.		
		NORTH AMERICA	GENDER EQUITY AND HIPGIVE	75,228.	WIRE	0.		
		NORTH AMERICA	GENDER EQUITY AND HIPGIVE	80,386.	WIRE	0.		
		NORTH AMERICA	HIPGIVE	12,106.	WIRE	0.		
		NORTH AMERICA	MIGRATION AND FORCED DISPLACEMENT	40,000.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	EMERGENCY RESPONSE	10,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HIPGIVE	10,341.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	MIGRATION AND FORCED DISPLACEMENT	160,000.	WIRE	0.		
		SOUTH AMERICA	EMERGENCY RESPONSE	15,000.	WIRE	0.		
		SOUTH AMERICA	EMERGENCY RESPONSE	15,000.	WIRE	0.		
		NORTH AMERICA	MIGRATION AND FORCED DISPLACEMENT	60,000.	WIRE	0.		
		NORTH AMERICA	HIPGIVE	18,566.	WIRE	0.		
		SOUTH AMERICA	EMERGENCY RESPONSE	10,000.	WIRE	0.		
		NORTH AMERICA	HIPGIVE	25,000.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	GENDER EQUITY AND HIPGIVE	105,096.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	MIGRATION AND FORCED DISPLACEMENT	30,000.	WIRE	0.		
		NORTH AMERICA	MIGRATION AND FORCED DISPLACEMENT	20,000.	WIRE	0.		
		NORTH AMERICA	GENDER EQUITY	35,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HIPGIVE	5,930.	WIRE	0.		
		NORTH AMERICA	MIGRATION AND FORCED DISPLACEMENT	30,000.	WIRE	0.		
		NORTH AMERICA	MIGRATION AND FORCED DISPLACEMENT AND GENDER EQUITY	35,000.	WIRE	0.		
		NORTH AMERICA	MIGRATION AND FORCED DISPLACEMENT	15,000.	WIRE	0.		
		NORTH AMERICA	HIPGIVE	5,915.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	MIGRATION AND FORCED DISPLACEMENT	30,000.	WIRE	0.		
		NORTH AMERICA	HIPGIVE	35,835.	WIRE	0.		
		NORTH AMERICA	HIPGIVE	35,835.	WIRE	0.		
		NORTH AMERICA	MIGRATION AND FORCED DISPLACEMENT	15,000.	WIRE	0.		
		NORTH AMERICA	MIGRATION AND FORCED DISPLACEMENT	30,000.	WIRE	0.		
		NORTH AMERICA	MIGRATION AND FORCED DISPLACEMENT	60,000.	WIRE	0.		
		SOUTH AMERICA	MIGRATION AND FORCED DISPLACEMENT	106,500.	WIRE	0.		
		SOUTH AMERICA	EMERGENCY RESPONSE	10,000.	WIRE	0.		
		NORTH AMERICA	HIPGIVE	6,314.	WIRE	0.		



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	MIGRATION AND FORCED DISPLACEMENT	40,000.	WIRE	0.		
		NORTH AMERICA	GENDER EQUITY	20,000.	WIRE	0.		
		NORTH AMERICA	SUPPORTING PROGRAMMATIC ACTIVITIES TO FURTHER HIP'S MISSION AND	877,730.	WIRE	0.		

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**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

(D) PURPOSE OF GRANT: SUPPORTING PROGRAMMATIC ACTIVITIES 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).

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2021**

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://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 Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
IMPACTFULL INC - 6852 WIGEON PLACE, CARLSBAD, CA 92011	SOLICIT FUNDING AND PROVIDE FUNDRAISING		X	0.	180,000.	-180,000.
DANIELLE SHERMAN - 1161 NW OVERTON ST. 901, PORTLAND, OR	SOLICIT FUNDING AND PROVIDE FUNDRAISING		X	0.	21,750.	-21,750.
SHENA L CAVALLO - 2714 FOREST AVENUE, NEW CASTLE, PA 16101	SOLICIT FUNDING AND PROVIDE FUNDRAISING		X	0.	8,039.	-8,039.
GRETCHEN WILLIAMS - 436 VALVERDE DR SE, ALBUQUERQUE, NEGAR TAYYAR - 710 E 22ND ST #303, OAKLAND, CA 94606	SOLICIT FUNDING AND PROVIDE FUNDRAISING		X	0.	5,951.	-5,951.
	FUNDRAISING STRATEGY		X	0.	10,000.	-10,000.
<b>Total</b>					225,740.	-225,740.

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

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

**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	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				
<b>11</b> 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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
<b>6</b> 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		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> 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: IMPACTFULL INC

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

(II) ACTIVITY: SOLICIT FUNDING AND PROVIDE FUNDRAISING STRATEGY

(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

**Part IV** Supplemental Information *(continued)*

(I) NAME OF FUNDRAISER: SHENA L CAVALLO

(I) ADDRESS OF FUNDRAISER: 2714 FOREST AVENUE, NEW CASTLE, PA 16101

(II) ACTIVITY: SOLICIT FUNDING AND PROVIDE FUNDRAISING STRATEGY

(I) NAME OF FUNDRAISER: GRETCHEN WILLIAMS

(I) ADDRESS OF FUNDRAISER: 436 VALVERDE DR SE, ALBUQUERQUE, NM 87108

(II) ACTIVITY: SOLICIT FUNDING AND PROVIDE FUNDRAISING STRATEGY



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

OMB No. 1545-0047

**2021**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA ST, SUITE 400 LOS ANGELES, CA 90012	95-4774698	501(C)(3)	30,000.	0.			COMMUNITY INITIATIVES FUND
INTERNATIONAL DOCUMENTARY FOUNDATION INC - 3600 WILSHIRE BLVD., SUITE 1810 - LOS ANGELES, CA 90010	95-3911227	501(C)(3)	10,000.	0.			ARTS GRANT
BIENESTAR INC P.O. BOX 665 HILLSBORO, OR 97123	93-0860753	501(C)(3)	35,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
CENTRAL VALLEY RESOURCE CENTER SERVICES C - 13700 E. PARLIER AVE SUITE A - PARLIER, CA 93648	84-2954462	501(C)(3)	50,000.	0.			FARMWORKERS PANDEMIC RELIEF 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 CAMPESINO FARMWORKER CENTER 35801 SW 186 AVE FLORIDA CITY, FL 33034	59-1460598	501(C)(3)	50,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 86.
- 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) 2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD & MIGRANT SERVICES INC P.O. BOX 1038 PALISADE, CO 81526	84-0831830	501(C)(3)	20,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS - 707 ROBINS STREET, SUITE 118 - CONWAY, AR 72034	71-0393919	501(C)(3)	25,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
COMMUNITY RESOURCES & HOUSING DEVELOPMENT CORPORATION - 7305 LOWELL BLVD SUITE 200 - WESTMINSTER, CO 80030	23-7102834	501(C)(3)	25,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
FARMWORKER AND LANDSCAPER ADVOCACY PROJECT - 33 N. LASALLE STREET SUITE 900 - CHICAGO, IL 60602	36-4306362	501(C)(3)	50,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
FARMWORKER ASSOCIATION OF FLORIDA INC - 1264 APOPKA BLVD - APOPKA, FL 32703-6582	59-2683978	501(C)(3)	45,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
GUATEMALAN-MAYA CENTER INC, THE 430 NORTH G ST LAKE WORTH, FL 33460	65-0355018	501(C)(3)	50,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
ILLINOIS MIGRANT COUNCIL 118 SOUTH CLINTON AVENUE, STE 500 CHICAGO, IL 60661	36-2597070	501(C)(3)	50,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
LA CONEXION PO BOX 186 BOWLING GREEN, OH 43402	46-3222812	501(C)(3)	45,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS INC - 40 COURT ST, 10TH FLR - BOSTON, MA 02108	04-2507409	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIGRANT FARMWORKERS ASSISTANCE FUND - PO BOX 413223 - KANSAS CITY, MO 64141	43-1805495	501(C)(3)	25,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
NC FIELD INC 327 N. QUEEN STREET, SUITE 306 KINSTON, NC 28501	27-4618713	501(C)(3)	35,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
PEACE RIVER PRESBYTERY INC 5600 PEACE RIVER RD NORTH PORT, FL 34287	23-6393377	501(C)(3)	35,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
PIONEER VALLEY WORKERS CENTER INC 20 HAMPTON AVE, STE. 200 NORTHAMPTON, MA 01060	82-4732798	501(C)(3)	25,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
REDLANDS CHRISTIAN MIGRANT ASSOCIATION, I - 1110 VERMONT AVE NW, STE 550 - WASHINGTON, DC 20005	59-1221966	501(C)(3)	30,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
RURAL & MIGRANT MINISTRIES PO BOX 4757 POUGHKEEPSIE, NY 12602	22-2527596	501(C)(3)	45,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
SOUTHEAST GEORGIA COMMUNITIES PROJECT INC - 300 SOUTH STATE STREET - LYONS, GA 30436	58-2347258	501(C)(3)	25,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
VECINOS INC 3971 LITTLE SAVANNAH RD, 173 HHS CULLOWHEE, NC 28723	57-1192063	501(C)(3)	35,000.	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

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTMINSTER FREE CLINIC 2673 SAN MIGUEL AVENUE THOUSAND OAKS, CA 91360	77-0563241	501(C)(3)	35,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
WORKER JUSTICE CENTER OF NEW YORK INC - 1187 CULVER ROAD - ROCHESTER, NY 14609	16-1155130	501(C)(3)	25,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
WORKERS CENTER OF CENTRAL NEW YORK INC - 2013 E GENESSE ST, SUITE 8 - SYRACUSE, NY 13210	61-1706974	501(C)(3)	25,000.	0.			FARMWORKERS PANDEMIC RELIEF FUND
ADELANTE ALABAMA WORKER CENTER 2104 CHAPEL HILL RD BIRMINGHAM, AL 35216-5106	46-5635459	501(C)(3)	10,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING
ALIANZA AMERICAS P.O. BOX 23491 CHICAGO, IL 60623	34-2066826	501(C)(3)	100,000.	0.			MIGRATION AND FORCED DISPLACEMENT
ALIENTO EDUCATION FUND 2264 S DEERFIELD LANE GILBERT, AZ 85295	84-4749451	501(C)(3)	15,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING
ALLAPATTAH COLLABORATIVE COMMUNITY DE - 1951 NW 7TH AVE. SUITE # 600 - MIAMI, FL 33136	84-2792176	501(C)(3)	107,000.	0.			INCIO VENTURES
ALLIANCE FOR GLOBAL JUSTICE 225 E. 26TH STREET, SUITE 1 TUCSON, AZ 85713	52-2094677	501(C)(3)	10,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING
AMERICA BAR ASSOCIATION FUND FOR JUSTICE - 321 N. CLARK STREET, FLOOR 20 - CHICAGO, IL 60654	36-6110299	501(C)(3)	40,000.	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA, PA 19102	23-1352010	501(C)(3)	75,000.	0.			MIGRATION AND FORCED DISPLACEMENT
ARRIBA LAS VEGAS WORKERS CENTER 1948 E. CHARLESTON BLVD LAS VEGAS, NV 89104	83-4206510	501(C)(3)	10,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING
BROCKTON WORKERS ALLIANCE INC 52 GARFIELD AVE HYDE PARK, MA 02136	83-0920879	501(C)(3)	30,000.	0.			ESSENTIAL WORKERS FUND
CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA ST, SUITE 400 LOS ANGELES, CA 90012	95-4774698	501(C)(3)	10,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING
CATHOLIC CHARITIES OF THE RIO GRANDE VALLEY, INC. - 700 N. VIRGEN DE SAN JUAN BLVD. - SAN JUAN, TX 78589	68-0599307	501(C)(3)	65,000.	0.			MIGRATION AND FORCED DISPLACEMENT
CATHOLIC RELIEF SERVICES 228 W. LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501(C)(3)	10,000.	0.			EMERGENCY RESPONSE
CENTER FOR A NEW ECONOMY INC P.O. BOX 9024240 SAN JUAN, PR 00902-4240	66-0566096	501(C)(3)	13,991.	0.			HIPGIVE
CENTRO DE LOS DERECHOS DEL MIGRANTE INC - 10 E. NORTH AVE, #9 - BALTIMORE, MD 21202	20-2588279	501(C)(3)	25,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING, ESSENTIAL FUND
CENTRO LEGAL DE LA RAZA 3022 INTERNATIONAL BLVD #410 OAKLAND, CA 94601	23-7181456	501(C)(3)	9,261.	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO POR LA JUSTICIA PO BOX 830706 SAN ANTONIO, TX 78283	74-2720710	501(C)(3)	30,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING, ESSENTIAL FUND
COALICION LATINOAMERICANA 4938 CENTRAL AVE, SUITE 101 CHARLOTTE, NC 28205	58-1945776	501(C)(3)	20,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING
COMUNIDAD MAYA PIXAN IXIM REINFORCING OUR ROOTS LIVING OUR - 4913 SOUTH 25TH ST, SUITE 1 - OMAHA, NE 68107	45-5539560	501(C)(3)	20,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING, ESSENTIAL FUND
CONCIERGEBOT INC 237 KEARNY STREET, #347 SAN FRANCISCO, CA 94108	83-0871487		10,000.	0.			INCIO VENTURES
EAST BAY SANCTUARY COVENANT 2362 BANCROFT WAY BERKELEY, CA 94704	94-3249753	501(C)(3)	16,260.	0.			HIPGIVE
EL PUENTE HISPANO P.O BOX 7441 CONCORD, NC 28027-7361	82-3260968	501(C)(3)	10,000.	0.			ESSENTIAL WORKERS FUND
ENVIRONMENTAL HEALTH COALITION 2727 HOOVER AVE, STE 202 NATIONAL CITY, CA 91950	95-3798792	501(C)(3)	6,075.	0.			HIPGIVE
EPISCOPAL DIOCESE OF EAST CAROLINA 2989 EASY ST, NEWTON GROVE, NC 28334	56-0552784	501(C)(3)	5,381.	0.			HIPGIVE
FLORIDA IMMIGRANT COALITION INC 2800 BISCAYNE BLVD, SUITE 200 MIAMI, FL 33137	20-2123833	501(C)(3)	20,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION CRISTOSAL INC 370 SHELBURNE RD 4424 BURLINGTON, VT 05401	03-0366224	501(C)(3)	50,000.	0.			MIGRATION AND FORCED DISPLACEMENT
FUTURO MEDIA GROUP, THE 361 WEST 125TH STREET, 6TH FLOOR NEW YORK, NY 10027	27-2077349	501(C)(3)	75,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING
HAITIAN BRIDGE ALLIANCE INC 13 OVERTURN LANE ALISO VIEJO, CA 92656	81-3558713	501(C)(3)	100,000.	0.			MIGRATION AND FORCED DISPLACEMENT
HISPANIC COMMUNITY SERVICES INC 211 VANDYNE ST JONESBORO, AR 72401	68-0561016	501(C)(3)	25,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING, ESSENTIAL FUND
IMMIGRANT LEGAL DEFENSE 1322 WEBSTER STREET SUITE 300 OAKLAND, CA 94612	84-1833586	501(C)(3)	100,000.	0.			MIGRATION AND FORCED DISPLACEMENT
IMPACTASSETS INC 4340 EAST WEST HIGHWAY, STE 210 BETHESDA, MD 20814	26-2048480	501(C)(3)	1,000,000.	0.			INCIO VENTURES
INDIANA UNIVERSITY 509 EAST 3RD ST BLOOMINGTON, IN 47401	35-6001673	501(C)(3)	110,558.	0.			TRANSFORMING PHILANTHROPIC PRACTICES
INTERNATIONAL CENTER FOR SPIRITUAL & SOCIAL ACTIVISM - 9900 MEMORIAL DR #58 - HOUSTON, TX 77024	30-0879953	501(C)(3)	10,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING
JOLT INITIATIVE INC P.O. BOX 4185 AUSTIN, TX 78765	82-1708759	501(C)(3)	20,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING

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 noncash 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)	50,000.	0.			MIGRATION AND FORCED DISPLACEMENT
LA CASITA CENTER 223 E MAGNOLIA AVE LOUISVILLE, KY 40208	74-3178408	501(C)(3)	10,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING
LA COLABORATIVA INC 318 BROADWAY CHELSEA, MA 02150	22-2906521	501(C)(3)	10,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING
LA UNION DEL PUEBLO ENTERO 1601 E. BUSINESS HWY 83 SAN JUAN, TX 78589	93-1029197	501(C)(3)	20,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING
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
LATINAS LATINOS AL EXITO INC PO BOX 93531 DES MOINES, IA 50393	27-0933503	501(C)(3)	10,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING
LATINO COMMUNITY FUND INC PO BOX 3299 DECATUR, GA 30031	82-0911954	501(C)(3)	20,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING
LINGOHEALTH INC 535 LINDEN STREET SAN FRANCISCO, CA 94102	86-3229388		10,000.	0.			INCIO VENTURES
LOS ANGELES ALLIANCE FOR A NEW ECONOMY - 464 LUCAS AVE #202 - LOS ANGELES, CA 90017	95-4459427	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE THE ROAD STATES INC 301 GROVE STREET BROOKLYN, NY 11237	84-3988830	501(C)(3)	12,500.	0.			MULTI-RACIAL DEMOCRACY BUILDING
MENSTRUAL MATES LLC 2450 SYCAMORE LANE 33A WEST LAFAYETTE, IN 47906	84-1990271		15,000.	0.			INCIO VENTURES
MIAMI WORKERS CENTER 745 NW 54TH ST. MIAMI, FL 33137	65-0942224	501(C)(3)	30,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING, ESSENTIAL FUND
MIGRANT JUSTICE INC 179 S. WINOOSKI AVE. #202 BURLINGTON, VT 05401	81-4176655	501(C)(3)	10,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING
MUJERES ALIADAS LAS COLINAS APT.293, 1600 N. WILMOT TUCSON, AZ 85712	45-1996158	501(C)(3)	14,268.	0.			HIPGIVE
NEIGHBORHOOD HOUSING SERVICES OF SAN ANTONIO INC. - 851 STEVES AVE. - SAN ANTONIO, TX 78210	74-2379794	501(C)(3)	10,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING
NET RESOURCE FOUNDATION 4001 HUGHES AVE. SUITE 205 CHATTANOOGA, TN 37410	81-1168775	501(C)(3)	10,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING
NICARAGUAN EDUCATION RESOURCE CENTER - 420 W GRIGGS - LAS CRUCES, NM 88005	27-3310051	501(C)(3)	5,327.	0.			HIPGIVE
NM COMUNIDADES EN ACCION Y DE FE 4907 GARRETT ROAD DURHAM, NC 27707	51-0526332	501(C)(3)	20,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NUEVA ESPERANZA 4261 NORTH 5TH STREET PHILADELPHIA, PA 19140	23-2552707	501(C)(3)	20,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING
OFICINA LEGAL DEL PUEBLO UNIDO INC 1405 MONTOPOLIS DRIVE AUSTIN, TX 78741	74-1995879	501(C)(3)	20,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING
PASO DEL NORTE COMMUNITY FOUNDATION - 221 N. KANSAS ST. - EL PASO, TX 79901	46-1997449	501(C)(3)	142,000.	0.			INCIO VENTURES
PUENTE PO BOX 21837 PHOENIX, AZ 85036	45-3697690	501(C)(3)	10,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING
RESOURCE IMPACT 1341 G ST NW SUITE 500 WASHINGTON, DC 20005	81-2266962	501(C)(3)	50,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING
SANTA BARBARA COUNTY IMMIGRANT LEGAL - 601 E MONTECITO STREET - SANTA BARBARA, CA 93103	32-0549576	501(C)(3)	10,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING
SIGN SPEAK INC 7290 SHALLOW CREEK TRAIL APT F VICTOR, NY 14564	87-0972038		20,000.	0.			INCIO VENTURES
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - 809 S MARSHFIELD AVENUE, - CHICAGO, IL 60612	37-6000511	501(C)(3)	37,000.	0.			TRANSFORMING PHILANTHROPIC PRACTICES
TRANS QUEER PUEBLO - SEMILLA DE LIBERACIO - 1726 EAST ROOSEVELT STREET, - PHOENIX, AZ 85006	81-3625797	501(C)(3)	80,000.	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSGENDER LAW CENTER 300 FRANK OGAWA PLAZA, STE 9 OAKLAND, CA 94612	05-0544006	501(C)(3)	100,000.	0.			MIGRATION AND FORCED DISPLACEMENT
TRANSLATINA NETWORK INC. 137 W 19 STREET 2 FL BROOKLYN, NY 10011	47-4807380	501(C)(3)	10,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING
TRANSNATIONAL VILLAGES NETWORK REDDE PUEBLOS TRANSNACIONALES - 419 117TH ST., APT 3B - NEW YORK, NY 10035	82-2237105	501(C)(3)	10,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING
VOCES DE LA FRONTERA 1027 S. 5TH STREET MILWAUKEE, WI 53204	39-2010107	501(C)(3)	20,000.	0.			MULTI-RACIAL DEMOCRACY BUILDING
WASHINGTON OFFICE ON LATIN AMERICA INC - 1666 CONNECTICUT AVE NW, SUITE 400 - WASHINGTON, DC 20009	52-1249353	501(C)(3)	55,000.	0.			MIGRATION AND FORCED DISPLACEMENT
WOMENS FOUNDATION OF CALIFORNIA 300 FRANK H OGAWA PLZ, SUITE 290 OAKLAND, CA 94612	94-2752421	501(C)(3)	25,000.	0.			ENDOWMENT FUND

**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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

HISPANICS IN PHILANTHROPY

Employer identification number

94-3040607

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> 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 type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	X
<b>8</b> 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 .....	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANA MARIE ARGILAGOS PRESIDENT	(i)	275,258.	0.	0.	10,287.	70.	285,615.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CATTERINA OLAZABAL CHIEF FINANCIAL OFFICER	(i)	162,520.	4,000.	0.	5,942.	12,011.	184,473.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MONICA RAMIREZ PRES. JUSTICE4MIGRANTWOMEN	(i)	153,054.	6,563.	0.	4,831.	14,667.	179,115.	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 O  
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

HISPANICS IN PHILANTHROPY

Employer identification number

94-3040607

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HISPANICS IN PHILANTHROPY IS STRENGTHENING LATINX LEADERSHIP, INFLUENCE  
AND EQUITY BY LEVERAGING PHILANTHROPIC RESOURCES WITH AN UNWAVERING  
VISION ON SOCIAL JUSTICE AND SHARED PROSPERITY ACROSS THE AMERICAS. OUR  
REGIONAL FOCUS IS SHARED ACROSS LATINXS IN THE U.S., LATIN AMERICA &  
THE CARIBBEAN. AS PART OF OUR ROLE AS IMPACT CATALYSTS, WE RELY ON  
REPUTABLE LOCAL PARTNERS AND DOMAIN EXPERTS TO ENSURE THE LONG-TERM  
SUCCESS OF EVERY INITIATIVE WE EMBARK UPON.

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 1, DESCRIPTION OF ORGANIZATION MISSION:

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 III, LINE 2, NEW PROGRAM SERVICES:

TO CONTINUE HISPANICS IN PHILANTHROPY'S WORK CENTERING IN RACIAL

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

Schedule O (Form 990) 2021

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

EQUITY, NEW PROGRAMS LAUNCHED INCLUDING POWER BUILDING AND JUSTICE, AND

TRANSFORMING PHILANTHROPIC PRACTICIES WHICH OFFERS ADVISORY SERVICES,

RESEARCH, AND BEST PRACTICIES.

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

THE MIGRATION AND FORCE DISPLACEMENT SUPPORTED 60 NEW PROJECTS IN THE

US, MEXICO, CENTRAL AND SOUTH AMERICA. IN PARTNERSHIP WITH OTHER

ORGANIZATION THE PROGRAM INCREASED CAPACITY BUILDING OFFERINGS THROUGH

MORE THAN 174 BILINGUAL TRAINING MODULES FOR 87 ORGANIZATIONS ACROSS 14

COUNTRIES. THE PROGRAM HELD IT'S SECOND ANNUAL HUMAN RIGHTS SUMMIT

GATHERING 243 VIRTUAL ATTENDEES FROM 14 COUNTRIES, AND HOSTED AND

CO-HOSTED SIX ONLINE EVENTS ABOUT THE REALITIES OF VENEZUELAN MIGRANTS.

EXPENSES \$ 3,310,563. INCLUDING GRANTS OF \$ 2,481,500. REVENUE \$ 0.

HIPGIVE'S PROGRAMS TO DEMOCRATIZE PHILANTHROPY HOSTED OVER 50

BOOTCAMPS, INFORMATION SESSIONS AND PRESENTATIONS REACHING OVER 2600

PEOPLE. THE PROGRAM HELD IT'S SIXTH ANNUAL #GOMUJERES CAMPAIGN

SUPPORTING OVER 60 ORGANIZATIONS AND IN 2021, THE PROGRAM RAN OVER 200

PROJECTS AND CAMPAIGNS ACROSS 12 COUNTRIES, AND LAUNCHED A NEW DIGITAL

GIVING CIRCLE OPTION.

EXPENSES \$ 1,081,107. INCLUDING GRANTS OF \$ 612,144. REVENUE \$ 0.

ALL OTHER PROGRAM ACTIVITIES WHICH SUPPORT HISPANICS IN PHILANTHROPY'S

MISSION AND VALUES

EXPENSES \$ 5,522,309. INCL GRANTS OF \$ 1,643,711. REVENUE \$ 456,892.

FORM 990, PART VI, SECTION A, LINE 1A:

HISPANICS IN PHILANTHROPY HAS A STANDING EXECUTIVE COMMITTEE WHICH MEETS

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

REGULARLY BETWEEN BOARD MEETINGS TO PROVIDE ONGOING SUPPORT, GUIDANCE, AND

APPROVAL OF ORGANIZATIONAL BUSINESS AS NEEDED BY THE EXECUTIVE LEADERSHIP.

THE EXECUTIVE COMMITTEE CAN ACT AND APPROVE ANY ORGANIZATIONAL NEEDS WITHIN

THE CONFINES OF THE EXECUTIVE COMMITTEE'S CHARTER.

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:

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

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

CHANGES TO PORTIONS OF THE BYLAWS THAT IMPACT MEMBERSHIP AND MEMBERSHIP

RIGHTS.

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

HISPANICS IN PHILANTHROPY'S CHIEF FINANCIAL OFFICER REVIEWS THE FORM 990

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

AND AUDIT COMMITTEE FOR REVIEW. UPON COMPLETION OF REVIEW, THE REPORT IS

THEN 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 DISCLOSURE FORMS FROM

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

WITH THE 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 SEPTEMBER 2021. THE

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

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 2021.

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, MN, 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.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROGRAM CONSULTANTS:

PROGRAM SERVICE EXPENSES 1,935,820.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,935,820.

TEMPORARY SUPPORT SERVICES:

PROGRAM SERVICE EXPENSES 131,848.

MANAGEMENT AND GENERAL EXPENSES 10,462.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 142,310.

COACHING:

PROGRAM SERVICE EXPENSES 68,585.

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

MANAGEMENT AND GENERAL EXPENSES	10,551.
FUNDRAISING EXPENSES	12,605.
TOTAL EXPENSES	91,741.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,169,871.

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

OMB No. 1545-0047

**2021**

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
<b>1a</b>		X
<b>1b</b>	X	
<b>1c</b>		X
<b>1d</b>		X
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>		X
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>	X	
<b>1o</b>		X
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>		X
<b>1s</b>		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
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

