

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

Do not enter social security numbers on this form as it may be made public.

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HISPANICS IN PHILANTHROPY		D Employer identification number 94-3040607		
	Doing business as				
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number	
	548 MARKET STREET		60300	415-837-0427	
	City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94104		G Gross receipts \$ 18,392,315.		
F Name and address of principal officer: CATTERINA OLAZABAL SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
J Website: WWW.HIPFUNDS.ORG		If "No," attach a list. See instructions			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1981		M State of legal domicile: CA	
H(c) Group exemption number					

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	67
	6 Total number of volunteers (estimate if necessary)	6	32
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	19,438,159.	13,590,468.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	453,892.	736,640.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	435,322.	189,136.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,000.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,330,373.	14,516,244.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,191,355.	9,671,064.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,952,465.	4,639,443.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	230,153.	314,767.
	b Total fundraising expenses (Part IX, column (D), line 25)	992,502.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,626,362.	4,037,327.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,000,335.	18,662,601.	
19 Revenue less expenses. Subtract line 18 from line 12	4,330,038.	-4,146,357.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	32,628,139.	27,478,627.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,898,635.	3,813,316.
22 Net assets or fund balances. Subtract line 21 from line 20	29,729,504.	23,665,311.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	CATTERINA OLAZABAL, CHIEF FINANCIAL OFFICER				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	FRANCES OLSON	FRANCES OLSON	11/14/23		P01228048
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	CLARK NUBER PS	91-1194016		425-454-4919	
	Firm's address				
	10900 NE 4TH ST STE 1400				
	BELLEVUE, WA 98004				

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: HISPANICS IN PHILANTHROPY LEVERAGES PHILANTHROPIC RESOURCES TO MOBILIZE AND AMPLIFY THE POWER OF OUR COMMUNITIES. HIP IS AN IMPACT CATALYST RESHAPING THE LATINX FUTURE. SINCE 1981, WE'VE BEEN LEADING THE LARGEST TRANSNATIONAL NETWORK STRENGTHENING LATINX LEADERSHIP AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 4,591,803. including grants of \$ 3,903,017.) (Revenue \$) MIGRATION AND FORCED DISPLACEMENT: HIPS'S MIGRATION PROGRAM IS A MULTINATIONAL INTERMEDIARY FOR GRANTMAKING AND ISSUE ADVOCACY ADVANCING THE RIGHTS OF PEOPLE IN MOVEMENT. WE WORK TO STRENGTHEN THE COLLABORATION AND COORDINATION BETWEEN GRANTEE ORGANIZATIONS THAT ARE WORKING WITH AND FOR MIGRANTS, REFUGEES, AND ANYONE FORCEFULLY DISPLACED IN THE AMERICAS. HIP'S MULTI-FACETED APPROACH AND ABILITY TO DEVELOP DIVERSE FUNDING VEHICLES PROVIDES TARGETED, COMMUNITY INFORMED AND RAPID RESPONSE CAPACITIES TO FRONTLINE MIGRANT ORGANIZATIONS. WE FOCUS ON STRENGTHENING THE INTERNAL LEADERSHIP AND CAPABILITIES OF EVERY GROUP WE SUPPORT TO ENSURE THEY'RE READY FOR LONGER-TERM ACTION. IN 2022 MFD SUPPORTED 110 ORGANIZATIONS WITH CAPACITY BUILDING & NETWORKING OPPORTUNITIES INCLUDING GRANTMAKING IN MEXICO, HONDURAS,

4b (Code:) (Expenses \$ 2,652,977. including grants of \$ 2,155,000.) (Revenue \$) POWER BUILDING AND JUSTICE: POWER BUILDING AND JUSTICE IS SUPPORTING SYSTEMIC CHANGES FOR EQUITY THAT CATALYZE THE ENGAGEMENT OF COMMUNITIES TO BE AWARE OF AND ABLE TO ACCESS TOOLS AND RESOURCES TO MEET THEIR NEEDS AND CREATE CHANGES THROUGH CIVIC ENGAGEMENT, POLICY ADVOCACY, COMMUNITY ORGANIZING, POLITICAL EDUCATION AND A SENSE OF BELONGING. IN 2022, POWER BUILDING AND JUSTICE, IN PARTNERSHIP WITH THE RACIAL EQUITY TEAM, BUILT A GRANTMAKING MODEL CENTERED AROUND EQUITY AND RACE ACROSS THE SOUTH & SOUTHWEST. PARTNERED WITH HISPANIC FEDERATION TO CREATE A FUNDING POOL TO SUPPORT FLORIDA-BASED GRASSROOTS ORGANIZATIONS IN RESPONSE TO THE PASSING OF HB 1557 ALSO KNOWN AS THE "DON'T SAY GAY" BILL. SUPPORTED THE EVERYTOWN FOR GUN SAFETY NATIONAL LISTENING TOUR.

4c (Code:) (Expenses \$ 1,246,006. including grants of \$ 1,156,575.) (Revenue \$) GENDER EQUITY: SINCE 2016, THE GENDER EQUITY PROGRAM HAS BEEN ACTIVATING OUR NETWORK TO ENSURE WE'RE TACKLING THE COMPREHENSIVE RANGE OF ISSUES SURROUNDING GENDER INEQUALITY, BOTH AT A MACRO LEVEL AND WITHIN EVERY COMMUNITY IN THE US, LATAM AND THE CARIBBEAN. THE PILLARS OF OUR GENDER EQUITY PROGRAM ARE: CAPACITY BUILDING, RESEARCH THROUGH A GENDER LENS, VIOLENCE PREVENTION, AND TRAINING, AND ADVOCACY WITHIN PHILANTHROPY. IN 2022, THE GENDER EQUITY TEAM SPEARHEADED OUTREACH AND ADVOCACY INITIATIVES IN TLAXCALA WHICH CULMINATED IN A LOCAL PROGRAM TO PREVENT TRAFFICKING OF GIRLS AND WOMEN.

4d Other program services (Describe on Schedule O.) (Expenses \$ 8,369,346. including grants of \$ 2,456,472.) (Revenue \$ 736,640.)

4e Total program service expenses 16,860,132.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 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: 8a The governing body? 8b 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 If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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
CATTERINA OLAZABAL - 415-223-8267
548 MARKET ST, #60300, SAN FRANCISCO, CA 94104

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, box 6 of 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 & CEO	40.00			X				293,693.	0.	10,434.
(2) CATTERINA OLAZABAL CHIEF FINANCIAL OFFICER	40.00			X				193,700.	0.	29,125.
(3) JORGE CALDERON MANAGING DIRECTOR	40.00					X		177,000.	0.	641.
(4) AMALIA GREENBERG DELGADO VP OF PROG. & STRATEGY (THRU. 10/22)	40.00					X		140,000.	0.	24,372.
(5) JAZMIN CHAVEZ VP OF PUBLIC AFFAIRS	40.00					X		148,700.	0.	6,021.
(6) BRENDA VADEN DIRECTOR OF DEVELOPMENT	40.00					X		126,000.	0.	26,249.
(7) ROCIO AVALOS DIRECTOR OF PEOPLE AND OPERATIONS	40.00					X		122,800.	0.	19,494.
(8) EFRAIN ESCOBEDO CHAIR	2.00	X		X				0.	0.	0.
(9) ROY COSME VICE CHAIR (THRU. 6/2022)	2.00	X		X				0.	0.	0.
(10) CHRISTINE SWITZER VICE CHAIR	2.00	X		X				0.	0.	0.
(11) HILDA POLANCO TREASURER	2.00	X		X				0.	0.	0.
(12) JULIO COPO TERRES SECRETARY	2.00	X		X				0.	0.	0.
(13) ELIZABETH CAMPBELL BOARD MEMBER	1.00	X						0.	0.	0.
(14) HECTOR MUJICA AT-LARGE OFFICER	1.00	X						0.	0.	0.
(15) JENNIFER CHAVEZ RUBIO BOARD MEMBER (THRU. 6/2022)	1.00	X						0.	0.	0.
(16) MARIBEL CIFUENTES BOARD MEMBER	1.00	X						0.	0.	0.
(17) MARCO DAVIS BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) SHAWN ESCOFFERY BOARD MEMBER	1.00	X						0.	0.	0.
(19) JONATHAN JAYES-GREEN BOARD MEMBER	1.00	X						0.	0.	0.
(20) TONY MESTRES BOARD MEMBER	1.00	X						0.	0.	0.
(21) CECILIA GARZA BOARD MEMBER	1.00	X						0.	0.	0.
(22) ICELA PELAYO BOARD MEMBER	1.00	X						0.	0.	0.
(23) MARIA DEL SOCORRO PESQUEIRA AT LARGE - OFFICER	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) MIDY APONTE BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								1,201,893.	0.	116,336.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,201,893.	0.	116,336.

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 11

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
IMPACTFULL INC 6852 WGEON PLACE, CARLSBAD, CA 92011	FUNDRAISING ADVICE AND GRANT WRITING	180,000.
SS KS LLC, 136 MADISON AVE 17TH FLR, NEW YORK, NY 10016	EVENT PLANNERS	140,933.

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 2

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b	756,846.				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	12,833,622.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 2,353.				
	h	Total. Add lines 1a-1f		13,590,468.				
Program Service Revenue	2 a	ANNUAL CONFERENCE	Business Code	900099	574,545.	574,545.		
	b	TRANSFORM PHILANTHROPY	Business Code	900099	162,095.	162,095.		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			736,640.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			332,550.		332,550.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					3,732,657.			
	b	Less: cost or other basis and sales expenses	7b		3,876,071.			
	c	Gain or (loss)	7c		-143,414.			
d	Net gain or (loss)			-143,414.		-143,414.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			14,516,244.	736,640.	0.	189,136.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,048,277.	5,048,277.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	4,622,787.	4,622,787.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	526,952.	403,952.	79,605.	43,395.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,256,615.	2,489,481.	375,723.	391,411.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	61,271.	46,859.	6,764.	7,648.
9 Other employee benefits	495,950.	381,443.	59,135.	55,372.
10 Payroll taxes	298,655.	230,555.	35,311.	32,789.
11 Fees for services (nonemployees):				
a Management				
b Legal	38,931.	31,266.	7,477.	188.
c Accounting	175,438.	71,627.	95,869.	7,942.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	314,767.			314,767.
f Investment management fees	49,643.		49,643.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,651,885.	1,607,730.	9,407.	34,748.
12 Advertising and promotion	768.	768.		
13 Office expenses	106,003.	87,053.	12,260.	6,690.
14 Information technology	282,127.	247,210.	30,052.	4,865.
15 Royalties				
16 Occupancy	183,943.	135,273.	25,066.	23,604.
17 Travel	765,965.	714,315.	543.	51,107.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	608,117.	608,117.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,918.	28,410.	5,449.	5,059.
23 Insurance	19,064.	13,898.	3,547.	1,619.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DUES AND SUBSCRIPTIONS	22,331.	17,119.	1,110.	4,102.
b _____				
c _____				
d _____				
e All other expenses _____	94,194.	73,992.	13,006.	7,196.
25 Total functional expenses. Add lines 1 through 24e	18,662,601.	16,860,132.	809,967.	992,502.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,791,519.	1	6,661,009.
	2 Savings and temporary cash investments	9,319,989.	2	685,710.
	3 Pledges and grants receivable, net	1,479,898.	3	6,368,026.
	4 Accounts receivable, net	76,619.	4	171,418.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	51,778.	9	395,061.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 270,221.		
	b Less: accumulated depreciation	10b 32,588.	197,752.	10c 237,633.
	11 Investments - publicly traded securities	15,710,584.	11	12,959,770.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	32,628,139.	16	27,478,627.	
Liabilities	17 Accounts payable and accrued expenses	526,147.	17	595,908.
	18 Grants payable	2,372,488.	18	3,195,808.
	19 Deferred revenue	0.	19	21,600.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,898,635.	26	3,813,316.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	22,141,879.	27	13,784,870.
	28 Net assets with donor restrictions	7,587,625.	28	9,880,441.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	29,729,504.	32	23,665,311.
33 Total liabilities and net assets/fund balances	32,628,139.	33	27,478,627.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,516,244.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,662,601.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,146,357.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29,729,504.
5	Net unrealized gains (losses) on investments	5	-1,917,836.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	23,665,311.

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- 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
2a		X
2b	X	
2c	X	
3a		X
3b		

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,879,865.	14,796,097.	30,692,446.	19,438,159.	13,590,468.	83,397,035.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,879,865.	14,796,097.	30,692,446.	19,438,159.	13,590,468.	83,397,035.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						18,701,659.
6 Public support. Subtract line 5 from line 4.						64,695,376.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	4,879,865.	14,796,097.	30,692,446.	19,438,159.	13,590,468.	83,397,035.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	196,855.	253,064.	260,837.	332,928.	332,550.	1,376,234.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		15,389.				15,389.
11 Total support. Add lines 7 through 10						84,788,658.
12 Gross receipts from related activities, etc. (see instructions)					12	1,896,612.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	76.30 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	77.92 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c 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>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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 for the latest information.

OMB No. 1545-0047

2022

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
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 6,400,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,508,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 617,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 340,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 330,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HISPANICS IN PHILANTHROPY	Employer identification number 94-3040607
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Part 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/>	\$ 326,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 300,000.	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.)

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

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

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

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

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

2022

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 about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include whether art collections are reported and required amounts for revenue and assets.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|------------|
| c Beginning balance | 1,656,303. |
| d Additions during the year | 1,821,092. |
| e Distributions during the year | 2,324,733. |
| f Ending balance | 1,152,662. |
- 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 | | |
| (ii) Related organizations | | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		270,221.	32,588.	237,633.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				237,633.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	12,548,765.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,917,836.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-1,917,836.
3	Subtract line 2e from line 1	3	14,466,601.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	49,643.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	49,643.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	14,516,244.

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

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

1	Total expenses and losses per audited financial statements	1	18,612,958.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	18,612,958.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	49,643.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	49,643.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	18,662,601.

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 SUNSET OUR FISCAL SPONSORSHIP OF JUSTICE FOR

MIGRANT WOMEN DURING THE 2022 YEAR. THE ORGANIZATION ENTERED INTO AN

AGREEMENT WITH THE CHANGE PHILANTHROPY STEERING COMMITTEE TO ACT AS A

FISCAL SPONSOR FOR THE CHANGE PHILANTHROPY PROJECT TO ESTABLISH A

RESTRICTED FUND TO RECEIVE DONATIONS OF CASH AND OTHER PROPERTY FOR

SUPPORT OF THE CHARITABLE PURPOSES OF THE PROJECT. THE EFFECTIVE PERIOD OF

THE SPONSORSHIP IS JULY 1, 2022 UNTIL TERMINATED. HISPANICS IN

PHILANTHROPY ACCEPTS DONATIONS, GRANTS AND OTHER FUNDING ON BEHALF OF THE

FISCALLY SPONSORED PROJECTS WHILE ALSO PROVIDING EMPLOYMENT, BENEFITS,

AND ALL BACK-OFFICE SUPPORT, PAYMENT PROCESSING, AND FINANCIAL REPORTING.

AS PROJECTS OF HISPANICS IN PHILANTHROPY, THE PROGRAMS AND ACTIVITIES

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)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	MIGRATION AND FORCED DISPLACEMENT	60,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENDER EQUITY	263,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT	20,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT	30,000.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	MIGRATION AND FORCED DISPLACEMENT	20,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT	40,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT	40,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	HIPGIVE	5,862.	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 **59**

3 Enter total number of other organizations or entities **0**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	MIGRATION AND FORCED DISPLACEMENT	20,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT	60,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	35,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	35,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	20,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	35,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENDER EQUITY	236,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	HIPGIVE AND GENDER EQUITY	25,409.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	HIPGIVE	10,594.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT	30,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	60,000.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	MIGRATION AND FORCED DISPLACEMENT	60,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EMERGENCY RESPONSE	80,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT	20,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	200,000.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	MIGRATION AND FORCED DISPLACEMENT	250,000.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	MIGRATION AND FORCED DISPLACEMENT	200,000.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	MIGRATION AND FORCED DISPLACEMENT	100,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	HIPGIVE	161,230.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	MIGRATION AND FORCED DISPLACEMENT	20,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	HIPGIVE AND MIGRATION AND FORCED DISPLACEMENT	103,281.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	HIPGIVE	8,579.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	MIGRATION AND FORCED DISPLACEMENT	20,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	50,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	20,000.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	EMERGENCY RESPONSE	10,000.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	MIGRATION AND FORCED DISPLACEMENT	20,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	MIGRATION AND FORCED DISPLACEMENT	23,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENDER EQUITY AND MIGRATION AND FORCED DISPLACEMENT	100,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	HIPGIVE	25,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT	60,000.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	MIGRATION AND FORCED DISPLACEMENT	30,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	20,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT	20,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	35,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENDER EQUITY	30,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	30,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	60,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	75,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	70,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	35,000.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	MIGRATION AND FORCED DISPLACEMENT	10,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MIGRATION AND FORCED DISPLACEMENT	10,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	15,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENERAL OPTS	10,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	HIPGIVE	6,089.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	20,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENDER EQUITY	55,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MIGRATION AND FORCED DISPLACEMENT	30,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	HIPGIVE	6,146.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	SUPPORTING PROGRAMMATIC ACTIVITES TO FURTHER HIP'S MISSION AND	1,429,000.	WIRE	0.		

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* **Yes** **No**
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* **Yes** **No**
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* **Yes** **No**
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* **Yes** **No**
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* **Yes** **No**
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* **Yes** **No**

Part V Supplemental Information

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

PART I, LINE 2:

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

PART I, LINE 3:

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

PART II, COLUMN (D):

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

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

SCHEDULE F, PART IV, LINE 1:

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

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

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

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: IMPACTFULL INC

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

(II) ACTIVITY: SOLICIT FUNDING AND PROVIDE FUNDRAISING STRATEGY

(I) NAME OF FUNDRAISER: JOANNA CINTRON

(I) ADDRESS OF FUNDRAISER: 3324 N GLENCOE ST., DENVER, CO 80207

Part IV Supplemental Information *(continued)*

(I) NAME OF FUNDRAISER: DANIELLE SHERMAN

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

(II) ACTIVITY: SOLICIT FUNDING AND PROVIDE FUNDRAISING STRATEGY

(I) NAME OF FUNDRAISER: GRETCHEN WILLIAMS

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

(II) ACTIVITY: SOLICIT FUNDING AND PROVIDE FUNDRAISING STRATEGY

(I) NAME OF FUNDRAISER: ANAYVELYSE ALLEN-MOSSMAN

(I) ADDRESS OF FUNDRAISER: 595 WEST END AVE #16D, NEW YORK, NY 10024

(II) ACTIVITY: SOLICIT FUNDING AND PROVIDE FUNDRAISING STRATEGY AND GRANT W

(I) NAME OF FUNDRAISER: BITSTEIN LLC

(I) ADDRESS OF FUNDRAISER: 18231 WILD ONION, SAN ANTONIO, TX 78258

(II) ACTIVITY: FUNDRAISING CONSULTANT FOR A REGIONAL MEXICO/CALIFORNIA WORK

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
904WARD INC 40 EAST ADAMS STREET, SUITE 34 JACKSONVILLE, FL 32202	82-2604507	501(C)(3)	20,000.	0.			POWER BUILDING AND JUSTICE
AL OTRO LADO INC 4843 SLAUSON AVE MAYWOOD, CA 90270	47-2910078	501(C)(3)	120,000.	0.			MIGRATION AND FORCED DISPLACEMENT
ALABAMA COALITION FOR IMMIGRANT JUSTICE - 1826 6TH AVE S. - IRONDALE, AL 35210	47-4352872	501(C)(3)	200,000.	0.			POWER BUILDING AND JUSTICE
ALIANZA AMERICAS P.O. BOX 23491 CHICAGO, IL 60623	34-2066826	501(C)(3)	5,362.	0.			HIPGIVE
ALLAPATTAH COLLABORATIVE COMMUNITY DE - 1951 NW 7TH AVE. SUITE # 600 - MIAMI, FL 33136	84-2792176	501(C)(3)	35,000.	0.			INICIO
AMALGAMATED CHARITABLE FOUNDATION INC - 1825 K STREET NW - WASHINGTON, DC 20006	82-1517696	501(C)(3)	20,916.	0.			HIPGIVE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 59.
- 3** Enter total number of other organizations listed in the line 1 table 6.

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

Schedule I (Form 990) 2022

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 INDIANS IN TEXAS AT THE SPANISH - 1313 GUADALUPE ST, STE 204 - SAN ANTONIO , TX 78207	74-2717029	501(C)(3)	200,000.	0.			POWER BUILDING AND JUSTICE
AMERICANS FOR IMMIGRANT JUSTICE 6355 NW 36TH ST, SUITE 2201 MIAMI, FL 33166	65-0610872	501(C)(3)	80,000.	0.			MIGRATION AND FORCED DISPLACEMENT
AMERICAS UNITE INC 100 PRINCE ST. WEST NEWTON , MA 02465	85-2941418	501(C)(3)	19,260.	0.			HIPGIVE
ASIAN AMERICANS PACIFIC ISLANDERS 1714 FRANKLIN ST, SUITE 386 OAKLAND, CA 94612	94-3150064	501(C)(3)	10,000.	0.			FS - CHANGE
ASSOCIATION OF BLACK FOUNDATION EXECUTIVE - 55 EXCHANGE PLACE, # 401 - NEW YORK, NY 10005	23-7156531	501(C)(3)	10,000.	0.			FS - CHANGE
ASYLUM ACCESS 555 12TH STREET OAKLAND, CA 94612	20-3642040	501(C)(3)	80,000.	0.			MIGRATION AND FORCED DISPLACEMENT
ASYLUM SEEKER ADVOCACY PROJECT 228 PARK AVE. S. NO 84810 NEW YORK, NY 10003	83-3011862	501(C)(3)	120,000.	0.			MIGRATION AND FORCED DISPLACEMENT
BLACK ALLIANCE FOR JUST IMMIGRATION - 1368 FULTON ST #311 - BROOKLYN, NY 11216	27-1911378	501(C)(3)	100,000.	0.			MIGRATION AND FORCED DISPLACEMENT
BLACK LIVES MATTER PHOENIX METRO P.O. BOX 56693 PHOENIX, AZ 85079	84-4398090	501(C)(3)	200,000.	0.			POWER BUILDING AND JUSTICE

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
CENTRAL AMERICAN RESOURCE CENTER 1460 COLUMBIA RD NW NO C-1 WASHINGTON, DC 20009	52-1271888	501(C)(3)	50,000.	0.			MIGRATION AND FORCED DISPLACEMENT
CENTRO LEGAL DE LA RAZA 3022 INTERNATIONAL BLVD #410 OAKLAND, CA 94601	23-7181456	501(C)(3)	8,642.	0.			HIPGIVE
CHURCHLY INC 1251 NE 108TH ST, SUITE #221 MIAMI, FL 33161	85-0528939	501(C)(3)	15,000.	0.			INICIO
CIENCIA PUERTO RICO INC 55 HIGH LANE HAMDEN, CT 06517	66-0911980	501(C)(3)	25,174.	0.			HIPGIVE
COMUNIDAD MAYA PIXAN IXIM REINFORCING OUR ROOTS LIVING OUR - 4913 SOUTH 25TH ST, SUITE 1 - OMAHA, NE 68107	45-5539560	501(C)(3)	80,121.	0.			MIGRATION AND FORCED DISPLACEMENT
EAST BAY SANCTUARY COVENANT 2362 BANCROFT WAY BERKELEY, CA 94704	94-3249753	501(C)(3)	16,058.	0.			HIPGIVE
EDUCATIONAL AND CULTURAL ADVANCEMENT FOR LATINO INC. - 4111 SECRETARIAT DR. - NEWBURGH, IN 47630	26-1953396	501(C)(3)	11,120.	0.			HIPGIVE
EVERYTOWN FOR GUN SAFETY SUPPORT FUND INC - PO BOX 4184 - NEW YORK, NY 10163	26-1598353	501(C)(3)	25,000.	0.			POWER BUILDING AND JUSTICE
FAMILIFY CORP 8 THE GREEN, SUITE A DOVER, DE 19901	86-1367993	501(C)(3)	15,000.	0.			INICIO

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
FLORIDA IMMIGRANT COALITION INC 2800 BISCAYNE BLVD, SUITE 200 MIAMI, FL 33137	20-2123833	501(C)(3)	30,000.	0.			POWER BUILDING AND JUSTICE
FLORIDA RISING TOGETHER INC 10800 BISCAYNE BLVD, STE 1050 MIAMI, FL 33161	45-3956785	501(C)(3)	30,000.	0.			POWER BUILDING AND JUSTICE
FOUNDATION FOR SOCIAL IMPACT 417 MAIN STREET STE 400-3 LITTLE ROCK, AR 72201	84-2199689	501(C)(3)	200,000.	0.			POWER BUILDING AND JUSTICE
FUNDERS FOR LESBIAN AND GAY ISSUES INC - 45 WEST 36TH STREET, 8TH FLOOR - NEW YORK, NY 10018	13-4144494	501(C)(3)	10,000.	0.			FS - CHANGE
FUTURO MEDIA GROUP, THE 361 WEST 125TH STREET, 6TH FLOOR NEW YORK, NY 10027	27-2077349	501(C)(3)	30,000.	0.			NARRATIVE CHANGE
GOOD NEIGHBOR SETTLEMENT HOUSE 1254 E TYLER ST. BROWNSVILLE, TX 78520	74-1211654	501(C)(3)	10,000.	0.			MIGRATION AND FORCED DISPLACEMENT
HISPANIC FEDERATION INC 55 EXCHANGE PLACE, 5TH FLOOR EW YORK, NY 10005	13-3573852	501(C)(3)	15,000.	0.			EMERGENCY RESPONSE
HOPE COMMUNITY CENTER INC 1016 N. PARK AVE APOPKA, FL 32712	56-2551312	501(C)(3)	30,000.	0.			EMERGENCY RESPONSE
IMMIGRANT ALLIANCE FOR JUSTICE & EQUITY - 406 WEST FORTIFICATION STREET - JACKSONVILLE, MS 39203	58-1956686	501(C)(3)	200,000.	0.			POWER BUILDING AND JUSTICE

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
IMPACTASSETS INC 4340 EAST WEST HWY, STE 210 BETHESDA, MD 20814	26-2048480	501(C)(3)	105,000.	0.			INICIO
INTERNATIONAL COMMUNITY FOUNDATION 2505 N AVENUE NATIONAL CITY, CA 91950	33-0457858	501(C)(3)	15,000.	0.			MIGRATION
INTERRELIGIOUS FOUNDATION FOR COMMUNITY - 418 145TH STREET - NEW YORK, NY 10031	13-2590548	501(C)(3)	80,000.	0.			MIGRATION
JUSTICE FOR MIGRANT WOMEN 1907 WEST STATE ST, STE 184 FREMONT, OH 43420	83-3607138	501(C)(3)	925,839.	0.			JUSTICE FOR MIGRANT WOMEN
JUSTICE IN MOTION 789 WASHINGTON AVENUE BROOKLYN, NY 11238	72-1597864	501(C)(3)	120,000.	0.			MIGRATION
KINO BORDER INITIATIVE INC P.O. BOX 159 NOGALES, AZ 85628	26-3623357	501(C)(3)	80,000.	0.			MIGRATION
LATIN AMERICA WORKING GROUP EDUCATION F - 1301 CONNECICUT AVENUE SUITE 600 - WASHINGTON, DC 20036	11-3657128	501(C)(3)	105,594.	0.			MIGRATION/HIPGIVE
LATIN COMMUNITY HEALTH ADVISORS INC - 2240 COBBLEFIELD CIRCLE - APOKA, FL 32703	81-3009079	501(C)(3)	10,000.	0.			POWER BUILDING AND JUSTICE
LATINO COMMUNITY FUND INC PO BOX 3299 DECATUR, GA 30031	82-0911954	501(C)(3)	200,000.	0.			MIGRATION

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
LOS ANGELES ALLIANCE FOR A NEW ECONOMY - 464 LUCAS AVE #202 - LOS ANGELES, CA 90017	95-4459427	501(C)(3)	80,000.	0.			MIGRATION
MARIPOSAS MUJERES CAMBIANDO EL MUNDO - PO BOX 429 - KINDERHOOK, NY 12106	46-3094057	501(C)(3)	6,604.	0.			HIPGIVE
MAXWELL SOLUTIONS INC 431 N 62ND ST OMAHA, NE 68132	84-4362303	501(C)(3)	15,000.	0.			INICIO
MUJERES ALIADAS 5803 N CAMINO ESPEDORA TUCSON, AZ 85718	45-1996158	501(C)(3)	18,977.	0.			HIIPGIVE
NATIONAL COMMITTEE FOR RESPONSIVE PHILANTHROPY - 1900 L ST NW, SUITE 825 - WASHINGTON, DC 20036	52-1072749	501(C)(3)	10,000.	0.			FS - CHANGE
NATIVE AMERICANS IN PHILANTHROPY 1140 3RD STREET NE, 2ND FLOOR WASHINGTON, DC 20002	56-1849598	501(C)(3)	10,000.	0.			FS - CHANGE
NEIGHBORHOOD FUNDERS GROUP 548 MARKET ST #96531 SAN FRANCISCO, CA 94104	06-1368627	501(C)(3)	10,000.	0.			FS - CHANGE
NEO PHILANTHROPY INC 45 W 36TH STREET, FLOOR 6 NEW YORK, NY 10018	13-3191113	501(C)(3)	200,000.	0.			POWER BUILDING AND JUSTICE
NEW MEXICO COMMUNITY FOUNDATION 8 CALLE MEDICO SANTA FE, NM 87505	85-0311210	501(C)(3)	30,000.	0.			MIGRATION

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
NICARAGUAN EDUCATION RESOURCE CENTER - 6201 COLLEGE AVENUE - OAKLAND, CA 94618	47-4997229	501(C)(3)	9,721.	0.			HIPGIVE
NOPALERA INC 23 BILLS PLACE, #1 BROOKLYN, NY 11218	88-1455518	501(C)(3)	10,000.	0.			INICIO
OUR VOICE NUESTRA VOZ PO BOX 15517 NEW ORLEANS, LA 70075	47-4564599	501(C)(3)	200,000.	0.			POWER BUILDING AND JUSTICE
PUERTO RICO COMMUNITY FOUNDATION 1719 AVENIDA JUAN PONCE DE LEON SAN JUAN, PR 00909	66-0413230	501(C)(3)	110,000.	0.			POWER BUILDING AND JUSTICE
REDRESS INTERNATIONAL LLC 6349 NW 104TH PATH DORAL, FL 33179	85-2269426	501(C)(3)	10,000.	0.			INICIO
SOMOS UN PUEBLO UNIDO 1804 ESPINACITAS STREET SANTA FE, NM 87505	20-4216836	501(C)(3)	200,000.	0.			POWER BUILDING AND JUSTICE
TEAMBROWNSVILLE INC P.O. BOX 3945 BROWNSVILLE, TX 78250	84-1727617	501(C)(3)	10,000.	0.			MIGRATION
TIDES CENTER 1012 TORNEY AVE SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	20,000.	0.			FS - CHANGE
TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	50,000.	0.			MIGRATION

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
UNDOCUMENTED MIGRATION PROJECT INC 2622 EAST 10TH AVENUE LONG BEACH, CA 90804	83-2986189	501(C)(3)	30,000.	0.			MIGRATION
WASHINGTON OFFICE ON LATIN AMERICA INC - 1666 CONNECTICUT AVE NW, SUITE 400 - WASHINGTON, DC 20009	52-1249353	501(C)(3)	100,000.	0.			MIGRATION
WE ARE HERE INC 4810 SPICEWOOD RD, SUITE 207 AUSTIN, TX 78759	86-1716006	501(C)(3)	10,000.	0.			INICIO
WOMENS FUNDING NETWORK 548 MARKET ST. PMB 81689 SAN FRANCISCO, CA 94104	41-1685134	501(C)(3)	10,000.	0.			FS - CHANGE
WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE ROAD WORCESTER, MA 01609	04-2121659	501(C)(3)	20,000.	0.			MIGRATION

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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

HISPANICS IN PHILANTHROPY

Employer identification number

94-3040607

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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 & CEO	(i)	292,693.	1,000.	0.	10,364.	70.	304,127.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CATTERINA OLAZABAL CHIEF FINANCIAL OFFICER	(i)	190,700.	3,000.	0.	5,613.	23,512.	222,825.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JORGE CALDERON MANAGING DIRECTOR	(i)	173,000.	4,000.	0.	0.	641.	177,641.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AMALIA GREENBERG DELGADO VP OF PROG. & STRATEGY (THRU. 10/22)	(i)	139,000.	1,000.	0.	4,258.	20,114.	164,372.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JAZMIN CHAVEZ VP OF PUBLIC AFFAIRS	(i)	147,700.	1,000.	0.	5,951.	70.	154,721.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BRENDA VADEN DIRECTOR OF DEVELOPMENT	(i)	125,000.	1,000.	0.	3,309.	22,940.	152,249.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 for the latest information.

OMB No. 1545-0047

2022

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'S MISSION IS TO LEVERAGE PHILANTHROPIC
RESOURCES TO MOBILIZE AND AMPLIFY THE POWER OF OUR COMMUNITIES.

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:

INFLUENCE, AND DRIVING PHILANTHROPIC RESOURCES INTO THE COMMUNITY TO
BUILD A BETTER WORLD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PERU, AND MORE. IN ADDITION HIP LAUNCHED THE 8-PART WEBINAR SERIES
"CENTERING FRONTLINE VOICES ACROSS THE AMERICAS" WHICH REACHED OVER
1,000 PEOPLE AND HELD 3 DIALOGUES ON MIGRATION, CLIMATE JUSTICE AND
RACIAL EQUITY.

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

INICIO VENTURES: INICIO VENTURES PROGRAM HAS A THREE PILLAR APPROACH OF
INVESTING, DEVELOPING, AND CONNECTING LATINX STARTUPS, IN 2022 INICIO
VENTURES PROVIDED CAPITAL TO 30 LATINX-LED STARTUPS, HELD SIX PITCH
COMPETITION EVENTS, HELD 3 COHORTS OF THE FELLOWSHIP PROGRAM, AND

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

Schedule O (Form 990) 2022

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

PROVIDED FIELD BUILDING GRANTS TO ENTREPRENEURSHIP ECOSYSTEM BUILDERS.

EXPENSES \$ 1,167,715. INCLUDING GRANTS OF \$ 282,000. REVENUE \$ 0.

HIPGIVE: HIPGIVE IS THE ONLY BILINGUAL PLATFORM OF DIGITAL TOOLS THAT

MAKES IT POSSIBLE TO MOBILIZE RESOURCES FOR SOCIAL IMPACT PROJECTS

THROUGHOUT THE AMERICAS. THROUGH OUR SUITE OF INNOVATIVE TOOLS

INCLUDING CROWDFUNDING CAMPAIGNS, PERMANENT DIGITAL CAMPAIGNS, PEER TO

PEER GIVING AND DIGITAL GIVING CIRCLES, PEOPLE AND ORGANIZATIONS COME

TOGETHER TO CREATE COMMUNITY AND MAKE AN IMPACT IN THE WORLD. IN 2022

HIPGIVE LAUNCHED A LEARNING CENTER WHICH PUBLISHED 14 REPORTS, EXPANDED

CAMPAIGNS FOCUSED ON PRIDE, COMMUNITIES IN MOVEMENT, CLIMATE

RESILIENCE, AND JUREZ GIVING DAY, HOSTED 50+ WEBINARS TO TRAIN OUR

PARTNER ORGANIZATIONS ON THE DETAILS OF CROWDFUNDING.

EXPENSES \$ 1,146,559. INCLUDING GRANTS OF \$ 880,227. REVENUE \$ 0.

ALL OTHER PROGRAMS AND EMERGING STRATEGIES: ALL OTHER PROGRAM

ACTIVITIES WHICH SUPPORT HISPANICS IN PHILANTHROPY'S MISSION AND

VALUES.

EXPENSES \$ 6,055,072. INCL GRANTS OF \$ 1,294,245. REVENUE \$ 736,640.

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

Name of the organization

HISPANICS IN PHILANTHROPY

Employer identification number

94-3040607

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

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

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

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 BOARD OF DIRECTORS REVIEWS THE PRESIDENT AND CEO'S COMPENSATION AND

PERFORMANCE ON AN ANNUAL BASIS. THE EXECUTIVE COMMITTEE APPROVED THE

COMPENSATION IN MAY OF 2022 USING COMPARATIVE DATA OF NON-PROFITS OF

SIMILAR SIZE, AND AREA OF WORK, AS WELL AS INPUT FROM THE ORGANIZATION'S

COMPENSATION PHILOSOPHY, WITH CONSIDERATION OF REGION AND THE EMPLOYMENT

CONTRACT.

THE CFO'S AND ALL STAFF PAY IS APPROVED BY THE CEO. HIP USES SALARY DATA

FROM OTHER NON-PROFIT SALARY COMPENSATION GUIDES TO DETERMINE BASELINE

COMPENSATION. WE USE SKILLS MAPPING, SALARY TIERS AND GEOGRAPHY TO

DETERMINE THE APPROPRIATE SALARY LEVELS. DURING OUR ANNUAL BUDGETING

PROCESS WE MAY ALSO APPROVE COLA ADJUSTMENTS IF FUNDS ARE AVAILABLE.

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

AL, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, MS, MT, NE

NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

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

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization <p align="center">HISPANICS IN PHILANTHROPY</p>	Employer identification number <p align="center">94-3040607</p>
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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. VALLADOLID 50 COL. ROMA NORTE DELEGACION CUAUHTEMOC, CDMX 6700, MEXICO	FACILITATE THE WORK OF HIP US AND PROMOTE DEVELOPMENT OF LATIN AMERICA	MEXICO	EQUIVALENT				X

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

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

