

**Return of Organization Exempt From Income Tax**

**2010**

Department of the Treasury  
Internal Revenue Service

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)**

**Open to Public  
Inspection**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2010 calendar year, or tax year beginning**, **2010**, and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

HISPANICS IN PHILANTHROPY  
55 2ND STREET, SUITE 1500  
SAN FRANCISCO, CA 94105

**D Employer Identification Number**  
94-3040607

**E Telephone number**  
415-837-0427

**G Gross receipts \$** 2,648,627.

**F Name and address of principal officer:** DIANA CAMPOAMOR  
SAME AS C ABOVE

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If 'No,' attach a list. (see instructions)

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

**J Website:** ▶ HIPONLINE.ORG

**K Form of organization:**  Corporation  Trust  Association  Other ▶

**L Year of Formation:** 1987 **M State of legal domicile:** CA

**H(c) Group exemption number** ▶

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>HIP AIMS TO STRENGTHEN LATINO COMMUNITIES BY INCREASING RESOURCES FOR THE LATINO AND LATIN AMERICAN CIVIL SECTOR VIA LATINO PARTICIPATION AND LEADERSHIP IN THE FIELD OF PHILANTHROPY AND TO FOSTER POLICY CHANGE TO ENHANCE EQUITY AND INCLUSIVENESS.</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	21
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	4	20
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) .....	5	24
	6 Total number of volunteers (estimate if necessary) .....	6	27
	7a Total unrelated business revenue from Part VIII, column (C), line 12 .....	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34 .....	7b	0.	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) .....	3,507,685.	2,392,296.
	9 Program service revenue (Part VIII, line 2g) .....		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	264,292.	256,331.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	-38,046.	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	3,733,931.	2,648,627.
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	1,473,654.	1,679,183.
	14 Benefits paid to or for members (Part IX, column (A), line 4) .....		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	1,247,915.	996,842.
	16a Professional fundraising fees (Part IX, column (A), line 11e) .....		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 429,095.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....	902,895.	785,308.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	3,624,464.	3,461,333.
19 Revenue less expenses. Subtract line 18 from line 12 .....	109,467.	-812,706.	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) .....	Beginning of Current Year 11,185,739.	End of Year 8,466,145.
	21 Total liabilities (Part X, line 26) .....	3,040,372.	1,093,247.
	22 Net assets or fund balances. Subtract line 21 from line 20 .....	8,145,367.	7,372,898.

**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: DIANA CAMPOAMOR Date: \_\_\_\_\_  
 Type or print name and title: PRESIDENT

**Paid Preparer Use Only**

Print/Type preparer's name: INGER SULLENGER, CPA Preparer's signature: INGER SULLENGER, CPA Date: \_\_\_\_\_  
 Check  if self-employed PTIN: P01464277

Firm's name: ▶ TCA PARTNERS, LLP Firm's EIN: ▶ 20-2707086  
 Firm's address: ▶ 1111 EAST HERNDON AVENUE, SUITE 211 FRESNO, CA 93720 Phone no.: (559) 431-7708

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III. [ ]

1 Briefly describe the organization's mission:

HIP ENHANCES AWARENESS OF HISPANIC ISSUES THROUGH: RESEARCH, SUPPORT, AND PUBLICATIONS. PUBLISHED NEWSLETTERS ARE ISSUED FOR MEMBERS AND OTHERS INTERESTED IN HISPANIC ISSUES.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 2,431,798. including grants of \$ 1,679,183.) (Revenue \$ )

HIP WORKS TOWARD AN ENHANCED AWARENESS OF HISPANIC ISSUES THROUGH RESEARCH, GRANT MAKING, SUPPORT, AND PUBLICATIONS. THE ORGANIZATION PUBLISHED NEWSLETTERS FOR MEMBERS AND OTHERS INTERESTED IN HISPANIC ISSUES.

4b (Code: [ ]) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: [ ]) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 2,431,798.

**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 Schedule B, Schedule of Contributors? (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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i> .....		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III</i> .....		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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 term, permanent, or 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, XII, and XIII</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, XII, and XIII 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, and program service activities outside the United States? <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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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 (see instructions)</i> .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i> .....		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i> .....		X
20 a Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H</i> .....		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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	
<b>24a</b> 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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>b</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
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
<b>a</b> 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> .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

BAA

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V.

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <span style="float:right">26</span>		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <span style="float:right">0</span>		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2 a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float:right">24</span>		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4 b</b>	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
<b>6 a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. <span style="float:right"></span>		
<b>7 e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7 g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7 h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9 b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12. <span style="float:right"></span>		
<b>10 b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <span style="float:right"></span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11 a</b>	Gross income from members or shareholders. <span style="float:right"></span>		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right"></span>		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <span style="float:right"></span>		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year <span style="float:right"></span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13 a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13 b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <span style="float:right"></span>		
<b>13 c</b>	Enter the amount of reserves on hand. <span style="float:right"></span>		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14 b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year		
<b>1 b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7 a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7 b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8 a</b>	The governing body?	X	
<b>8 b</b>	Each committee with authority to act on behalf of the governing body?		X
<b>9</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

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

		Yes	No
<b>10 a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>10 b</b>	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11 a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>12 a</b>	Does the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
<b>12 b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12 c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O.	X	
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15 a</b>	The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O.	X	
<b>15 b</b>	Other officers of key employees of the organization. SEE SCHEDULE O.	X	
<b>16 a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16 b</b>	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
ELIZABETH HERNANDEZ 55 2ND STREET, SUITE 1500 SAN FRANCISCO CA 94105 415-837-0427

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

Check if Schedule O contains a response to any question in this Part VII.

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANICE PETROVICH CHAIRPERSON	0.5	X					0.	0.	0.	
(2) FRANK ALVAREZ AT LARGE OFFICR	0.5	X					0.	0.	0.	
(3) NELSON COLON SECRETARY	0.5	X					0.	0.	0.	
(4) PHILLIPPE WALLACE TREASURER	0.5	X					0.	0.	0.	
(5) ELISA AREVALO DIRECTOR (EMER)	0.5	X					0.	0.	0.	
(6) AIXA BEAUCHAMP DIRECTOR	0.5	X					0.	0.	0.	
(7) CRISTINA EGUIZABAL DIRECTOR	0.5	X					0.	0.	0.	
(8) HERMAN GALLEGOS DIRECTOR (EMER)	0.5	X					0.	0.	0.	
(9) SANDRA LICON DIRECTOR	0.5	X					0.	0.	0.	
(10) JULIO MARCIAL DIRECTOR	0.5	X					0.	0.	0.	
(11) KICA MATOS DIRECTOR	0.5	X					0.	0.	0.	
(12) BENITA MELTON DIRECTOR	0.5	X					0.	0.	0.	
(13) ARELIS M. RODRIGUEZ DIRECTOR	0.5	X					0.	0.	0.	
(14) G. ALBERT RUESGA DIRECTOR	0.5	X					0.	0.	0.	
(15) TARA SANDERCOCK DIRECTOR	0.5	X					0.	0.	0.	
(16) PAUL SPIVEY DIRECTOR	0.5	X					0.	0.	0.	
(17) MARTA TELLADO DIRECTOR	0.5	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) VIVIAN VASALLO DIRECTOR	0.5	X					0.	0.	0.	
(19) LUZ VEGA-MARQUIS DIRECTOR (EMER)	0.5	X					0.	0.	0.	
(20) ALEJANDRO VILLANUEVA DIRECTOR	0.5	X					0.	0.	0.	
(21) DIANA CAMPOAMOR PRESIDENT	40	X		X			210,500.	0.	22,450.	
(22) ANA GLORIA RIVAS-VAZQUEZ OFFICER	40			X			128,832.	0.	14,505.	
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
(29)										
<b>1 b Sub-total</b>							339,332.	0.	36,955.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							339,332.	0.	36,955.	

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	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>	4	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>	5	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.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns . . . . .	<b>1 a</b>					
	<b>b</b> Membership dues . . . . .	<b>1 b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1 c</b>					
	<b>d</b> Related organizations . . . . .	<b>1 d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1 e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1 f</b> 2,392,296.					
	<b>g</b> Noncash contributions included in lns 1a-1f: \$						
<b>h Total.</b> Add lines 1a-1f . . . . .			2,392,296.				
<b>PROGRAM SERVICE REVENUE</b>			<b>Business Code</b>				
	<b>2 a</b> _____						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . .							
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .		256,331.			256,331.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6 a</b> Gross Rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .					
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7 a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .					
		<b>c</b> Gain or (loss) . . . . .					
		<b>d</b> Net gain or (loss) . . . . .					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less: direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .							
<b>12 Total revenue.</b> See instructions . . . . .			2,648,627.	0.	0.	256,331.	

**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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.	1,586,825.	1,586,825.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.	92,358.	92,358.		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	376,287.	154,653.	71,987.	149,647.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	478,998.	196,870.	91,636.	190,492.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	283.	127.	41.	115.
9 Other employee benefits.	76,905.	34,607.	11,149.	31,149.
10 Payroll taxes.	64,369.	28,966.	9,332.	26,071.
11 Fees for services (non-employees):				
a Management.	405,569.	316,531.	88,645.	393.
b Legal.	10,062.		10,062.	
c Accounting.	30,290.		30,290.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other.				
12 Advertising and promotion.				
13 Office expenses.	34,993.		34,993.	
14 Information technology.	37,053.	196.	36,857.	
15 Royalties.				
16 Occupancy.	49,638.	15,000.	34,638.	
17 Travel.	69,377.	24,610.	23,803.	20,964.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	27,388.	9,401.	8,940.	9,047.
20 Interest.	127.		127.	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	10,870.		10,870.	
23 Insurance.	14,902.		14,902.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>BAD DEBT</u>	50,845.		50,845.	
b <u>TRAINING</u>	40,829.	40,829.		
c <u>OTHER</u>	34,862.	7,128.	27,278.	456.
d <u>COMMUNICATIONS &amp; PUBLICATIONS</u>	30,389.	1,633.	28,058.	698.
e <u>SUPPLIES</u>	7,670.	2,742.	4,910.	18.
f All other expenses.	-69,556.	-80,678.	11,077.	45.
25 Total functional expenses. Add lines 1 through 24f.	3,461,333.	2,431,798.	600,440.	429,095.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	<b>1</b> Cash — non-interest-bearing .....	3,679,952.	<b>1</b>	1,897,369.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	2,398,588.	<b>3</b>	1,376,349.
	<b>4</b> Accounts receivable, net .....	6,847.	<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 187,440.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 167,976.	20,942.	<b>10c</b> 19,464.
	<b>11</b> Investments — publicly traded securities .....	5,068,915.	<b>11</b>	5,154,163.
	<b>12</b> Investments — other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments — program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	10,495.	<b>15</b>	18,800.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	11,185,739.	<b>16</b>	8,466,145.	
<b>LIABILITIES</b>	<b>17</b> Accounts payable and accrued expenses .....	111,401.	<b>17</b>	125,479.
	<b>18</b> Grants payable .....	1,516,932.	<b>18</b>	549,633.
	<b>19</b> Deferred revenue .....	1,412,039.	<b>19</b>	418,135.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,040,372.	<b>26</b>	1,093,247.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	2,076,134.	<b>27</b>	2,406,654.
	<b>28</b> Temporarily restricted net assets .....	6,069,233.	<b>28</b>	4,966,244.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	8,145,367.	<b>33</b>	7,372,898.
<b>34</b> Total liabilities and net assets/fund balances .....	11,185,739.	<b>34</b>	8,466,145.	

BAA

Form 990 (2010)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,648,627.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,461,333.
3	Revenue less expenses. Subtract line 2 from line 1	3	-812,706.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,145,367.
5	Other changes in net assets or fund balances (explain in Schedule O) . . . SEE SCHEDULE O	5	40,237.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,372,898.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII.

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

<b>Name of the organization</b> HISPANICS IN PHILANTHROPY	<b>Employer identification number</b> 94-3040607
--	---

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III – Functionally integrated
  - d  Type III – Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.') . . .	5,686,856.	6,124,321.	4,785,694.	3,507,685.	2,392,296.	22,496,852.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						0.
4 <b>Total.</b> Add lines 1 through 3. . . . .	5,686,856.	6,124,321.	4,785,694.	3,507,685.	2,392,296.	22,496,852.
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). . . . .						3,239,187.
6 <b>Public support.</b> Subtract line 5 from line 4. . . . .						19,257,665.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 . . . . .	5,686,856.	6,124,321.	4,785,694.	3,507,685.	2,392,296.	22,496,852.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .	434,274.	523,349.	96,572.	264,292.	256,331.	1,574,818.
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV. . . . .				-38,046.		-38,046.
11 <b>Total support.</b> Add lines 7 through 10. . . . .						24,033,624.
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	0.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)). . . . .	14	80.1 %
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	84.9 %
16a <b>33-1/3% support test – 2010.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
16b <b>33-1/3% support test – 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17b <b>10%-facts-and-circumstances test – 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . . ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.) . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b> Add lines 10a and 10b. . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lns 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15. . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17. . . . .	<b>18</b>	%

**19a 33-1/3% support tests – 2010.** 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 – 2009.** 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. . . . .





HISPANICS IN PHILANTHROPY

**PART II, LINE 10 - OTHER INCOME**

<u>NATURE AND SOURCE</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>
TOTAL	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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

Department of the Treasury  
Internal Revenue Service

PUBLIC DISCLOSURE COPY  
Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2010

Name of the organization

HISPANICS IN PHILANTHROPY

Employer identification number

94-3040607

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules**

- For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

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

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

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

HISPANICS IN PHILANTHROPY

94-3040607

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 310,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

HISPANICS IN PHILANTHROPY

94-3040607

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 82,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- -----	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	----- ----- -----	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

HISPANICS IN PHILANTHROPY

Employer identification number

94-3040607

**Part II** Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	N/A		
—		\$	
—		\$	
—		\$	
—		\$	
—		\$	

Name of organization

HISPANICS IN PHILANTHROPY

Employer identification number

94-3040607

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(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

Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

HISPANICS IN PHILANTHROPY

94-3040607

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions regarding donor advisement.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, total acreage, and various other details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 2 columns: Question, Amount. Includes rows for reporting requirements for art and historical treasures, and amounts for revenues 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 are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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 organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Term endowment ▶ \_\_\_\_\_ %

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	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(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		187,440.	167,976.	19,464.
e Other				

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 19,464.

BAA



**Part VII Investments—Other Securities.** See Form 990, Part X, line 12. N/A

(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) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990 Part X, column (B) line 12.) . . . ▶		

**Part VIII Investments—Program Related.** (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.) . . . ▶		

**Part IX Other Assets.** (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column(B), line 15) . . . . . ▶	

**Part X Other Liabilities.** (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25) . . . . . ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	2,648,627.
2 Total expenses (Form 990, Part IX, column (A), line 25)	3,461,333.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	-812,706.
4 Net unrealized gains (losses) on investments	40,237.
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV)	
9 Total adjustments (net). Add lines 4 through 8	40,237.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-772,469.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>	
1 Total revenue, gains, and other support per audited financial statements	1 2,750,922.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments	2a 40,237.
b Donated services and use of facilities	2b 62,058.
c Recoveries of prior year grants	2c
d Other (Describe in Part XIV)	2d
e Add lines 2a through 2d	2e 102,295.
3 Subtract line 2e from line 1	3 2,648,627.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV.)	4b
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 2,648,627.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>	
1 Total expenses and losses per audited financial statements	1 3,523,391.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	2a 62,058.
b Prior year adjustments	2b
c Other losses	2c
d Other (Describe in Part XIV.)	2d
e Add lines 2a through 2d	2e 62,058.
3 Subtract line 2e from line 1	3 3,461,333.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV.)	4b
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 3,461,333.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----



**Schedule F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

HISPANICS IN PHILANTHROPY

Employer identification number

94-3040607

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

- 1 For grantmakers.** 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 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) NORTH AMERICA			PROGRAM SERVICES	GRANTMAKING	41,358.
(2) SOUTH AMERICA			PROGRAM SERVICES	GRANTMAKING	51,000.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					92,358.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b) . . .	0	0			92,358.

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	CAPACITY BLD	16,358.	WIRE TRANSFER			
(2)			NORTH AMERICA	CAPACITY BLD	25,000.	WIRE TRANSFER			
(3)			SOUTH AMERICA	CAPACITY BLD	51,000.	WIRE TRANSFER			
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. **4**

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

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see instructions for Form 926).* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see instructions for Forms 3520 and 3520-A).* .....  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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621).* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865).* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* .....  Yes  No

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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 - GRANTMAKERS EXPLANATION FOR GRANTS OUTSIDE US**

GRANTEES ARE REQUIRED TO COMPILE REPORTS ON THE USE OF GRANT FUNDS.

Multiple horizontal dashed lines for providing supplemental information.



**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,' to Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

HISPANICS IN PHILANTHROPY

**Part I General Information on Grants and Assistance**

Employer identification number

94-3040607

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. **SEE PART IV**

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALIANZA LEADERSHIP INST 2938 E 91 ST, STE 200 CHICAGO, IL 60605	02-0536468		18,000.	0.			CAPACITY BLDG
(2) AMIGOS INTERNACIONAL PO BOX 12367 WILMINGTON, NC 28405	56-2163720		5,300.	0.			CAPACITY BLDG
(3) ARTISTAS Y MUSICOS LAT 4261 NORTH 5TH ST PHILADELPHIA, PA 19140	31-1616972		34,300.	0.			CAPACITY BLDG
(4) ASSOC. OF LATINO MEN 3656 N HALSTEAD CHICAGO, IL 20010	52-0965477		12,675.	0.			CAPACITY BLDG
(5) B. CHAMBERS CHILDRN CTR 1470 IRVING ST NW WASHINGTON, DC 20010	52-0965477		24,000.	0.			CAPACITY BLDG
(6) BLOCKS TOGETHER 3453 WEST NORTH AVE CHICAGO, IL 60647	36-3983087		12,000.	0.			CAPACITY BLDG
(7) BORDER BOOK FESTIVAL PO DRAWER T MESILLA, NM 88046	31-1640027		10,000.	0.			CAPACITY BLDG
(8) BOYS AND GIRLS CLUB DEL PO BOX 972 CHIMAYO, NM 87522	02-0636404		8,000.	0.			CAPACITY BLDG

2 Enter total number of section 501(c)(3) and government organizations. 92

3 Enter total number of other organizations. 0

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

TEEA3901L 10/29/10

Schedule I (Form 990) 2010

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to 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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

**GRANTEES ARE REQUIRED TO COMPILE REPORTS ON THE USE OF GRANT FUNDS.**

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

# Continuation Sheet for Schedule I (Form 990)

# 2010

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 9

Name of the organization		Employer identification number					
HISPANICS IN PHILLANTHROPY		94-3040607					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS&GIRLS CLB PHILADE 4800 WHITAKER AVE PHILADELPHIA, PA 19127	23-1966756		18,000.				CAPACITY BLDG
BOYS&GIRLS CLUB TULARE 215 W TULARE AVE VISALIA, CA 93277	77-0469369		15,000.				CAPACITY BLDG
BU-GATA 927 S WALTER REED DR #28 ARLINGTON, VA 22204	75-3079428		11,000.				CAPACITY BLDG
C. ROSARIO EDUC. FOUND 1100 HARVARD ST NW WASHINGTON, DC 20009	52-2332161		14,000.				CAPACITY BLDG
CASA DE VENEZUELA 4315 VERNON RD DREXEL HILL, PA 19026	05-0597621		20,000.				CAPACITY BLDG
CATAWBA CNTY HISP MSTR 737 12TH ST SW HICKORY, NC 28602	56-2170931		5,300.				CAPACITY BLDG
CAUSA, INC. 555 WINDSOR ST HARTFORD, CT 06120	06-1086703		20,000.				CAPACITY BLDG
CEIBA 149 W SUSQUEHANNA AVE PHILADELPHIA, PA 19122	23-2732783		18,450.				CAPACITY BLDG
CENTRO DE TRABAJADORES UN 3200 E 91ST ST CHICAGO, IL 60617	27-1492355		20,000.				CAPACITY BLDG
CENTRO DECULTURA CCATE 1657 DAWS RD BLUE BELL, PA 19422	26-2987850		20,000.				CAPACITY BLDG

TEEA4001L 01/25/11

Schedule I Cont (Form 990) 2010

# Continuation Sheet for Schedule I (Form 990)

# 2010

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization	Employer identification number	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISPANICS IN PHILLANTHROPY						94-3040607	
CENTRO ESPERANZA PO BOX 482 LOIZA, PR 00772	66-0479375		24,000.				CAPACITY BLDG
CENTRO HUMANITARIO 2260 CALIFORNIA ST DENVER, CO 80205	03-0412235		20,000.				CAPACITY BLDG
CHICAGO YOUTH BOXING CLUB 6046 N ALBANY AVE CHICAGO, IL 60659	36-0053759		18,000.				CAPACITY BLDG
CITY BLOSSOMS 3616 MALDEN AVE BALTIMORE, MD 21211	26-2335764		24,000.				CAPACITY BLDG
CO ORG. FOR LATINA OPP PO BOX 40991 DENVER, CO 80204	84-1569021		10,000.				CAPACITY BLDG
COMITE DE APOYO A LOS 4 SOUTH DELSEA DR GLASSBORO, NJ 08028	05-0599905		15,000.				CAPACITY BLDG
COMM NTRK RESRCS INC PO BOX 7788 ALBUQUERQUE, NM 87194	85-0437704		10,000.				CAPACITY BLDG
CONCILIO CAMPESINO 1101 N SOLANO DR LAS CRUCES, NM 88001	85-0236117		15,000.				CAPACITY BLDG
CORAL CANTIGAS INCORPORAT PO BOX 2212 ROCKVILLE, MD 20847	52-1918239		16,600.				CAPACITY BLDG
CORAZON COMMUNITY SERVICE 1323 S AUSTIN BLVD CICERO, IL 60804	32-0075474		18,000.				CAPACITY BLDG

# Continuation Sheet for Schedule I (Form 990)

# 2010

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 3 of 9

Name of the organization		Employer identification number					
HISPANICS IN PHILLANTHROPY		94-3040607					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL BUEN PASTOR LATINO 4637 TIM RD WINSTON-SALEM, NC 27106	20-3751959		15,300.				CAPACITY BLDG
ESCUELA TLATELOLCO 2949 N FEDERAL BLVD DENVER, CO 80211	84-0746649		10,000.				CAPACITY BLDG
ESPERANZA IMMIGR LEGAL 4261 N 5TH ST PHILADELPHIA, PA 19140	23-2552707		20,000.				CAPACITY BLDG
FAMILY SVCS OF MONTGOMERY 3125 RIDGE PIKE EAGLEVILLE, PA 19403	23-1352361		19,000.				CAPACITY BLDG
FARM LABOR ORGNZG COMM 4354 HWY 117 SOUTH DUDLEY, NC 28333	34-1329126		5,300.				CAPACITY BLDG
FRESNO BARRIOS UNIDOS 4403 E TULARE AVE FRESNO, CA 93702	77-0363955		16,000.				CAPACITY BLDG
FRESNO CTY HISP COMM 1803 BROADWAY ST FRESNO, CA 93721	94-2427585		15,000.				CAPACITY BLDG
FRESNO HOUSING ALLIANC PO BOX 5985 FRESNO, CA 93755	56-2665424		15,000.				CAPACITY BLDG
FRESNO WEST COAL ECON 302 FRESNO ST STE 212 FRESNO, CA 93706	52-2253338		19,000.				CAPACITY BLDG
FRIENDS OF FARMWORKS 42 SOUTH 15TH ST STE 605 PHILADELPHIA, PA 19102	51-0214321		15,000.				CAPACITY BLDG

# Continuation Sheet for Schedule I (Form 990)

# 2010

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization		Employer identification number					
HISPANICS IN PHILLANTHROPY		94-3040607					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GALA HISPANIC THEATER 3333 14TH ST NW WASHINGTON, DC 20010	52-1064097		24,000.				CAPACITY BLDG
GRTR PHILAD URBAN AFF 1207 CHESTNUT ST 5TH FL PHILADELPHIA, PA 19107	23-7046393		25,000.				CAPACITY BLDG
HISP. LEAGUE PIEDMONT PO BOX 30651 WINSTON-SALEM, NC 27130	56-1791215		15,300.				CAPACITY BLDG
HISPANIC ARTS INITIATV 305 W 4RTH ST WINSTON-SALEM, NC 27101	20-4918395		15,300.				CAPACITY BLDG
HISPANIC INSTIT. BLINDNES 2946 SLEEPY HOLLOW RD, ST FALLS CHURCH, VA 22033	20-2312733		15,000.				CAPACITY BLDG
HISPANICS AGST CHLD ABUSE 11230 WAPLES MILL ROAD, S FAIRFAX, VA 22030	54-1405697		18,000.				CAPACITY BLDG
INSTIT NUEVA ESCUELA AVEN PONCE DE LEON #1101 PASEO DE DIEGO, PR 00925	66-0444454		25,000.				CAPACITY BLDG
INSTIT. MESTIZA LDRSHP 2678 CLEERMONT ST DENVER, CO 80207	84-1510594		20,000.				CAPACITY BLDG
INTL CTR FORSYTH TECH FOUND FORSYTH TECH 2100 SILAS CREEK PKY, NC 27103	56-1070364		15,300.				CAPACITY BLDG
JOVENES DE PUERTO RICO 406 PADRE RUGO ST FLORAL PRK HATO, PR 00917	66-0491142		30,000.				CAPACITY BLDG

# Continuation Sheet for Schedule I (Form 990)

# 2010

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization	Employer identification number	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISPANICS IN PHILLANTHROPY							
JUNTOS							
2029 S 8TH ST							
PHILADELPHIA, PA 19148	01-0769538		25,000.				CAPACITY BLDG
KERN CNTY HISP COMMISS							
2008 D STREET	77-0051442		10,000.				CAPACITY BLDG
BAKERSFIELD, CA 93301							
LATIN AMER EDUC FOUND							
561 SANTE FE DR	84-6010415		10,000.				CAPACITY BLDG
DENVER, CO 80204							
LATIN UNITED COMM HOUSING							
3541 W. NORTH AVE	36-3213453		20,000.				CAPACITY BLDG
CHICAGO, IL 60647							
LATINO COALTN RANDOLPH							
PO BOX 3527	16-1699826		15,300.				CAPACITY BLDG
ASHEBORO, NC 27204							
LATINO COMM DVLPMT CTR							
PO BOX 25360	82-0551614		15,000.				CAPACITY BLDG
DURHAM, NC 27701							
LATINO FAMILY CTR							
210 GATEWOOD AVE	51-0526332		18,900.				CAPACITY BLDG
HIGH POINT, NC 27262							
LATINO POLICY FORUM							
180 N MICHIGAN AVE #1250	36-3676873		17,000.				CAPACITY BLDG
CHICAGO, IL 60601							
LATINO UNION OF CHICAG							
1619 W 19TH ST	61-1403712		20,000.				CAPACITY BLDG
CHICAGO, IL 60608							
MAIN STREET PROJECT							
PO BOX 80066	20-1788275		20,000.				CAPACITY BLDG
MINNEAPOLIS, MN 55408							

# Continuation Sheet for Schedule I (Form 990)

2010

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization	Employer identification number	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)					(h) Purpose of grant or assistance
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISPANICS IN PHILLANTHROPY							
MI CASA, INC 6230 3RD ST WASHINGTON, DC 20010	52-1796840		24,000.				CAPACITY BLDG
NC FARMWORKERS PROJECT PO BOX 352 BENSON, NC 27504	56-1870955		5,300.				CAPACITY BLDG
NEW MEXICO COMM FOUND 343 E ALAMEDA SANTA FE, NM 87501	85-0311210		12,000.				CAPACITY BLDG
NM TEEN PREGNENCY COALTN PO BOX 35997 ALBUQUERQUE, NM 87176	85-0310621		14,000.				CAPACITY BLDG
NORRIS SQUARE NEIGHBORHOOD 2141 NORTH HOWARD ST PHILADELPHIA, PA 19122	23-2045157		25,000.				CAPACITY BLDG
NORTHEASTERN COMM DEV PO BOX 367 CAMDEN, NC 27921	58-1716737		5,300.				CAPACITY BLDG
NUEVA VIDA 2000 P STREET NW, STE 620 WASHINGTON, DC 20036	54-1943145		20,000.				CAPACITY BLDG
PASION Y ARTE 6411 OVERBROOK AVE PHILADELPHIA, PA 19151	23-3099942		15,000.				CAPACITY BLDG
PHILADELPHIA HUNE 2200 NORTH SECOND ST PHILADELPHIA, PA 19133	23-3049815		25,000.				CAPACITY BLDG
PROJECT CAPOEIRA, INC. 7707 MCCALLUM ST, APT A PHILADELPHIA, PA 19118	11-3625329		10,000.				CAPACITY BLDG



# Continuation Sheet for Schedule I (Form 990)

# 2010

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization		Employer identification number					
HISPANICS IN PHILLANTHROPY		94-3040607					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAICES CULTURALES LATINO A 2757 N 5TH ST 2ND FL REAR PHILADELPHIA, PA 19133	23-2662025		35,000.				CAPACITY BLDG
RICARDO FLORES MAGON 7255 IRVING ST WESTMINSTER, CO 80030	20-4199340		20,000.				CAPACITY BLDG
RIGHTS FOR ALL PEOPLE 3131 W 14TH AVE DENVER, CO 80204	84-1599036		15,000.				CAPACITY BLDG
RIGHTS FOR ALL PEOPLE 901 W 14TH AVE STE 7 DENVER, CO 80204	84-1599036		20,000.				CAPACITY BLDG
SAN JOSE OBRERO MISSION 1909 SOUTH ASHLAND CHICAGO, IL 60608	36-3298605		20,000.				CAPACITY BLDG
SAN JUAN CENTER, INC 1283 MAIN ST HARTFORD, CT 06103	06-0890788		15,000.				CAPACITY BLDG
SAN LUIS VALLEY IMMIG 225 6TH ST, STE B ALAMOSA, CO 81101	74-3064080		20,000.				CAPACITY BLDG
SAPIENTIS 800 RH TODD AVE MEZZ 101 SAN JUAN, PR 00908	58-2659784		25,000.				CAPACITY BLDG
SER DE PUERTO RICO 50 BAEZ ST, PEREZ MORIS SAN JUAN, PR 00917	66-0807947		25,000.				CAPACITY BLDG
SOMOS UN PUEBLO UNIDO 1205 PARKWAY DR, STE B SANTE FE, NM 87507	20-4216836		15,000.				CAPACITY BLDG

# Continuation Sheet for Schedule I (Form 990)

# 2010

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 8 of 9

Name of the organization		Employer identification number					
HISPANICS IN PHILLANTHROPY		94-3040607					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST COM. RESRCS. 211 10TH ST SW ALBUQUERQUE, NM 87102	85-0361425		8,000.				CAPACITY BLDG
STUDENT ACTION FWRKRS 1317 W PETTIGREW ST DURHAM, NC 27705	56-1789014		5,300.				CAPACITY BLDG
SU TEATRO 4725 HIGH ST DENVER, CO 80216	74-2440659		15,000.				CAPACITY BLDG
TALLER PUERTORIGUENO 2721 NORTH 5TH ST PHILADELPHIA, PA 19133	23-1946165		15,000.				CAPACITY BLDG
TAOS CNTY ECON DVLPMT PO BOX 1389 TAOS, NM 87571	85-0355163		12,000.				CAPACITY BLDG
TEATRO DE LA LUNA 812 MADISON ST NW WASHINGTON, DC 20011	52-1739966		17,000.				CAPACITY BLDG
TEATRO VISTA 3712 N BROADWAY #275 CHICAGO, IL 60613	36-3745548		20,000.				CAPACITY BLDG
UNITED WAY 1500 YANCYVILLE ST GREENSBORO, NC 27415	56-0668555		10,300.				CAPACITY BLDG
VIDA SENIOR CENTERS 1842 CALVERT STREET NW WASHINGTON, DC 20009	23-7161537		24,000.				CAPACITY BLDG
WOMEN'S INTERCLTRL CTR PO BOX 2411 ANTHONY, NM 88021	85-0411225		15,000.				CAPACITY BLDG

TEEA4001L 01/25/11

Schedule I Cont (Form 990) 2010



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.**

**Open to Public Inspection**

Name of the organization

HISPANICS IN PHILANTHROPY

Employer identification number

94-3040607

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1 a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	<b>4b</b>								
		<b>4c</b>								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If 'Yes' to line 5a or 5b, describe in Part III.</p>	<b>5a</b>	<b>5b</b>								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If 'Yes' to line 6a or 6b, describe in Part III.</p>	<b>6a</b>	<b>6b</b>								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.</p>	<b>7</b>									
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.</p>	<b>8</b>									
<p><b>9</b> If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

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

Schedule J (Form 990) 2010

**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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
DIANA CAMPOAMO	210,500.	0.	0.	6,038.	16,412.	232,950.	237,494.
1 (i)	0.	0.	0.	0.	0.	0.	0.
2 (i)							
2 (ii)							
3 (i)							
3 (ii)							
4 (i)							
4 (ii)							
5 (i)							
5 (ii)							
6 (i)							
6 (ii)							
7 (i)							
7 (ii)							
8 (i)							
8 (ii)							
9 (i)							
9 (ii)							
10 (i)							
10 (ii)							
11 (i)							
11 (ii)							
12 (i)							
12 (ii)							
13 (i)							
13 (ii)							
14 (i)							
14 (ii)							
15 (i)							
15 (ii)							
16 (i)							
16 (ii)							



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

HISPANICS IN PHILANTHROPY

Employer identification number

94-3040607

**FORM 990, PART VI, LINE 1B**

THE NUMBER OF INDEPENDENT VOTING MEMBERS IS 21 OF THE 22 INDIVIDUALS THAT HAVE AUTHORITY TO PARTICIPATE IN A VOTE. THE PRESIDENT OF THE ORGANIZATION DOES HAVE THE AUTHORITY TO VOTE, BUT IS NOT CONSIDERED INDEPENDENT, AS THIS INDIVIDUAL IS COMPENSATED.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE DIRECTOR OF FINANCE AND PROGRAMS, ELIZABETH HERNANDEZ, REVIEWS THE FORM 990 AND THEN SUBMITS TO PHILLIPPE WALLACE, TREASURER, AND DIANA CAMPOAMOR, PRESIDENT FOR REVIEW.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

OFFICERS AND BOARD MEMBERS SHALL DISCLOSE IN WRITING TO THE BOARD THEIR INTEREST, AS DEFINED BELOW, WITH RESPECT TO A TRANSACTION THE BOARD IS CONSIDERING. SUCH TRANSACTIONS INCLUDE BOTH GRANTS AND CONTRACTS. AN OFFICER OR BOARD MEMBER HAS AN INTEREST IF THE OFFICER OR BOARD MEMBER HAS A FAMILY MEMBER (INCLUDING PARENT, GRANDPARENT, SPOUSE, DOMESTIC PARTNER, SIBLING, CHILD, GRANDCHILD, NIECE, OR NEPHEW), OR CLOSE BUSINESS ASSOCIATE (I) IS EMPLOYED BY AND RECEIVES SERIOUS COMPENSATION FROM, OR (II) HOLDS A POSITION OF FIDUCIARY RESPONSIBILITY, SIGNIFICANT SHAREHOLDER, OR SENIOR POSITION WITH, ANY ENTITY OR PERSON WITH WHICH HIP IS CONSIDERING A TRANSACTION. OFFICERS OR BOARD MEMBERS WITH INTERESTS SHALL RECUSE THEMSELVES FROM THE BOARD'S CONSIDERATION OF THE RELEVANT TRANSACTION. IN NO EVENT SHALL OFFICERS OR BOARD MEMBERS VOTE ON TRANSACTIONS IN WHICH THEY HAVE A FINANCIAL INTEREST. THE NATURE OF THE INTEREST AND THE INDIVIDUAL'S RECUSAL SHALL BE RECORDED IN THE APPROPRIATE MINUTES. IN ADDITION, THE BOARD EXPECTS OFFICERS AND BOARD MEMBERS TO DISCLOSE CLOSE FRIENDSHIPS WITH (A) ANY PERSON WITH WHOM HIP IS CONSIDERING A TRANSACTION, AND (B) ANY PERSON WHO HAS A SIGNIFICANT POSITION IN AN ENTITY WITH WHICH HIP IS CONSIDERING A TRANSACTION.

Name of the organization

HISPANICS IN PHILANTHROPY

Employer identification number

94-3040607

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)**

MEMBERS OF COMMITTEES, AND KEY MANAGEMENT PERSONNEL SHALL DISCLOSE TO THE PRESIDENT (OR PRESIDENT'S DESIGNEE), IN WRITING, ANY INTEREST AS DEFINED ABOVE IN (A), AND SHALL RECUSE HER - OR HIMSELF FROM THE DECISION-MAKING PROCESS. THE PROCEDURES SET FORTH IN THE PRECEDING SENTENCE SHALL ALSO APPLY TO ANY OFFICER OR BOARD MEMBER WITH AN INTEREST IN A TRANSACTION BEING CONSIDERED BY HIP BELOW THE BOARD LEVEL. THE NATURE OF THE INTEREST AND THE INDIVIDUAL RECUSAL SHALL BE MEMORIALIZED IN WRITING. IN ADDITION, THE PERSONS LISTED IN THE FIRST SENTENCE OF THIS PARAGRAPH SHALL DISCLOSE CLOSE FRIENDSHIPS WITH (A) ANY PERSON WITH WHOM HIP IS CONSIDERING A TRANSACTION, AND (B) WHO HAS A SIGNIFICANT POSITION IN AN ENTITY WITH WHICH HIP IS CONSIDERING A TRANSACTION.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGMT**

THE PRESIDENT REVIEWS SALARY SURVEYS AVAILABLE FROM SEVERAL SOURCES. PRESIDENT AND KEY EMPLOYEES PREPARE SELF-EVALUATIONS OF PERFORMANCE DURING THE PERIOD OF REVIEW. THE PRESIDENT REVIEWS KEY EMPLOYEES' REVIEWS AND SUBMITS SALARY ADJUSTMENTS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS WITH THE PRESIDENT TO DISCUSS THE REVIEW. THE BOARD MEETS, WITHOUT THE PRESIDENT OR OTHER KEY EMPLOYEE, AND RECEIVES RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE AND DISCUSSES THE PRESIDENT'S AND KEY EMPLOYEE'S PERFORMANCE AND SALARY ADJUSTMENTS FOR THE FOLLOWING YEAR.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES**

THE PRESIDENT REVIEWS SALARY SURVEYS AVAILABLE FROM SEVERAL SOURCES. PRESIDENT AND KEY EMPLOYEES PREPARE SELF-EVALUATIONS OF PERFORMANCE DURING THE PERIOD OF REVIEW. THE PRESIDENT REVIEWS KEY EMPLOYEES' REVIEWS AND SUBMITS SALARY ADJUSTMENTS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS WITH THE PRESIDENT TO DISCUSS THE REVIEW. THE BOARD MEETS, WITHOUT THE PRESIDENT OR OTHER KEY EMPLOYEE, AND RECEIVES RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE AND DISCUSSES THE PRESIDENT'S



Name of the organization

HISPANICS IN PHILANTHROPY

Employer identification number

94-3040607

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES (C**

AND KEY EMPLOYEE'S PERFORMANCE AND SALARY ADJUSTMENTS FOR THE FOLLOWING YEAR.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

THE FORM 990 IS MADE AVAILABLE AT GUIDESTAR.ORG, AND UPON REQUEST BY HIP. GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE UPON REQUEST TO THE GENERAL PUBLIC. SUCH INFORMATION REQUESTS WILL BE FULFILLED BY E-MAIL OR REGULAR MAIL.

HISPANICS IN PHILANTHROPY

94-3040607

FORM 990, PART XI, LINE 5  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS.....	\$	40,237.
TOTAL	\$	<u>40,237.</u>

## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>	Name of exempt organization <b>HISPANICS IN PHILANTHROPY</b>	Employer identification number <b>94-3040607</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>55 2ND STREET, SUITE 1500</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN FRANCISCO, CA 94105</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ ELIZABETH HERNANDEZ

Telephone No. ▶ 415-837-0427 FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 11, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:  
▶  calendar year 20 10 or  
▶  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**2010**

**CALIFORNIA FILING INSTRUCTIONS**

**HISPANICS IN PHILANTHROPY**

**94-3040607**

**FORM TO FILE:**

FORM 199 - 2010 CALIFORNIA EXEMPT ORGANIZATION ANNUAL INFORMATION  
RETURN

**SIGNATURE:**

SIGN AND DATE FORM 199.

**WHEN TO FILE:**

ON OR BEFORE DECEMBER 15, 2011.

**WHERE TO FILE:**

FRANCHISE TAX BOARD  
P.O. BOX 942857  
SACRAMENTO, CA 94257-0700

2010

**CALIFORNIA FILING INSTRUCTIONS**

HISPANICS IN PHILANTHROPY

94-3040607

**FORM TO FILE:**

FORM RRF-1 - REGISTRATION/RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**SIGNATURE:**

SIGN AND DATE FORM RRF-1.

**PAYMENT:**

THERE IS A FEE DUE OF \$150 WHICH IS PAYABLE BY AUGUST 15, 2011. ATTACH A CHECK OR MONEY ORDER FOR THE FULL AMOUNT PAYABLE TO "ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS" AND WRITE THE CALIFORNIA CHARITY REGISTRATION NUMBER ON THE PAYMENT.

**WHEN TO FILE:**

ON OR BEFORE AUGUST 15, 2011.

**WHERE TO FILE:**

REGISTRY OF CHARITABLE TRUSTS  
P.O. BOX 903447  
SACRAMENTO, CA 94203-4470

California Exempt Organization Annual Information Return

Calendar year 2010 or fiscal year beginning month day year, and ending month day year

**A** First Return Filed?  Yes  No  
**B** Type of organization Exempt under Section 23701 .. **D** (insert letter)  **CORP #** C1024125  
 IRC Section 4947(a)(1) trust. . .

Corporation/Organization Name **HISPANICS IN PHILANTHROPY** FEIN 94-3040607

Address **55 2ND STREET, SUITE 1500** City State ZIP Code **SAN FRANCISCO, CA 94105**

**C** Amended Return? ..  Yes  No  
**D** Are you a subordinate/affiliate in a group exemption? ..  Yes  No  
**a** Is this a group filing for affiliates? See General Instruction L. ....  Yes  No  
**b** If 'Yes,' enter the number of affiliates ..  
**c** Are all affiliates included? ..  Yes  No (If 'No,' attach a list. See instructions.)  
**d** Is this a separate return filed by an organization covered by a group ruling? ..  Yes  No  
**e** Federal Group Exemption Number ..  
**f** Is a roster of subordinates attached? ..  Yes  No  
**E** Final return? ..  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized (attach explanation)  
 If a box is checked, enter date. ....  
**F** Check the box if the organization filed the following federal forms or schedule:  
**1**  990T **2**  990PF **3**  (Schedule H) 990  
**G** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required. ....   
**H** Accounting method used .. **1**  Cash **2**  Accrual **3**  Other  
**I** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. ....  Yes  No  
**J** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. ....  Yes  No  
**K** Is the organization exempt under R&TC Section 23701g? ..  Yes  No  
 If 'Yes,' enter amount of gross receipts from nonmember sources. .... \$  
**L** Is the organization under audit by the IRS or has the IRS audited in a prior year? ..  Yes  No  
**M** Is the organization a Limited Liability Company? ..  Yes  No  
**N** Did the organization file Form 100 or Form 109 to report taxable income? ..  Yes  No

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	<b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8 .....	<b>1</b>	256,331.
	<b>2</b> Gross dues and assessments from members and affiliates. ....	<b>2</b>	
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received. .... SEE. SCH. B .....	<b>3</b>	2,392,296.
	<b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction B. ....	<b>4</b>	2,648,627.
	<b>5</b> Cost of goods sold .....	<b>5</b>	
	<b>6</b> Cost or other basis, and sales expenses of assets sold. ....	<b>6</b>	
	<b>7</b> Total costs. Add line 5 and line 6 .....	<b>7</b>	
	<b>8</b> Total gross income. Subtract line 7 from line 4 .....	<b>8</b>	2,648,627.
<b>Expenses</b>	<b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18 .....	<b>9</b>	3,461,333.
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 .....	<b>10</b>	-812,706.
<b>Filing Fee</b>	<b>11</b> Filing fee \$10 or \$25. See General Instruction F. ....	<b>11</b>	10.
	<b>12</b> Total payments .....	<b>12</b>	10.
	<b>13</b> Penalties and Interest. See General Instruction J. ....	<b>13</b>	
	<b>14</b> Use tax. See General Instruction K. ....	<b>14</b>	
	<b>15</b> <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result .....	<b>15</b>	

**Sign Here** 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Title	Date	Telephone
	PRESIDENT		415-837-0427

Preparer's signature	Date	Check if self-employed	Preparer's PTIN/SSN
INGER SULLENGER, CPA		<input checked="" type="checkbox"/>	P01464277

Firm's name (or yours, if self-employed) and address	Telephone
TCA PARTNERS, LLP 1111 EAST HERNDON AVENUE, SUITE 211 FRESNO, CA 93720	20-2707086 (559) 431-7708

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

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts—complete Part II or furnish substitute information. See Specific Line Instructions.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.....	●	1	
	2	Interest.....	●	2	256,331.
	3	Dividends.....	●	3	
	4	Gross rents.....	●	4	
	5	Gross royalties.....	●	5	
	6	Gross amount received from sale of assets (See Instructions).....	●	6	
	7	Other income. Attach schedule.....	●	7	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.....		8	256,331.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.....	●	9	1,679,183.
	10	Disbursements to or for members.....	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule... SEE STATEMENT 1	●	11	376,287.
	12	Other salaries and wages.....	●	12	478,998.
	13	Interest.....	●	13	127.
	14	Taxes.....	●	14	64,369.
	15	Rents.....	●	15	49,638.
	16	Depreciation and depletion (See Instructions).....	●	16	10,870.
	17	Other. Attach schedule..... SEE STATEMENT 2	●	17	801,861.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.....		18	3,461,333.

<b>Schedule L Balance Sheets</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash.....		3,679,952.	●	1,897,369.
2	Net accounts receivable.....		2,405,435.	●	1,376,349.
3	Net notes receivable. Attach schedule.....			●	
4	Inventories.....			●	
5	Federal and state government obligations.....			●	
6	Investments in other bonds. Attach sch.....			●	
7	Investments in stock. Attach schedule.....			●	
8	Mortgage loans (number of loans _____).....			●	
9	Other investments. Attach schedule.....		5,068,915.	●	5,154,163.
10a	Depreciable assets.....	178,048.		187,440.	
b	Less accumulated depreciation.....	157,106.	20,942.	167,976.	19,464.
11	Land.....			●	
12	Other assets. Attach schedule..... STM . 3		10,495.	●	18,800.
13	<b>Total assets</b> .....		11,185,739.		8,466,145.
<b>Liabilities and net worth</b>					
14	Accounts payable.....		111,401.	●	125,479.
15	Contributions, gifts, or grants payable.....		1,516,932.	●	549,633.
16	Bonds and notes payable. Attach schedule.....			●	
17	Mortgages payable.....			●	
18	Other liabilities. Attach schedule..... STM . 4		1,412,039.		418,135.
19	Capital stock or principle fund.....		8,145,367.	●	7,372,898.
20	Paid-in or capital surplus. Attach reconciliation.....			●	
21	Retained earnings or income fund.....			●	
22	<b>Total liabilities and net worth</b> .....		11,185,739.		8,466,145.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1	Net income per books.....	●	-772,469.
2	Federal income tax.....	●	
3	Excess of capital losses over capital gains.....	●	
4	Income not recorded on books this year. Attach schedule.....	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule.....	●	
6	<b>Total</b> . Add line 1 through line 5.....		-772,469.
7	Income recorded on books this year not included in this return. Attach schedule..... SEE ST. 5	●	40,237.
8	Deductions in this return not charged against book income this year. Attach schedule.....	●	
9	<b>Total</b> . Add line 7 and line 8.....		40,237.
10	<b>Net income per return</b> . Subtract line 9 from line 6.....		-812,706.

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

Department of the Treasury  
Internal Revenue Service

CA PUBLIC DISCLOSURE COPY

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2010

Name of the organization

HISPANICS IN PHILANTHROPY

Employer identification number

94-3040607

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

- For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

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

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

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2010)



Name of organization

Employer identification number

HISPANICS IN PHILANTHROPY

94-3040607

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 310,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

HISPANICS IN PHILANTHROPY

94-3040607

**Part I Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 82,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- -----	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	----- ----- -----	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

HISPANICS IN PHILANTHROPY

Employer identification number

94-3040607

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(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

Form at bottom of page.

**IF PAID ELECTRONICALLY: DO NOT FILE THIS FORM**

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number or FEIN and '2010 FTB 3539' on the check or money order. Detach form below. Enclose, but **do not** staple, payment with form and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0551**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:** **Calendar year corporations – File and Pay by March 15, 2011**  
**Fiscal year filers – See instructions**  
**Employees' trust and IRA – File and Pay by April 15, 2011\***  
**Calendar year exempt organizations – File and Pay by May 16, 2011**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day. \*Due to the federal Emancipation Day holiday on April 15, 2011, tax returns or payments due by this date, and received on April 18, 2011, will be considered timely.

**PAY ONLINE:** Beginning **November 2010**, corporations and exempt organizations can make payments electronically at the Franchise Tax Board's website using Web Pay. After a one-time online registration, corporations and exempt organizations can make an immediate payment or schedule payments up to a year in advance. For more information, go to **ftb.ca.gov** and search for **web pay**.

----- DETACH HERE ----- IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS FORM ----- DETACH HERE -----

TAXABLE YEAR **Payment for Automatic Extension  
for Corps and Exempt Orgs**

CALIFORNIA FORM  
**3539 (CORP)**

0000000 HISP 94-3040607 415-837-0427 10 FORM 3  
TYB 01-01-10 TYE 12-31-10  
HISPANICS IN PHILANTHROPY  
ELIZABETH HERNANDEZ  
55 2ND STREET SUITE 1500  
SAN FRANCISCO CA 94105

TOTAL PAYMENT AMT 10.

## HISPANICS IN PHILANTHROPY

94-3040607

**STATEMENT 1  
FORM 199, PART II, LINE 11  
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JANICE PETROVICH 55 2ND STREET, SUITE 1500 SAN FRANCISCO, CA 94105	CHAIRPERSON 0.50	\$ 0.	\$ 0.	0.
FRANK ALVAREZ 55 2ND STREET, SUITE 1500 SAN FRANCISCO, CA 94105	AT LARGE OFFICR 0.50	0.	0.	0.
NELSON COLON 55 2ND STREET, SUITE 1500 SAN FRANCISCO, CA 94105	SECRETARY 0.50	0.	0.	0.
PHILLIPPE WALLACE 55 2ND STREET, SUITE 1500 SAN FRANCISCO, CA 94105	TREASURER 0.50	0.	0.	0.
ELISA AREVALO 55 2ND STREET, SUITE 1500 SAN FRANCISCO, CA 94105	DIRECTOR (EMER) 0.50	0.	0.	0.
AIXA BEAUCHAMP 55 2ND STREET, SUITE 1500 SAN FRANCISCO, CA 94105	DIRECTOR 0.50	0.	0.	0.
CRISTINA EGUIZABAL 55 2ND STREET, SUITE 1500 SAN FRANCISCO, CA 94105	DIRECTOR 0.50	0.	0.	0.
HERMAN GALLEGOS 55 2ND STREET, SUITE 1500 SAN FRANCISCO, CA 94105	DIRECTOR (EMER) 0.50	0.	0.	0.
SANDRA LICON 55 2ND STREET, SUITE 1500 SAN FRANCISCO, CA 94105	DIRECTOR 0.50	0.	0.	0.
JULIO MARCIAL 55 2ND STREET, SUITE 1500 SAN FRANCISCO, CA 94105	DIRECTOR 0.50	0.	0.	0.
KICA MATOS 55 2ND STREET, SUITE 1500 SAN FRANCISCO, CA 94105	DIRECTOR 0.50	0.	0.	0.
BENITA MELTON 55 2ND STREET, SUITE 1500 SAN FRANCISCO, CA 94105	DIRECTOR 0.50	0.	0.	0.

## HISPANICS IN PHILANTHROPY

94-3040607

**STATEMENT 1 (CONTINUED)**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ARELIS M. RODRIGUEZ 55 2ND STREET, SUITE 1500 SAN FRANCISCO, CA 94105	DIRECTOR 0.50	\$ 0.	\$ 0.	\$ 0.
G. ALBERT RUESGA 55 2ND STREET, SUITE 1500 SAN FRANCISCO, CA 94105	DIRECTOR 0.50	0.	0.	0.
TARA SANDERCOCK 55 2ND STREET, SUITE 1500 SAN FRANCISCO, CA 94105	DIRECTOR 0.50	0.	0.	0.
PAUL SPIVEY 55 2ND STREET, SUITE 1500 SAN FRANCISCO, CA 94105	DIRECTOR 0.50	0.	0.	0.
MARTA TELLADO 55 2ND STREET, SUITE 1500 SAN FRANCISCO, CA 94105	DIRECTOR 0.50	0.	0.	0.
VIVIAN VASALLO 55 2ND STREET, SUITE 1500 SAN FRANCISCO, CA 94105	DIRECTOR 0.50	0.	0.	0.
LUZ VEGA-MARQUIS 55 2ND STREET, SUITE 1500 SAN FRANCISCO, CA 94105	DIRECTOR (EMER) 0.50	0.	0.	0.
ALEJANDRO VILLANUEVA 55 2ND STREET, SUITE 1500 SAN FRANCISCO, CA 94105	DIRECTOR 0.50	0.	0.	0.
DIANA CAMPOAMOR 55 2ND STREET, SUITE 1500 SAN FRANCISCO, CA 94105	PRESIDENT 40.00	232,950.	0.	0.
ANA GLORIA RIVAS-VAZQUEZ 55 2ND STREET, SUITE 1500 SAN FRANCISCO, CA 94105	OFFICER 40.00	143,337.	0.	0.
		TOTAL \$ 376,287.	\$ 0.	\$ 0.

## HISPANICS IN PHILANTHROPY

94-3040607

**STATEMENT 2**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

ACCOUNTING FEES.....	\$	30,290.
BAD DEBT.....		50,845.
COMMUNICATIONS & PUBLICATIONS.....		30,389.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		27,388.
EQUIPMENT RENT & MAINTENANCE.....		4,413.
INFORMATION TECHNOLOGY.....		37,053.
INSURANCE.....		14,902.
LEGAL FEES.....		10,062.
MANAGEMENT FEES.....		405,569.
OFFICE EXPENSES.....		34,993.
OTHER.....		34,862.
OTHER EMPLOYEE BENEFIT.....		76,905.
PENSION PLAN CONTRIBUTIONS.....		283.
POSTAGE AND SHIPPING.....		4,082.
PRINTING AND PUBLICATIONS.....		3,520.
RETURNED GRANTS.....		-81,571.
SUPPLIES.....		7,670.
TRAINING.....		40,829.
TRAVEL.....		69,377.
	TOTAL	<u>\$ 801,861.</u>

**STATEMENT 3**  
**FORM 199, SCHEDULE L, LINE 12**  
**OTHER ASSETS**

DEPOSITS & OTHER ASSETS.....		18,800.
	TOTAL	<u>\$ 18,800.</u>

**STATEMENT 4**  
**FORM 199, SCHEDULE L, LINE 18**  
**OTHER LIABILITIES**

DEFERRED REVENUE.....		418,135.
	TOTAL	<u>\$ 418,135.</u>

**STATEMENT 5**  
**FORM 199, SCHEDULE M-1, LINE 7**  
**INCOME RECORDED ON BOOKS NOT ON RETURN**

NET UNREALIZED GAINS ON INVESTMENTS.....	\$	40,237.
	TOTAL	<u>\$ 40,237.</u>



IN  
**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



**WEBSITE ADDRESS:**  
<http://ag.ca.gov/charities/>

<b>State Charity Registration Number</b> <u>045222</u>  <b>HISPANICS IN PHILANTHROPY</b> <small>Name of Organization</small>  <u>55 2ND STREET, SUITE 1500</u> <small>Address (Number and Street)</small>  <u>SAN FRANCISCO, CA 94105</u> <small>City or Town State ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report  <b>Corporate or Organization No.</b> <u>C1024125</u>  <b>Federal Employer ID No.</b> <u>94-3040607</u>
---	---

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 1/01/10 ending 12/31/10) list:  
 Gross annual revenue \$ 2,648,627. Total assets \$ 8,466,145.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number 415-837-0427  
 Organization's e-mail address \_\_\_\_\_

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

DIANA CAMPOAMOR	PRESIDENT	
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>
		<small>Date</small>

**CALIFORNIA SCHEDULE L  
OTHER INVESTMENTS**

BANK OF AMERICA LONG TERM INVESTMENTS .....	\$	5,154,163.
TOTAL	\$	<u>5,154,163.</u>

**Return of Organization Exempt From Income Tax**

**2010**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

**Open to Public Inspection**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2010 calendar year, or tax year beginning**, 2010, **and ending**, \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

HISPANICS IN PHILANTHROPY  
55 2ND STREET, SUITE 1500  
SAN FRANCISCO, CA 94105

**D Employer Identification Number**  
94-3040607

**E Telephone number**  
415-837-0427

**G Gross receipts \$** 2,648,627.

**F Name and address of principal officer:** DIANA CAMPOAMOR  
SAME AS C ABOVE

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If 'No,' attach a list. (see instructions)

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

**J Website:** ▶ HIPONLINE.ORG

**H(c)** Group exemption number ▶ \_\_\_\_\_

**K Form of organization:**  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L Year of Formation:** 1987 **M State of legal domicile:** CA

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>HIP AIMS TO STRENGTHEN LATINO COMMUNITIES BY INCREASING RESOURCES FOR THE LATINO AND LATIN AMERICAN CIVIL SECTOR VIA LATINO PARTICIPATION AND LEADERSHIP IN THE FIELD OF PHILANTHROPY AND TO FOSTER POLICY CHANGE TO ENHANCE EQUITY AND INCLUSIVENESS.</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	21
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	4	20
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) .....	5	24
	6 Total number of volunteers (estimate if necessary) .....	6	27
	7a Total unrelated business revenue from Part VIII, column (C), line 12 .....	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34 .....	7b	0.	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) .....	3,507,685.	2,392,296.
	9 Program service revenue (Part VIII, line 2g) .....		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	264,292.	256,331.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	-38,046.	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	3,733,931.	2,648,627.
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	1,473,654.	1,679,183.
	14 Benefits paid to or for members (Part IX, column (A), line 4) .....		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	1,247,915.	996,842.
	16a Professional fundraising fees (Part IX, column (A), line 11e) .....		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 429,095.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....	902,895.	785,308.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	3,624,464.	3,461,333.	
19 Revenue less expenses. Subtract line 18 from line 12 .....	109,467.	-812,706.	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) .....	Beginning of Current Year 11,185,739.	End of Year 8,466,145.
	21 Total liabilities (Part X, line 26) .....	3,040,372.	1,093,247.
	22 Net assets or fund balances. Subtract line 21 from line 20 .....	8,145,367.	7,372,898.

**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: DIANA CAMPOAMOR Date: \_\_\_\_\_  
 Type or print name and title: PRESIDENT

**Paid Preparer Use Only**

Print/Type preparer's name: INGER SULLENGER, CPA Preparer's signature: INGER SULLENGER, CPA Date: \_\_\_\_\_  
 Check  if self-employed PTIN: P01464277

Firm's name: ▶ TCA PARTNERS, LLP  
 Firm's address: ▶ 1111 EAST HERNDON AVENUE, SUITE 211 FRESNO, CA 93720  
 Firm's EIN: ▶ 20-2707086  
 Phone no.: (559) 431-7708

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III. [ ]

1 Briefly describe the organization's mission:

HIP ENHANCES AWARENESS OF HISPANIC ISSUES THROUGH: RESEARCH, SUPPORT, AND PUBLICATIONS. PUBLISHED NEWSLETTERS ARE ISSUED FOR MEMBERS AND OTHERS INTERESTED IN HISPANIC ISSUES.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 2,431,798. including grants of \$ 1,679,183.) (Revenue \$ )

HIP WORKS TOWARD AN ENHANCED AWARENESS OF HISPANIC ISSUES THROUGH RESEARCH, GRANT MAKING, SUPPORT, AND PUBLICATIONS. THE ORGANIZATION PUBLISHED NEWSLETTERS FOR MEMBERS AND OTHERS INTERESTED IN HISPANIC ISSUES.

4b (Code: [ ]) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: [ ]) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,431,798.

**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 Schedule B, Schedule of Contributors? (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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i> .....		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III</i> .....		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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 term, permanent, or 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, XII, and XIII</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, XII, and XIII 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, and program service activities outside the United States? <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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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 (see instructions)</i> .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i> .....		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i> .....		X
20 a Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H</i> .....		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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	
<b>24a</b> 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>b</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
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>a</b> 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> .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

BAA

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V.

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <span style="float:right">26</span>		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <span style="float:right">0</span>		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float:right">24</span>		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. <span style="float:right"></span>		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12. <span style="float:right"></span>		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <span style="float:right"></span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders. <span style="float:right"></span>		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right"></span>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <span style="float:right"></span>		
<b>12b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year <span style="float:right"></span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <span style="float:right"></span>		
<b>13c</b>	Enter the amount of reserves on hand. <span style="float:right"></span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1 a</b> 21		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1 b</b> 20		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	<b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		X
<b>6</b> Does the organization have members or stockholders?	<b>6</b>		X
<b>7 a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	<b>7 a</b>		X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<b>7 b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8 a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8 b</b>		X
<b>9</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	<b>9</b>		X

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

		Yes	No
<b>10 a</b> Does the organization have local chapters, branches, or affiliates?	<b>10 a</b>		X
<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	<b>10 b</b>		
<b>11 a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<b>11 a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
<b>12 a</b> Does the organization have a written conflict of interest policy? If 'No,' go to line 13.	<b>12 a</b>	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12 b</b>	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O.	<b>12 c</b>	X	
<b>13</b> Does the organization have a written whistleblower policy?	<b>13</b>	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	<b>14</b>	X	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O	<b>15 a</b>	X	
<b>b</b> Other officers of key employees of the organization. SEE SCHEDULE O. If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	<b>15 b</b>	X	
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16 a</b>		X
<b>b</b> If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16 b</b>		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ ELIZABETH HERNANDEZ 55 2ND STREET, SUITE 1500 SAN FRANCISCO CA 94105 415-837-0427



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

Check if Schedule O contains a response to any question in this Part VII.

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANICE PETROVICH CHAIRPERSON	0.5	X					0.	0.	0.	
(2) FRANK ALVAREZ AT LARGE OFFICR	0.5	X					0.	0.	0.	
(3) NELSON COLON SECRETARY	0.5	X					0.	0.	0.	
(4) PHILLIPPE WALLACE TREASURER	0.5	X					0.	0.	0.	
(5) ELISA AREVALO DIRECTOR (EMER)	0.5	X					0.	0.	0.	
(6) AIXA BEAUCHAMP DIRECTOR	0.5	X					0.	0.	0.	
(7) CRISTINA EGUIZABAL DIRECTOR	0.5	X					0.	0.	0.	
(8) HERMAN GALLEGOS DIRECTOR (EMER)	0.5	X					0.	0.	0.	
(9) SANDRA LICON DIRECTOR	0.5	X					0.	0.	0.	
(10) JULIO MARCIAL DIRECTOR	0.5	X					0.	0.	0.	
(11) KICA MATOS DIRECTOR	0.5	X					0.	0.	0.	
(12) BENITA MELTON DIRECTOR	0.5	X					0.	0.	0.	
(13) ARELIS M. RODRIGUEZ DIRECTOR	0.5	X					0.	0.	0.	
(14) G. ALBERT RUESGA DIRECTOR	0.5	X					0.	0.	0.	
(15) TARA SANDERCOCK DIRECTOR	0.5	X					0.	0.	0.	
(16) PAUL SPIVEY DIRECTOR	0.5	X					0.	0.	0.	
(17) MARTA TELLADO DIRECTOR	0.5	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) VIVIAN VASALLO DIRECTOR	0.5	X					0.	0.	0.	
(19) LUZ VEGA-MARQUIS DIRECTOR (EMER)	0.5	X					0.	0.	0.	
(20) ALEJANDRO VILLANUEVA DIRECTOR	0.5	X					0.	0.	0.	
(21) DIANA CAMPOAMOR PRESIDENT	40	X		X			210,500.	0.	22,450.	
(22) ANA GLORIA RIVAS-VAZQUEZ OFFICER	40			X			128,832.	0.	14,505.	
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
(29)										
<b>1 b Sub-total</b>							339,332.	0.	36,955.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							339,332.	0.	36,955.	

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	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>	4	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>	5	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.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns . . . . .	<b>1 a</b>					
	<b>b</b> Membership dues . . . . .	<b>1 b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1 c</b>					
	<b>d</b> Related organizations . . . . .	<b>1 d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1 e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1 f</b> 2,392,296.					
	<b>g</b> Noncash contributions included in lns 1a-1f: \$						
<b>h Total.</b> Add lines 1a-1f . . . . .			2,392,296.				
<b>PROGRAM SERVICE REVENUE</b>			<b>Business Code</b>				
	<b>2 a</b> _____						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . .							
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .		256,331.			256,331.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6 a</b> Gross Rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .					
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7 a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .					
		<b>c</b> Gain or (loss) . . . . .					
		<b>d</b> Net gain or (loss) . . . . .					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less: direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .							
<b>12 Total revenue.</b> See instructions . . . . .			2,648,627.	0.	0.	256,331.	

**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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.	1,586,825.	1,586,825.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.	92,358.	92,358.		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	376,287.	154,653.	71,987.	149,647.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	478,998.	196,870.	91,636.	190,492.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	283.	127.	41.	115.
9 Other employee benefits.	76,905.	34,607.	11,149.	31,149.
10 Payroll taxes.	64,369.	28,966.	9,332.	26,071.
11 Fees for services (non-employees):				
a Management.	405,569.	316,531.	88,645.	393.
b Legal.	10,062.		10,062.	
c Accounting.	30,290.		30,290.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other.				
12 Advertising and promotion.				
13 Office expenses.	34,993.		34,993.	
14 Information technology.	37,053.	196.	36,857.	
15 Royalties.				
16 Occupancy.	49,638.	15,000.	34,638.	
17 Travel.	69,377.	24,610.	23,803.	20,964.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	27,388.	9,401.	8,940.	9,047.
20 Interest.	127.		127.	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	10,870.		10,870.	
23 Insurance.	14,902.		14,902.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>BAD DEBT</u>	50,845.		50,845.	
b <u>TRAINING</u>	40,829.	40,829.		
c <u>OTHER</u>	34,862.	7,128.	27,278.	456.
d <u>COMMUNICATIONS &amp; PUBLICATIONS</u>	30,389.	1,633.	28,058.	698.
e <u>SUPPLIES</u>	7,670.	2,742.	4,910.	18.
f All other expenses.	-69,556.	-80,678.	11,077.	45.
25 Total functional expenses. Add lines 1 through 24f.	3,461,333.	2,431,798.	600,440.	429,095.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	<b>1</b> Cash — non-interest-bearing .....	3,679,952.	<b>1</b>	1,897,369.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	2,398,588.	<b>3</b>	1,376,349.
	<b>4</b> Accounts receivable, net .....	6,847.	<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 187,440.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 167,976.	20,942.	<b>10c</b> 19,464.
	<b>11</b> Investments — publicly traded securities .....	5,068,915.	<b>11</b>	5,154,163.
	<b>12</b> Investments — other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments — program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	10,495.	<b>15</b>	18,800.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	11,185,739.	<b>16</b>	8,466,145.	
<b>LIABILITIES</b>	<b>17</b> Accounts payable and accrued expenses .....	111,401.	<b>17</b>	125,479.
	<b>18</b> Grants payable .....	1,516,932.	<b>18</b>	549,633.
	<b>19</b> Deferred revenue .....	1,412,039.	<b>19</b>	418,135.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,040,372.	<b>26</b>	1,093,247.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	2,076,134.	<b>27</b>	2,406,654.
	<b>28</b> Temporarily restricted net assets .....	6,069,233.	<b>28</b>	4,966,244.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	8,145,367.	<b>33</b>	7,372,898.
<b>34</b> Total liabilities and net assets/fund balances .....	11,185,739.	<b>34</b>	8,466,145.	

BAA

Form 990 (2010)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,648,627.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,461,333.
3	Revenue less expenses. Subtract line 2 from line 1	3	-812,706.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,145,367.
5	Other changes in net assets or fund balances (explain in Schedule O) . . . SEE SCHEDULE O	5	40,237.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,372,898.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII.

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
2d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

<b>Name of the organization</b> HISPANICS IN PHILANTHROPY	<b>Employer identification number</b> 94-3040607
--	---

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III – Functionally integrated
  - d  Type III – Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.') . . .	5,686,856.	6,124,321.	4,785,694.	3,507,685.	2,392,296.	22,496,852.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						0.
4 <b>Total.</b> Add lines 1 through 3. . . . .	5,686,856.	6,124,321.	4,785,694.	3,507,685.	2,392,296.	22,496,852.
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). . . . .						3,239,187.
6 <b>Public support.</b> Subtract line 5 from line 4. . . . .						19,257,665.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 . . . . .	5,686,856.	6,124,321.	4,785,694.	3,507,685.	2,392,296.	22,496,852.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .	434,274.	523,349.	96,572.	264,292.	256,331.	1,574,818.
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV. . . . .				-38,046.		-38,046.
11 <b>Total support.</b> Add lines 7 through 10. . . . .						24,033,624.
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	0.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)). . . . .	14	80.1 %
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	84.9 %
16a <b>33-1/3% support test – 2010.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33-1/3% support test – 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . . ▶ <input type="checkbox"/>		



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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.) . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b> Add lines 10a and 10b. . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lns 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15. . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17. . . . .	<b>18</b>	%

**19a 33-1/3% support tests – 2010.** 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 – 2009.** 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. . . . .



HISPANICS IN PHILANTHROPY

**PART II, LINE 10 - OTHER INCOME**

<u>NATURE AND SOURCE</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>
TOTAL	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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

Department of the Treasury  
Internal Revenue Service

PUBLIC DISCLOSURE COPY  
Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2010

Name of the organization

HISPANICS IN PHILANTHROPY

Employer identification number

94-3040607

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules**

- For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

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

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

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

HISPANICS IN PHILANTHROPY

94-3040607

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 310,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

HISPANICS IN PHILANTHROPY

94-3040607

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 82,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- -----	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	----- ----- -----	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

HISPANICS IN PHILANTHROPY

Employer identification number

94-3040607

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(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

Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

HISPANICS IN PHILANTHROPY

94-3040607

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions regarding donor advisement.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, total acreage, and various other details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 2 columns: Question, Amount. Includes rows for reporting requirements for art and historical treasures, and amounts for revenues 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 are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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 organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Term endowment ▶ \_\_\_\_\_ %

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	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(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		187,440.	167,976.	19,464.
e Other				

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 19,464.

BAA

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12. N/A

(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) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990 Part X, column (B) line 12.) . . . ▶		

**Part VIII Investments—Program Related.** (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.) . . . ▶		

**Part IX Other Assets.** (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column(B), line 15) . . . . . ▶	

**Part X Other Liabilities.** (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25) . . . . . ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)		2,648,627.
2	Total expenses (Form 990, Part IX, column (A), line 25)		3,461,333.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-812,706.
4	Net unrealized gains (losses) on investments		40,237.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		40,237.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-772,469.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	2,750,922.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	40,237.
b	Donated services and use of facilities	2b	62,058.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	102,295.
3	Subtract line 2e from line 1	3	2,648,627.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,648,627.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	3,523,391.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	62,058.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	62,058.
3	Subtract line 2e from line 1	3	3,461,333.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,461,333.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----



**Schedule F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

HISPANICS IN PHILANTHROPY

Employer identification number

94-3040607

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

- 1 For grantmakers.** 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 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) NORTH AMERICA			PROGRAM SERVICES	GRANTMAKING	41,358.
(2) SOUTH AMERICA			PROGRAM SERVICES	GRANTMAKING	51,000.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					92,358.
<b>b</b> Total from continuation sheets to Part I. . . . .					
<b>c</b> Totals (add lines 3a and 3b) . . .	0	0			92,358.

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.  Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	CAPACITY BLD	16,358.	WIRE TRANSFER			
(2)			NORTH AMERICA	CAPACITY BLD	25,000.	WIRE TRANSFER			
(3)			SOUTH AMERICA	CAPACITY BLD	51,000.	WIRE TRANSFER			
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. **4**

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

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see instructions for Form 926).*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see instructions for Forms 3520 and 3520-A).*  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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621).*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865).*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*  Yes  No



**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,' to Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

HISPANICS IN PHILANTHROPY

**Part I General Information on Grants and Assistance**

Employer identification number

94-3040607

**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. **SEE PART IV**

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALIANZA LEADERSHIP INST 2938 E 91 ST, STE 200 CHICAGO, IL 60605	02-0536468		18,000.	0.			CAPACITY BLDG
(2) AMIGOS INTERNACIONAL PO BOX 12367 WILMINGTON, NC 28405	56-2163720		5,300.	0.			CAPACITY BLDG
(3) ARTISTAS Y MUSICOS LAT 4261 NORTH 5TH ST PHILADELPHIA, PA 19140	31-1616972		34,300.	0.			CAPACITY BLDG
(4) ASSOC. OF LATINO MEN 3656 N HALSTEAD CHICAGO, IL 20010	52-0965477		12,675.	0.			CAPACITY BLDG
(5) B. CHAMBERS CHILDRN CTR 1470 IRVING ST NW WASHINGTON, DC 20010	52-0965477		24,000.	0.			CAPACITY BLDG
(6) BLOCKS TOGETHER 3453 WEST NORTH AVE CHICAGO, IL 60647	36-3983087		12,000.	0.			CAPACITY BLDG
(7) BORDER BOOK FESTIVAL PO DRAWER T MESILLA, NM 88046	31-1640027		10,000.	0.			CAPACITY BLDG
(8) BOYS AND GIRLS CLUB DEL PO BOX 972 CHIMAYO, NM 87522	02-0636404		8,000.	0.			CAPACITY BLDG

**2** Enter total number of section 501(c)(3) and government organizations. **92**

**3** Enter total number of other organizations. **0**

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

TEEA3901L 10/29/10

Schedule I (Form 990) 2010



# Continuation Sheet for Schedule I (Form 990)

2010

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization		Employer identification number					
HISPANICS IN PHILLANTHROPY		94-3040607					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS&GIRLS CLB PHILADE 4800 WHITAKER AVE PHILADELPHIA, PA 19127	23-1966756		18,000.				CAPACITY BLDG
BOYS&GIRLS CLUB TULARE 215 W TULARE AVE VISALIA, CA 93277	77-0469369		15,000.				CAPACITY BLDG
BU-GATA 927 S WALTER REED DR #28 ARLINGTON, VA 22204	75-3079428		11,000.				CAPACITY BLDG
C. ROSARIO EDUC. FOUND 1100 HARVARD ST NW WASHINGTON, DC 20009	52-2332161		14,000.				CAPACITY BLDG
CASA DE VENEZUELA 4315 VERNON RD DREXEL HILL, PA 19026	05-0597621		20,000.				CAPACITY BLDG
CATAWBA CNTY HISP MSTR 737 12TH ST SW HICKORY, NC 28602	56-2170931		5,300.				CAPACITY BLDG
CAUSA, INC. 555 WINDSOR ST HARTFORD, CT 06120	06-1086703		20,000.				CAPACITY BLDG
CEIBA 149 W SUSQUEHANNA AVE PHILADELPHIA, PA 19122	23-2732783		18,450.				CAPACITY BLDG
CENTRO DE TRABAJADORES UN 3200 E 91ST ST CHICAGO, IL 60617	27-1492355		20,000.				CAPACITY BLDG
CENTRO DECULTURA CCATE 1657 DAWS RD BLUE BELL, PA 19422	26-2987850		20,000.				CAPACITY BLDG

# Continuation Sheet for Schedule I (Form 990)

2010

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization	Employer identification number	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISPANICS IN PHILLANTHROPY						94-3040607	
CENTRO ESPERANZA PO BOX 482 LOIZA, PR 00772	66-0479375		24,000.				CAPACITY BLDG
CENTRO HUMANITARIO 2260 CALIFORNIA ST DENVER, CO 80205	03-0412235		20,000.				CAPACITY BLDG
CHICAGO YOUTH BOXING CLUB 6046 N ALBANY AVE CHICAGO, IL 60659	36-0053759		18,000.				CAPACITY BLDG
CITY BLOSSOMS 3616 MALDEN AVE BALTIMORE, MD 21211	26-2335764		24,000.				CAPACITY BLDG
CO ORG. FOR LATINA OPP PO BOX 40991 DENVER, CO 80204	84-1569021		10,000.				CAPACITY BLDG
COMITE DE APOYO A LOS 4 SOUTH DELSEA DR GLASSBORO, NJ 08028	05-0599905		15,000.				CAPACITY BLDG
COMM NTRK RESRCS INC PO BOX 7788 ALBUQUERQUE, NM 87194	85-0437704		10,000.				CAPACITY BLDG
CONCILIO CAMPESINO 1101 N SOLANO DR LAS CRUCES, NM 88001	85-0236117		15,000.				CAPACITY BLDG
CORAL CANTIGAS INCORPORAT PO BOX 2212 ROCKVILLE, MD 20847	52-1918239		16,600.				CAPACITY BLDG
CORAZON COMMUNITY SERVICE 1323 S AUSTIN BLVD CICERO, IL 60804	32-0075474		18,000.				CAPACITY BLDG

# Continuation Sheet for Schedule I (Form 990)

# 2010

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 3 of 9

Name of the organization		Employer identification number					
HISPANICS IN PHILLANTHROPY		94-3040607					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL BUEN PASTOR LATINO 4637 TIM RD WINSTON-SALEM, NC 27106	20-3751959		15,300.				CAPACITY BLDG
ESCUELA TLATELOLCO 2949 N FEDERAL BLVD DENVER, CO 80211	84-0746649		10,000.				CAPACITY BLDG
ESPERANZA IMMIGR LEGAL 4261 N 5TH ST PHILADELPHIA, PA 19140	23-2552707		20,000.				CAPACITY BLDG
FAMILY SVCS OF MONTGOMERY 3125 RIDGE PIKE EAGLEVILLE, PA 19403	23-1352361		19,000.				CAPACITY BLDG
FARM LABOR ORGNZG COMM 4354 HWY 117 SOUTH DUDLEY, NC 28333	34-1329126		5,300.				CAPACITY BLDG
FRESNO BARRIOS UNIDOS 4403 E TULARE AVE FRESNO, CA 93702	77-0363955		16,000.				CAPACITY BLDG
FRESNO CTY HISP COMM 1803 BROADWAY ST FRESNO, CA 93721	94-2427585		15,000.				CAPACITY BLDG
FRESNO HOUSING ALLIANC PO BOX 5985 FRESNO, CA 93755	56-2665424		15,000.				CAPACITY BLDG
FRESNO WEST COAL ECON 302 FRESNO ST STE 212 FRESNO, CA 93706	52-2253338		19,000.				CAPACITY BLDG
FRIENDS OF FARMWORKS 42 SOUTH 15TH ST STE 605 PHILADELPHIA, PA 19102	51-0214321		15,000.				CAPACITY BLDG

# Continuation Sheet for Schedule I (Form 990)

# 2010

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization		Employer identification number					
HISPANICS IN PHILLANTHROPY		94-3040607					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GALA HISPANIC THEATER 3333 14TH ST NW WASHINGTON, DC 20010	52-1064097		24,000.				CAPACITY BLDG
GRTR PHILAD URBAN AFF 1207 CHESTNUT ST 5TH FL PHILADELPHIA, PA 19107	23-7046393		25,000.				CAPACITY BLDG
HISP. LEAGUE PIEDMONT PO BOX 30651 WINSTON-SALEM, NC 27130	56-1791215		15,300.				CAPACITY BLDG
HISPANIC ARTS INITIATV 305 W 4RTH ST WINSTON-SALEM, NC 27101	20-4918395		15,300.				CAPACITY BLDG
HISPANIC INSTIT. BLINDNES 2946 SLEEPY HOLLOW RD, ST FALLS CHURCH, VA 22033	20-2312733		15,000.				CAPACITY BLDG
HISPANICS AGST CHLD ABUSE 11230 WAPLES MILL ROAD, S FAIRFAX, VA 22030	54-1405697		18,000.				CAPACITY BLDG
INSTIT NUEVA ESCUELA AVEN PONCE DE LEON #1101 PASEO DE DIEGO, PR 00925	66-0444454		25,000.				CAPACITY BLDG
INSTIT. MESTIZA LDRSHP 2678 CLEMMONT ST DENVER, CO 80207	84-1510594		20,000.				CAPACITY BLDG
INTL CTR FORSYTH TECH FOUND FORSYTH TECH 2100 SILAS CREEK PKY, NC 27103	56-1070364		15,300.				CAPACITY BLDG
JOVENES DE PUERTO RICO 406 PADRE RUGO ST FLORAL PRK HATO, PR 00917	66-0491142		30,000.				CAPACITY BLDG



# Continuation Sheet for Schedule I (Form 990)

# 2010

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 5 of 9

Name of the organization	Employer identification number	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISPANICS IN PHILLANTHROPY							
JUNTOS							
2029 S 8TH ST							
PHILADELPHIA, PA 19148	01-0769538		25,000.				CAPACITY BLDG
KERN CNTY HISP COMMISS							
2008 D STREET	77-0051442		10,000.				CAPACITY BLDG
BAKERSFIELD, CA 93301							
LATIN AMER EDUC FOUND							
561 SANTE FE DR	84-6010415		10,000.				CAPACITY BLDG
DENVER, CO 80204							
LATIN UNITED COMM HOUSING							
3541 W. NORTH AVE	36-3213453		20,000.				CAPACITY BLDG
CHICAGO, IL 60647							
LATINO COALTN RANDOLPH							
PO BOX 3527	16-1699826		15,300.				CAPACITY BLDG
ASHEBORO, NC 27204							
LATINO COMM DVLPMNT CTR							
PO BOX 25360	82-0551614		15,000.				CAPACITY BLDG
DURHAM, NC 27701							
LATINO FAMILY CTR							
210 GATEWOOD AVE	51-0526332		18,900.				CAPACITY BLDG
HIGH POINT, NC 27262							
LATINO POLICY FORUM							
180 N MICHIGAN AVE #1250	36-3676873		17,000.				CAPACITY BLDG
CHICAGO, IL 60601							
LATINO UNION OF CHICAG							
1619 W 19TH ST	61-1403712		20,000.				CAPACITY BLDG
CHICAGO, IL 60608							
MAIN STREET PROJECT							
PO BOX 80066	20-1788275		20,000.				CAPACITY BLDG
MINNEAPOLIS, MN 55408							

TEEA4001L 01/25/11

Schedule I Cont (Form 990) 2010

# Continuation Sheet for Schedule I (Form 990)

2010

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization	Employer identification number	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)					(h) Purpose of grant or assistance
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISPANICS IN PHILLANTHROPY							
MI CASA, INC 6230 3RD ST WASHINGTON, DC 20010	52-1796840		24,000.				CAPACITY BLDG
NC FARMWORKERS PROJECT PO BOX 352 BENSON, NC 27504	56-1870955		5,300.				CAPACITY BLDG
NEW MEXICO COMM FOUND 343 E ALAMEDA SANTA FE, NM 87501	85-0311210		12,000.				CAPACITY BLDG
NM TEEN PREGNENCY COALTN PO BOX 35997 ALBUQUERQUE, NM 87176	85-0310621		14,000.				CAPACITY BLDG
NORRIS SQUARE NEIGHBORHOOD 2141 NORTH HOWARD ST PHILADELPHIA, PA 19122	23-2045157		25,000.				CAPACITY BLDG
NORTHEASTERN COMM DEV PO BOX 367 CAMDEN, NC 27921	58-1716737		5,300.				CAPACITY BLDG
NUEVA VIDA 2000 P STREET NW, STE 620 WASHINGTON, DC 20036	54-1943145		20,000.				CAPACITY BLDG
PASION Y ARTE 6411 OVERBROOK AVE PHILADELPHIA, PA 19151	23-3099942		15,000.				CAPACITY BLDG
PHILADELPHIA HUNE 2200 NORTH SECOND ST PHILADELPHIA, PA 19133	23-3049815		25,000.				CAPACITY BLDG
PROJECT CAPOEIRA, INC. 7707 MCCALLUM ST, APT A PHILADELPHIA, PA 19118	11-3625329		10,000.				CAPACITY BLDG

# Continuation Sheet for Schedule I (Form 990)

# 2010

▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II and Part III.

Name of the organization		Employer identification number					
HISPANICS IN PHILLANTHROPY		94-3040607					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAICES CULTURALES LATINO A 2757 N 5TH ST 2ND FL REAR PHILADELPHIA, PA 19133	23-2662025		35,000.				CAPACITY BLDG
RICARDO FLORES MAGON 7255 IRVING ST WESTMINSTER, CO 80030	20-4199340		20,000.				CAPACITY BLDG
RIGHTS FOR ALL PEOPLE 3131 W 14TH AVE DENVER, CO 80204	84-1599036		15,000.				CAPACITY BLDG
RIGHTS FOR ALL PEOPLE 901 W 14TH AVE STE 7 DENVER, CO 80204	84-1599036		20,000.				CAPACITY BLDG
SAN JOSE OBRERO MISSION 1909 SOUTH ASHLAND CHICAGO, IL 60608	36-3298605		20,000.				CAPACITY BLDG
SAN JUAN CENTER, INC 1283 MAIN ST HARTFORD, CT 06103	06-0890788		15,000.				CAPACITY BLDG
SAN LUIS VALLEY IMMIG 225 6TH ST, STE B ALAMOSA, CO 81101	74-3064080		20,000.				CAPACITY BLDG
SAPIENTIS 800 RH TODD AVE MEZZ 101 SAN JUAN, PR 00908	58-2659784		25,000.				CAPACITY BLDG
SER DE PUERTO RICO 50 BAEZ ST, PEREZ MORIS SAN JUAN, PR 00917	66-0807947		25,000.				CAPACITY BLDG
SOMOS UN PUEBLO UNIDO 1205 PARKWAY DR, STE B SANTE FE, NM 87507	20-4216836		15,000.				CAPACITY BLDG

# Continuation Sheet for Schedule I (Form 990)

# 2010

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 8 of 9

Name of the organization		Employer identification number					
HISPANICS IN PHILLANTHROPY		94-3040607					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST COM. RESRCS. 211 10TH ST SW ALBUQUERQUE, NM 87102	85-0361425		8,000.				CAPACITY BLDG
STUDENT ACTION FWRKRS 1317 W PETTIGREW ST DURHAM, NC 27705	56-1789014		5,300.				CAPACITY BLDG
SU TEATRO 4725 HIGH ST DENVER, CO 80216	74-2440659		15,000.				CAPACITY BLDG
TALLER PUERTORIGUENO 2721 NORTH 5TH ST PHILADELPHIA, PA 19133	23-1946165		15,000.				CAPACITY BLDG
TAOS CNTY ECON DVLPMT PO BOX 1389 TAOS, NM 87571	85-0355163		12,000.				CAPACITY BLDG
TEATRO DE LA LUNA 812 MADISON ST NW WASHINGTON, DC 20011	52-1739966		17,000.				CAPACITY BLDG
TEATRO VISTA 3712 N BROADWAY #275 CHICAGO, IL 60613	36-3745548		20,000.				CAPACITY BLDG
UNITED WAY 1500 YANCYVILLE ST GREENSBORO, NC 27415	56-0668555		10,300.				CAPACITY BLDG
VIDA SENIOR CENTERS 1842 CALVERT STREET NW WASHINGTON, DC 20009	23-7161537		24,000.				CAPACITY BLDG
WOMEN'S INTERCLTRL CTR PO BOX 2411 ANTHONY, NM 88021	85-0411225		15,000.				CAPACITY BLDG

TEEA4001L 01/25/11

Schedule I Cont (Form 990) 2010



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.**

**Open to Public Inspection**

Name of the organization

HISPANICS IN PHILANTHROPY

Employer identification number

94-3040607

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1 a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	<b>X</b>								
	<b>4b</b>	<b>X</b>								
	<b>4c</b>	<b>X</b>								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If 'Yes' to line 5a or 5b, describe in Part III.</p>	<b>5a</b>	<b>X</b>								
	<b>5b</b>	<b>X</b>								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If 'Yes' to line 6a or 6b, describe in Part III.</p>	<b>6a</b>	<b>X</b>								
	<b>6b</b>	<b>X</b>								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.</p>	<b>7</b>	<b>X</b>								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.</p>	<b>8</b>	<b>X</b>								
<p><b>9</b> If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

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

Schedule J (Form 990) 2010

**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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1 DIANA CAMPOAMO	210,500.	0.	0.	6,038.	16,412.	232,950.	237,494.
(i)	-----	-----	-----	-----	-----	-----	-----
(ii)	-----	-----	-----	-----	-----	-----	-----
(iii)	-----	-----	-----	-----	-----	-----	-----
2	-----	-----	-----	-----	-----	-----	-----
(i)	-----	-----	-----	-----	-----	-----	-----
(ii)	-----	-----	-----	-----	-----	-----	-----
(iii)	-----	-----	-----	-----	-----	-----	-----
3	-----	-----	-----	-----	-----	-----	-----
(i)	-----	-----	-----	-----	-----	-----	-----
(ii)	-----	-----	-----	-----	-----	-----	-----
(iii)	-----	-----	-----	-----	-----	-----	-----
4	-----	-----	-----	-----	-----	-----	-----
(i)	-----	-----	-----	-----	-----	-----	-----
(ii)	-----	-----	-----	-----	-----	-----	-----
(iii)	-----	-----	-----	-----	-----	-----	-----
5	-----	-----	-----	-----	-----	-----	-----
(i)	-----	-----	-----	-----	-----	-----	-----
(ii)	-----	-----	-----	-----	-----	-----	-----
(iii)	-----	-----	-----	-----	-----	-----	-----
6	-----	-----	-----	-----	-----	-----	-----
(i)	-----	-----	-----	-----	-----	-----	-----
(ii)	-----	-----	-----	-----	-----	-----	-----
(iii)	-----	-----	-----	-----	-----	-----	-----
7	-----	-----	-----	-----	-----	-----	-----
(i)	-----	-----	-----	-----	-----	-----	-----
(ii)	-----	-----	-----	-----	-----	-----	-----
(iii)	-----	-----	-----	-----	-----	-----	-----
8	-----	-----	-----	-----	-----	-----	-----
(i)	-----	-----	-----	-----	-----	-----	-----
(ii)	-----	-----	-----	-----	-----	-----	-----
(iii)	-----	-----	-----	-----	-----	-----	-----
9	-----	-----	-----	-----	-----	-----	-----
(i)	-----	-----	-----	-----	-----	-----	-----
(ii)	-----	-----	-----	-----	-----	-----	-----
(iii)	-----	-----	-----	-----	-----	-----	-----
10	-----	-----	-----	-----	-----	-----	-----
(i)	-----	-----	-----	-----	-----	-----	-----
(ii)	-----	-----	-----	-----	-----	-----	-----
(iii)	-----	-----	-----	-----	-----	-----	-----
11	-----	-----	-----	-----	-----	-----	-----
(i)	-----	-----	-----	-----	-----	-----	-----
(ii)	-----	-----	-----	-----	-----	-----	-----
(iii)	-----	-----	-----	-----	-----	-----	-----
12	-----	-----	-----	-----	-----	-----	-----
(i)	-----	-----	-----	-----	-----	-----	-----
(ii)	-----	-----	-----	-----	-----	-----	-----
(iii)	-----	-----	-----	-----	-----	-----	-----
13	-----	-----	-----	-----	-----	-----	-----
(i)	-----	-----	-----	-----	-----	-----	-----
(ii)	-----	-----	-----	-----	-----	-----	-----
(iii)	-----	-----	-----	-----	-----	-----	-----
14	-----	-----	-----	-----	-----	-----	-----
(i)	-----	-----	-----	-----	-----	-----	-----
(ii)	-----	-----	-----	-----	-----	-----	-----
(iii)	-----	-----	-----	-----	-----	-----	-----
15	-----	-----	-----	-----	-----	-----	-----
(i)	-----	-----	-----	-----	-----	-----	-----
(ii)	-----	-----	-----	-----	-----	-----	-----
(iii)	-----	-----	-----	-----	-----	-----	-----
16	-----	-----	-----	-----	-----	-----	-----
(i)	-----	-----	-----	-----	-----	-----	-----
(ii)	-----	-----	-----	-----	-----	-----	-----
(iii)	-----	-----	-----	-----	-----	-----	-----

**Part III Supplemental Information**

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

Area with horizontal dashed lines for supplemental information.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

HISPANICS IN PHILANTHROPY

Employer identification number

94-3040607

**FORM 990, PART VI, LINE 1B**

THE NUMBER OF INDEPENDENT VOTING MEMBERS IS 21 OF THE 22 INDIVIDUALS THAT HAVE AUTHORITY TO PARTICIPATE IN A VOTE. THE PRESIDENT OF THE ORGANIZATION DOES HAVE THE AUTHORITY TO VOTE, BUT IS NOT CONSIDERED INDEPENDENT, AS THIS INDIVIDUAL IS COMPENSATED.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE DIRECTOR OF FINANCE AND PROGRAMS, ELIZABETH HERNANDEZ, REVIEWS THE FORM 990 AND THEN SUBMITS TO PHILLIPPE WALLACE, TREASURER, AND DIANA CAMPOAMOR, PRESIDENT FOR REVIEW.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

OFFICERS AND BOARD MEMBERS SHALL DISCLOSE IN WRITING TO THE BOARD THEIR INTEREST, AS DEFINED BELOW, WITH RESPECT TO A TRANSACTION THE BOARD IS CONSIDERING. SUCH TRANSACTIONS INCLUDE BOTH GRANTS AND CONTRACTS. AN OFFICER OR BOARD MEMBER HAS AN INTEREST IF THE OFFICER OR BOARD MEMBER HAS A FAMILY MEMBER (INCLUDING PARENT, GRANDPARENT, SPOUSE, DOMESTIC PARTNER, SIBLING, CHILD, GRANDCHILD, NIECE, OR NEPHEW), OR CLOSE BUSINESS ASSOCIATE (I) IS EMPLOYED BY AND RECEIVES SERIOUS COMPENSATION FROM, OR (II) HOLDS A POSITION OF FIDUCIARY RESPONSIBILITY, SIGNIFICANT SHAREHOLDER, OR SENIOR POSITION WITH, ANY ENTITY OR PERSON WITH WHICH HIP IS CONSIDERING A TRANSACTION. OFFICERS OR BOARD MEMBERS WITH INTERESTS SHALL RECUSE THEMSELVES FROM THE BOARD'S CONSIDERATION OF THE RELEVANT TRANSACTION. IN NO EVENT SHALL OFFICERS OR BOARD MEMBERS VOTE ON TRANSACTIONS IN WHICH THEY HAVE A FINANCIAL INTEREST. THE NATURE OF THE INTEREST AND THE INDIVIDUAL'S RECUSAL SHALL BE RECORDED IN THE APPROPRIATE MINUTES. IN ADDITION, THE BOARD EXPECTS OFFICERS AND BOARD MEMBERS TO DISCLOSE CLOSE FRIENDSHIPS WITH (A) ANY PERSON WITH WHOM HIP IS CONSIDERING A TRANSACTION, AND (B) ANY PERSON WHO HAS A SIGNIFICANT POSITION IN AN ENTITY WITH WHICH HIP IS CONSIDERING A TRANSACTION.

Name of the organization

Employer identification number

HISPANICS IN PHILANTHROPY

94-3040607

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)**

MEMBERS OF COMMITTEES, AND KEY MANAGEMENT PERSONNEL SHALL DISCLOSE TO THE PRESIDENT (OR PRESIDENT'S DESIGNEE), IN WRITING, ANY INTEREST AS DEFINED ABOVE IN (A), AND SHALL RECUSE HER - OR HIMSELF FROM THE DECISION-MAKING PROCESS. THE PROCEDURES SET FORTH IN THE PRECEDING SENTENCE SHALL ALSO APPLY TO ANY OFFICER OR BOARD MEMBER WITH AN INTEREST IN A TRANSACTION BEING CONSIDERED BY HIP BELOW THE BOARD LEVEL. THE NATURE OF THE INTEREST AND THE INDIVIDUAL RECUSAL SHALL BE MEMORIALIZED IN WRITING. IN ADDITION, THE PERSONS LISTED IN THE FIRST SENTENCE OF THIS PARAGRAPH SHALL DISCLOSE CLOSE FRIENDSHIPS WITH (A) ANY PERSON WITH WHOM HIP IS CONSIDERING A TRANSACTION, AND (B) WHO HAS A SIGNIFICANT POSITION IN AN ENTITY WITH WHICH HIP IS CONSIDERING A TRANSACTION.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGMT**

THE PRESIDENT REVIEWS SALARY SURVEYS AVAILABLE FROM SEVERAL SOURCES. PRESIDENT AND KEY EMPLOYEES PREPARE SELF-EVALUATIONS OF PERFORMANCE DURING THE PERIOD OF REVIEW. THE PRESIDENT REVIEWS KEY EMPLOYEES' REVIEWS AND SUBMITS SALARY ADJUSTMENTS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS WITH THE PRESIDENT TO DISCUSS THE REVIEW. THE BOARD MEETS, WITHOUT THE PRESIDENT OR OTHER KEY EMPLOYEE, AND RECEIVES RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE AND DISCUSSES THE PRESIDENT'S AND KEY EMPLOYEE'S PERFORMANCE AND SALARY ADJUSTMENTS FOR THE FOLLOWING YEAR.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES**

THE PRESIDENT REVIEWS SALARY SURVEYS AVAILABLE FROM SEVERAL SOURCES. PRESIDENT AND KEY EMPLOYEES PREPARE SELF-EVALUATIONS OF PERFORMANCE DURING THE PERIOD OF REVIEW. THE PRESIDENT REVIEWS KEY EMPLOYEES' REVIEWS AND SUBMITS SALARY ADJUSTMENTS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS WITH THE PRESIDENT TO DISCUSS THE REVIEW. THE BOARD MEETS, WITHOUT THE PRESIDENT OR OTHER KEY EMPLOYEE, AND RECEIVES RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE AND DISCUSSES THE PRESIDENT'S

Name of the organization

HISPANICS IN PHILANTHROPY

Employer identification number

94-3040607

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES (C**

AND KEY EMPLOYEE'S PERFORMANCE AND SALARY ADJUSTMENTS FOR THE FOLLOWING YEAR.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

THE FORM 990 IS MADE AVAILABLE AT GUIDESTAR.ORG, AND UPON REQUEST BY HIP. GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE UPON REQUEST TO THE GENERAL PUBLIC. SUCH INFORMATION REQUESTS WILL BE FULFILLED BY E-MAIL OR REGULAR MAIL.

HISPANICS IN PHILANTHROPY

94-3040607

FORM 990, PART XI, LINE 5  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS.....	\$	40,237.
TOTAL	\$	<u>40,237.</u>

## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>	Name of exempt organization <b>HISPANICS IN PHILANTHROPY</b>	Employer identification number <b>94-3040607</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>55 2ND STREET, SUITE 1500</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN FRANCISCO, CA 94105</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ ELIZABETH HERNANDEZ

Telephone No. ▶ 415-837-0427 FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 11, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:  
▶  calendar year 20 10 or  
▶  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.