

Return of Organization Exempt From Income Tax

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

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2011** calendar year, or tax year beginning **01/01**, 20**11**, and ending **12/31**, 20**11**

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

C Name of organization **Hispanics in Philanthropy**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
55 2nd Street Suite 1500
 City or town, state or country, and ZIP + 4
San Francisco, CA 94105

D Employer identification number
94-3040607

E Telephone number
415-837-0427

F Name and address of principal officer: **Diana Campoamor**
55 2nd Street, San Francisco, CA 94105

G Gross receipts \$ **3,045,006**

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)

H(c) Group exemption number ▶

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

J Website: ▶ **www.hiponline.org**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1987**

M State of legal domicile: **CA**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: 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.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	21
	6	Total number of volunteers (estimate if necessary)	6	2
	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	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,392,296	Current Year 2,811,337
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	256,331	233,669
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,648,627	3,045,006
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,679,183	1,205,464
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	996,842	1,073,467
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 463,046		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	785,308	950,471
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,461,333	3,229,402	
19	Revenue less expenses. Subtract line 18 from line 12	-812,706	-184,396	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 8,466,145	End of Year 8,028,461
	21	Total liabilities (Part X, line 26)	1,093,247	749,005
	22	Net assets or fund balances. Subtract line 21 from line 20	7,372,898	7,279,456

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, President** Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Jeremy Ware** Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P00642659**

Firm's name ▶ **TCA Partners LLP** Firm's EIN ▶ **20-2707086**
 Firm's address ▶ **1111 E 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 No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 2,313,386 including grants of \$ 1,205,464) (Revenue \$ 3,149,994)

HIP's work is about building capital in Latino communities. Not just financial capital -- though in the philanthropic sector, we all know how crucial economic resources are -- but also human capital and knowledge capital. If we can successfully build all three types of capital-which, of course, are intertwined-then we'll have the resources, infrastructure, and connectivity for a sustainable movement for social change for Latino communities and for Latin America. In 2011, HIPs membership of foundations, corporate funders, and other donors across the U.S. and Latin America grew by 13 percent. We held more than 20 summits, funder briefings, receptions, and other events to provide our members with opportunities for learning, dialogue, and connecting. Our award-winning Funders' Collaborative for Strong Latino Communities disbursed more than \$1.6 million for capacity-building grants to more than 100 Latino-led, Latino-serving nonprofits in twelve sites: California, Chicago, Colorado, Connecticut, Massachusetts/Rhode Island, Mexico, New Mexico, New York/New Jersey, North Carolina, Philadelphia, Puerto Rico, and the Upper Midwest. We released two reports that build on our transnational program: Promoting Diaspora Support for Local Productive Initiatives and Diaspora-Inclusive Productive Investment Projects. Our report on Foundation Funding for Latinos in the U.S. and for Latin America, (Continued on Schedule O, Statement 1)

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

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses **▶** 2,313,386

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

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

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

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

		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	26		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	21		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓	
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.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Janice Petrovich Chairperson	1.5	✓						0	0	0
Frank Alvarez At Large Officer	1.5	✓						0	0	0
Nelson Colon Secretary	1.5	✓						0	0	0
Phillippe Wallace Treasurer	1.5	✓						0	0	0
Diana Campoamor President	40	✓		✓				269,900	0	18,401
Elisa Arevalo Director Emeritus	0.5	✓						0	0	0
Aixa Beuachamp Director	0.5	✓						0	0	0
Christina Equizabal Director	0.5	✓						0	0	0
Herman Gallegos Director Emeritus	0.5	✓						0	0	0
John Govea Director	0.5	✓						0	0	0
Julio Marcial Director	0.5	✓						0	0	0
Kica Matos Director	0.5	✓						0	0	0
Miguel Bustos Director	0.5	✓						0	0	0
Arelis M Rodriguez Director	0.5	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<u>Kathlyn Mead</u> Director	0.5	<input checked="" type="checkbox"/>						0	0	0
<u>Tara Sandercock</u> Director	0.5	<input checked="" type="checkbox"/>						0	0	0
<u>Paul Spivey</u> Director	0.5	<input checked="" type="checkbox"/>						0	0	0
<u>Luz Vega-Marquis</u> Director	0.5	<input checked="" type="checkbox"/>						0	0	0
<u>Alejandro Villanueva</u> Director	0.5	<input checked="" type="checkbox"/>						0	0	0
<u>Teresa Rivero</u> Director	0.5	<input checked="" type="checkbox"/>						0	0	0
1b Sub-total								269,900	0	18,401
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								269,900	0	18,401

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	0				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,811,337				
	g	Noncash contributions included in lines 1a-1f: \$		0				
	h	Total. Add lines 1a-1f ▶		2,811,337				
Program Service Revenue				Business Code				
	2a	-----						
	b	-----						
	c	-----						
	d	-----						
	e	-----						
	f	All other program service revenue .						
g	Total. Add lines 2a-2f ▶			0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		233,669	0	0	233,669	
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
	5	Royalties ▶		0	0	0	0	
	6a			(i) Real	(ii) Personal			
		Gross rents						
		Less: rental expenses						
	c	Rental income or (loss)		0	0			
	d	Net rental income or (loss) ▶						
	7a			(i) Securities	(ii) Other			
		Gross amount from sales of assets other than inventory						
		Less: cost or other basis and sales expenses						
	c	Gain or (loss)		0	0			
	d	Net gain or (loss) ▶						
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 a						
	b	Less: direct expenses b						
	c	Net income or (loss) from fundraising events . ▶						
	9a	Gross income from gaming activities. See Part IV, line 19 a						
Less: direct expenses b								
Net income or (loss) from gaming activities . . ▶								
10a	Gross sales of inventory, less returns and allowances a							
	Less: cost of goods sold b							
	Net income or (loss) from sales of inventory . . ▶							
Miscellaneous Revenue			Business Code					
11a	-----							
b	-----							
c	-----							
d	All other revenue							
e	Total. Add lines 11a-11d ▶			0				
12	Total revenue. See instructions. ▶			3,045,006	0	0	233,669	

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,099,534	1,099,534		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	105,930	105,930		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	268,712	93,923	26,835	147,954
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	664,021	278,992	161,118	223,911
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,363	7,418	5,799	5,146
9 Other employee benefits	55,227	44,026	6,435	4,766
10 Payroll taxes	67,144	31,307	20,467	15,370
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	482,985	455,347	24,206	3,432
12 Advertising and promotion				
13 Office expenses	69,678	17,605	46,149	5,924
14 Information technology	51,433	1,425	50,008	
15 Royalties				
16 Occupancy	67,833	37,074	30,759	
17 Travel	92,552	50,197	10,634	31,721
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	44,603	15,019	6,504	23,080
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,198		10,198	
23 Insurance	13,557		13,557	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Training	35,130	35,130	0	0
b Communication and Publication	52,353	35,218	15,496	1,639
c _____				
d _____				
e All other expenses	30,149	5,241	24,805	103
25 Total functional expenses. Add lines 1 through 24e	3,229,402	2,313,386	452,970	463,046
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash—non-interest-bearing		1,897,369	1	2,169,480
	2 Savings and temporary cash investments		0	2	0
	3 Pledges and grants receivable, net		1,376,349	3	922,641
	4 Accounts receivable, net		0	4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	
	6 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)			6	
	7 Notes and loans receivable, net		0	7	
	8 Inventories for sale or use		0	8	
	9 Prepaid expenses and deferred charges		0	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 90,658			
	b Less: accumulated depreciation	10b 66,638	19,464	10c 24,020	
	11 Investments—publicly traded securities		5,154,163	11	4,906,420
	12 Investments—other securities. See Part IV, line 11		0	12	0
	13 Investments—program-related. See Part IV, line 11		0	13	0
	14 Intangible assets		0	14	0
	15 Other assets. See Part IV, line 11		18,800	15	5,900
16 Total assets. Add lines 1 through 15 (must equal line 34)		8,466,145	16	8,028,461	
Liabilities	17 Accounts payable and accrued expenses		125,479	17	99,525
	18 Grants payable		549,633	18	152,320
	19 Deferred revenue		418,135	19	497,160
	20 Tax-exempt bond liabilities		0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		0	23	0
	24 Unsecured notes and loans payable to unrelated third parties		0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		0	25	
	26 Total liabilities. Add lines 17 through 25		1,093,247	26	749,005
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets		2,406,654	27	3,327,678
	28 Temporarily restricted net assets		4,966,244	28	3,951,778
	29 Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds			30	
	31 Paid-in or capital surplus, or land, building, or equipment fund			31	
	32 Retained earnings, endowment, accumulated income, or other funds			32	
	33 Total net assets or fund balances		7,372,898	33	7,279,456
34 Total liabilities and net assets/fund balances		8,466,145	34	8,028,461	

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	3,045,006
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,229,402
3	Revenue less expenses. Subtract line 2 from line 1	3	-184,396
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,372,898
5	Other changes in net assets or fund balances (explain in Schedule O)	5	90,954
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	7,279,456

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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:
 Separate basis Consolidated basis 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization Hispanics in Philanthropy	Employer identification number 94-3040607
--	---

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

The organization is not a private foundation because it is: (For lines 1 through 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box 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 it 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?

- (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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,124,321	4,785,694	3,507,685	2,392,296	2,811,337	19,621,333
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	6,124,321	4,785,694	3,507,685	2,392,296	2,811,337	19,621,333
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)						3,937,627
6 Public support. Subtract line 5 from line 4.						15,683,706

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	6,124,321	4,785,694	3,507,685	2,392,296	2,811,337	19,621,333
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	523,349	96,572	264,292	256,331	233,669	1,374,213
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	-38,046	0	0	-38,046
11 Total support. Add lines 7 through 10						20,957,500
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	74.84 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	80.1 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2011. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2010. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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: Revenues included in Form 990, Part VIII, line 1, Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 \$, (ii) Assets included in Form 990, Part X \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 \$, b Assets included in Form 990, Part X \$.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** 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 the 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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 current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶%
- b** Permanent endowment ▶%
- c** Temporarily restricted endowment ▶%

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	90,658	66,638	24,020
e Other	0	0	0	0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 24,020

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

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

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (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)	1 3,045,006
2	Total expenses (Form 990, Part IX, column (A), line 25)	2 3,229,402
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3 -184,396
4	Net unrealized gains (losses) on investments	4 90,954
5	Donated services and use of facilities	5 0
6	Investment expenses	6 0
7	Prior period adjustments	7 0
8	Other (Describe in Part XIV.)	8 0
9	Total adjustments (net). Add lines 4 through 8	9 90,954
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10 -93,442

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 3,149,994
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a 90,954
b	Donated services and use of facilities	2b 14,034
c	Recoveries of prior year grants	2c 0
d	Other (Describe in Part XIV.)	2d 0
e	Add lines 2a through 2d	2e 104,988
3	Subtract line 2e from line 1	3 3,045,006
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 0
b	Other (Describe in Part XIV.)	4b 0
c	Add lines 4a and 4b	4c 0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5 3,045,006

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1 3,243,436
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a 14,034
b	Prior year adjustments	2b 0
c	Other losses	2c 0
d	Other (Describe in Part XIV.)	2d 0
e	Add lines 2a through 2d	2e 14,034
3	Subtract line 2e from line 1	3 3,229,402
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 0
b	Other (Describe in Part XIV.)	4b 0
c	Add lines 4a and 4b	4c 0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5 3,229,402

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)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

**Open to Public
Inspection**

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

▶ **Attach to Form 990. ▶ See separate instructions.**

Department of the Treasury
Internal Revenue Service

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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Sch F, Stmt 1					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			261,470

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)									
(2)									
(3)									
(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 _____

3 Enter total number of other organizations or entities _____

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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to 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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Schedule F, Part I, Line 2 - Grantees are required to compile reports on the use of grant funds.

Area with horizontal dashed lines for supplemental information.

Accounts and Activities Outside the United States

		Offices	Employees	Total
Region	South America	0	0	2,300
Activities	Program Services			
Services	Grant Making and Consulting			
Region	North America (including Canada and Mexico, but not the United States)	0	0	244,953
Activities	Program Services			
Services	Grant Making and Consulting			
Region	Central America and the Caribbean	0	0	14,217
Activities	Program Services			
Services	Grant Making and Consulting			
	Total:	0	0	261,470

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Employer identification number

94-3040607

Hispanics in Philanthropy

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

		Amount of cash grant	Amount of non-cash assistance
Name and address	Accion Colombia 4636 N 5th Street Philadelphia, PA 19140	10,000	
EIN	23-7155203		
IRC code section			
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Capacity Building		
Name and address	Amigas Latinas 3656 N Halsted Street Chicago, IL 60613	12,000	
EIN	33-1045574		
IRC code section			
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Capacity Building		
Name and address	Asociacion de Mujeres Latino Americanas 7810 Ballantyne Commons Suite 300 Charlotte, NC 28777	20,600	
EIN	56-1781060		
IRC code section			
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Capacity Building		
Name and address	Boys and Girls Club of Tulare 215 W Tulare Avenue Visalia, CA 93277	15,000	
EIN	77-0469369		
IRC code section			
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Capacity Building		
Name and address	Campaign for Migrant Work 4354 Hwy 117 South Dudley, NC 28333	20,895	
EIN	34-1329126		
IRC code section			
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Capacity Building		
Name and address	Casa Azul 200 N Dvie Street Suite 201 Greensboro, NC 27402	15,600	
EIN	56-0746180		
IRC code section			
Method of valuation			
Description of non-			

cash assistance

Purpose of grant	Capacity Building	
Name and address	Casa de Venezuela 4315 Vernon Road Drexel Hill, PA 19026	20,000
EIN	05-0597621	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	Catawba County Hispanic Ministry 737 12th St SW Hickory, NC 28602	25,600
EIN	56-2170931	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	CAUSA Inc 555 Windsor Street Hartford, CT 06120	20,000
EIN	06-1086703	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant		
Name and address	Center for Community Advocacy 22 West Gabilan Street Salinas, CA 93901	8,000
EIN	77-0192068	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	Centro Binacional Para El 774 North Abby Street Fresno, CA 93701	7,420
EIN	77-0337939	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	Centro Community Hispanic Association 727 Pine Avenue Long Beach, CA 90813	8,000
EIN	20-2001969	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	Centro Comunitario Hispano Americano	5,600

Schedule I, Part IV, Statement 1

249 E Main Street
Brecard, NC 28712

EIN 20-2001969

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Centro de Cultura Arte Trabajo 10,000
CCATE 1657 Daws Road
Blue Bell, PA 19422

EIN 26-2987850

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Centro Humanitario para los Trabajadores 10,000
2260 California Street
Denver, CO 80205

EIN 03-0412235

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Centro Romero 20,000
6216 N Clark Street
Chicago, IL 60660

EIN 36-3517408

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Centro Unido Latino Americano 11,600
14 N Main Street
Marion, NC 28752

EIN 56-6001073

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Coalicion de Organizaciones Latino-Americ 29,900
34 Wall Street suite 402
Asheville, NC 28801

EIN 20-8303608

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Colorado Immigrant Rights Coalition 10,000
2525 W Alameda Ave
Denver, CO 80219

EIN 73-1675486

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Concilio Campesino del Sudoeste INC 14,000

1101 N Solano Drive
Las Cruces, NM 88001

EIN 85-0236117

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Dorothy Stang Popular Education Adult Hig 20,000

PO Box 577496
Chicago, IL 60657

EIN 01-0867967

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Durango Latino Education Coalition 7,500

1309 E 3rd Av Smiley Bldg
Durango, CO 81302

EIN 84-1385195

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address El Buen Pastor Latino Community Services 20,600

4637 Tim Rd
Winston Salem, NC 27106

EIN 20-3751959

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address El Centro Hispano Inc 40,600

201 West Main Street
Durham, NC 27701

EIN 56-2011661

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address El Futuro 28,350

136 E Chapel Hill Street
Durham, NC 27701

EIN 80-0122334

IRC code section

Method of valuation

Description of non-

cash assistance

Purpose of grant	Capacity Building	
Name and address	Enlace Comunitario 2425 Alamo Drive SE Albuquerque, NM 87106	12,000
EIN	85-0473384	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	Focus Points Family Resource Center 2501 E 48th Avenue Denver, CO 80216	7,500
EIN	84-1353944	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	Fresno Barrios Unidos 4403 E Tulare Avenue Fresno, CA 93702	15,000
EIN	77-0363955	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	Fresno Cty Hisp Comm on Alch Drug Abuse 1803 Broadway Street Fresno, CA 93721	15,000
EIN	94-2427585	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	Fresno Housing Alliance 1515 Divisadero Ste 108 Fresno, CA 93721	15,000
EIN	56-2665424	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	Fresno West Coalition for Economic Dev 302 Fresno Street Suite 212 Fresno, CA 93706	15,000
EIN	52-2253338	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	Hispanic Affairs Project	7,500

Schedule I, Part IV, Statement 1

300 N Cascade Ave Suite C4
 Montrose, CO 81401

EIN 27-1276653

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Hispanic Cultural Center of Charlotte 14,430
 6026 Coltswood Ct
 Charlotte, NC 28211

EIN 06-1656748

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Hispanic League of the Piedmont Triad 27,820
 PO Box 30651
 Winston Salem, NC 27130

EIN 56-1791215

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Hispanic Liaison of Chatham County 21,100
 105 E Second Street
 Siler City, NC 27344

EIN 56-1974043

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Immigrant Law Center of Minnesota 70,624
 450 North Street Suite 175
 St Paul, MN 55104

EIN 41-0909036

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Institute for Mestiza Leadership 10,000
 2678 Clermont Street
 Denver, CO 80207

EIN 84-1510594

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address International Center of of Forsyth Tech 12,900
 2100 Silas Creek Parkway
 Winston Salem, NC 27103

EIN 56-1070364

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address	Kern County Hispanic Commission 2008 D Street Bakersfield, CA 93301	15,000
EIN	77-0051442	

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address	La Raza Youth Leadership PO Box 8571 Denver, CO 80201	7,500
EIN	84-1548542	

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address	La Vela Latino Center for Spiritual Care 3600 W Friendly Ave Greensboro, NC 27410	14,450
EIN	80-0441123	

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address	Latin American Coalition 4938 Central Ave Rd Charlotte, NC 28205	24,450
EIN	58-1945776	

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address	Latina Breast Cancer Agency 2912 Diamond Ste 131 San Francisco, CA 94110	7,000
EIN	01-0628124	

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address	Latina Initiave 1536 Wynkoop Street 4B Denver, CO 80202	7,500
EIN	20-3097667	

IRC code section

Method of valuation

Description of non-

cash assistance

Purpose of grant	Capacity Building	
Name and address	Latinas Contra Cancer 255 North market Street Suite 175 San Jose, CA 95112	8,000
EIN	56-2412069	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	Latino Coalition of Randolph County PO Box 3527 Ashebor, NC 27204	20,600
EIN	16-1699826	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	Latino Community Services Inc 184 Wethersfield Hartford, CT 06114	25,000
EIN	06-1259957	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	Latino Diabetes Association 200 W Mines Montebello, CA 90640	8,000
EIN	20-0303774	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	Latino Education Alliance 180 N Michigan Ave Suite 1250 Chicago, IL 60601	20,000
EIN	36-4429979	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	Latino Family Center of Greater High Pt 210 Gatewood Avenue High Point, NC 27262	30,473
EIN	51-0526332	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	Latino Health Collaborative	8,000

Schedule I, Part IV, Statement 1

1800 Western Ave Suite 402
 San Bernardino, CA 92411

EIN 02-0778114

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Latino Outreach and Solidaridad 6,100
 33 E Main Street 13 NC 28734
 Franklin, NC 28734

EIN 20-0201585

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Mexican Cultural Center Denver 7,500
 5350 Leetsdale Drive G50
 Denver, CO 80246

EIN 84-1235382

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Museo de las Americas 7,500
 861 Santa Fe Drive
 Denver, CO 80204

EIN 84-1197230

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address NC Society for Hispanics Professionals 24,900
 8450 Chapel Hill Road
 Cary, NC 27513

EIN 56-2131090

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address NEWSSED Community Development Corporation 7,500
 901 W 10th Ave Suite 2A
 Denver, CO 80204

EIN 74-2275534

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address North Carolina Farmworkers Project 29,600
 PO Box 352
 Benson, NC 27504

EIN 56-1870955

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Northeastern Community Dev Corp 24,600

PO Box 367
Benson, NC 27921

EIN 58-1716737

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Nuestra Escuela 25,000

352 Avenida San Claudio Box 133
San Juan, PR 00926

EIN 66-0592559

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Organizacion en California de Lideres 8,000

761 S C Street
Oxnard, CA 93030

EIN 95-4611282

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Our Lady of the Mount Carmel Parish 20,000

1101 N 23rd Ave
Melrose Park, IL 60160

EIN 36-2717084

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Project Vida Inc 20,000

2659 S Kedvale Ave
Chicago, IL 60623

EIN 36-3817566

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Proyecto Sol 15,000

166 West Lehigh Ave
Philadelphia, PA 19133

EIN 23-2663699

IRC code section

Method of valuation

Description of non-

cash assistance

Purpose of grant	Capacity Building	
Name and address	Puerto Rican Arts Alliance 1440 North Sacramento Chicago, IL 60622	20,000
EIN	36-4208867	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	Puerto Rico Youth At Risk Inc PMB 133 352 Calle San Claudio Ste 1 San Juan, PR 00926	25,000
EIN	66-0491142	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	Restuarant Opportunities Centers United 350 Seventh Ave Suite 1800 New York, NY 10001	20,000
EIN	01-0939141	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	Ricardo Flores Magon Academy 7255 Irving St Westminster, CO 80030	5,500
EIN	20-4199340	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	Rights for all People 3131 W 14th Avenue Denver, CO 80204	7,500
EIN	84-1599036	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	Roger Williams University 150 Washington Street Providence, RI 02903	42,500
EIN	05-0277222	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	San Juan Center Inc	15,000

Schedule I, Part IV, Statement 1

1283 Main Street
Harford, CT 06103

EIN 06-0890788

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address San Luis Valley Immigrant Resource Center 10,000
225 6th Street Suite B
Alamosa, CO 81101

EIN 74-3064080

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Service Center for Latinos Inc 9,600
31 Cross Street Suite 92
Spruce Pine, NC 28777

EIN 56-2269813

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Servicios de la Raza 7,500
4055 Tejon Street
Denver, CO 80211

EIN 84-0625478

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Sisters of Color United for Education 7,500
2895 W 8th Avenue
Denver, CO 80204

EIN 31-1554794

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Somos un Pueblo Unido 14,000
1804 Espinacitas Street
Santa Fe, NM 87507

EIN 20-4216836

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Capacity Building

Name and address Street Level Health Project 7,500
2501 International Blvd Ste B
Oakland, CA 94601

EIN 56-2324355

IRC code section Method of valuation Description of non-cash assistance Purpose of grant Capacity Building		
Name and address	Student Action with Farmworkers 1317 W Pettigrew St Durham, NC 27705	32,251
EIN	56-1789014	
IRC code section Method of valuation Description of non-cash assistance Purpose of grant Capacity Building		
Name and address	Su Teatro 4725 High Street Denver, CO 80216	9,750
EIN	74-2440659	
IRC code section Method of valuation Description of non-cash assistance Purpose of grant Capacity Building		
Name and address	Telpochcalli Community Education Project 2832 W 24th Blvd Chicago, IL 60623	20,000
EIN	71-0961074	
IRC code section Method of valuation Description of non-cash assistance Purpose of grant Capacity Building		
Name and address	The Latina ARMY Inc 51 Housatonic Avenue Milford Milford, CT 06460	14,771
EIN	26-2444212	
IRC code section Method of valuation Description of non-cash assistance Purpose of grant Capacity Building		
Name and address	The Latino Commision on Alcohol Drug 301 Grand Ave Ste 301 South San Francisco, CA 94080	8,000
EIN	94-3149136	
IRC code section Method of valuation Description of non-cash assistance Purpose of grant Capacity Building		
Name and address	UNISAL 101 W Sugar Creek Rd Unit 2 Charlotte, NC 28213	10,600
EIN	56-2270922	
IRC code section Method of valuation Description of non-		

cash assistance

Purpose of grant	Capacity Building	
Name and address	Vision y Compromiso 2536 Edwards Ave El Cerrito, CA 94530	8,000
EIN	32-0071651	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	Voces LatinasInc 202 N 5th Street Wilmington, NC 28401	27,300
EIN	20-2393853	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	World Holiday Festival of NC PO Box 58064 Fayetteville, NC 28305	15,600
EIN	80-0421149	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	
Name and address	JUNTOS 2029 S 8th Street Philadelphia, PA 19148	30,000
EIN	01-0769538	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Capacity Building	

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Hispanics in Philanthropy

Employer identification number

94-3040607

Part I Questions Regarding Compensation

	Yes	No
1a 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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	
2 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?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 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:		
a Receive a severance payment or change-of-control payment?	4a	✓
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	✓
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4c	✓
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.		
5 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:		
a The organization?	5a	✓
b Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	5b	✓
6 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:		
a The organization?	6a	✓
b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	6b	✓
7 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.	7	✓
8 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.	8	✓
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)	232,100	37,800	0	4,210	14,191	288,301	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Hispanics in Philanthropy

Employer identification number

94-3040607

Form 990, Part VI, Section A, Line 7a - The Board of Directors has a nominating committee; however, the membership votes on and approves the board appointments.

Form 990, Part VI, Section B, Line 11b - Elizabeth Hernandez, Hispanic in Philanthropy's (HIP) Director of Finance and Programs, reviews the Form 990, then submits to the Finance Committee for review, which then approves the forwarding to the full Board of Directors for approval.

Form 990, Part VI, Section B, Line 12c - Through periodic reviews.

Form 990, Part VI, Section B, Line 15 - President reviews salary surveys available from several sources. President and key employees prepare self-evaluations of performance during the period of review. President reviews key employees' review and submits salary adjustments. The Executive Committee of the Board of Directors meets with President to discuss review. The Board meets, without President, receives recommendation of Executive Committee, and discusses President's performance and salary adjustment for following year.

Form 990, Part VI, Section C, Line 19 - Form 990 is made available on Hiponline.org and Guidestar.org. Governing documents, policies and financial statements are also available upon request to the general public. Such information request will be fulfilled by e-mail or regular mail.

Form 990, Part XI, Line 5 - Net Appreciation on Investments

First Program Service Accomplishments Description

Description

produced in partnership with the Foundation Center, examines foundation giving for Latino communities in greater detail than ever before. Already, this report-which found that foundation giving to Latino nonprofits has remained stable at one percent for the past decade, even as the population grew by 43 percent-has spurred change-making conversations we plan to continue throughout 2012.