### Return of Organization Exempt From Income Tax

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements. , 2011, and ending A For the 2011 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable HISPANIC UNITY OF FLORIDA, INC. 59-2230272 Address Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 5840 JOHNSON STREET (954) 964-8884 City or town, state or country, and ZIP + 4 Terminated 3,585,694. Amended G Gross receipts \$ HOLLYWOOD, FL 33021 Application pending H(a) Is this a group return for Yes X No F Name and address of principal officer: JOSIE BACALLAO 5840 JOHNSON STREET HOLLYWOOD, FL 33021 H(b) Are all affiliates included? If "No," attach a list, (see instructions) X 501(c)(3) ) (insert no.) 527 Tax-exempt status: 501(c) ( 4947(a)(1) or Website: ▶ WWW.HISPANICUNITY.ORG H(c) Group exemption number L Year of formation: 1982 M State of legal domicile: Form of organization: X Corporation Trust Association Other > FLPart I Summary 1 Briefly describe the organization's mission or most significant activities: EMPOWERING HISPANICS AND OTHER MEMBERS OF THE COMMUNITY Activities & Governance SELF-SUFFICIENT AND LEAD PRODUCTIVE LIVES. if the organization discontinued its operations or disposed of more than 25% of its net assets. 18. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 18. 180. 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 250. 6 Total number of volunteers (estimate if necessary) 6 72 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 2,945,995. 4,431,377. 8 Contributions and grants (Part VIII, line 1h) Revenue 171,948. 9 Program service revenue (Part VIII, line 2g) 155,169. 649. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 193,746. 275,431. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 4,780,292. 3,394,023. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . . 93,747. 18,210. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,596,770. 2,720,026. 15 16 a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 2,509,501. 1,191,058. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,200,018. 3,929,294. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) **√**-535,271. 580,274. Revenue less expenses. Subtract line 18 from line 12 . . . . . . . 19 Assets or **Beginning of Current Year** end of Year 3,680,344. 3,203,975. 20 Total assets (Part X, line 16) 999,304. Total liabilities (Part X, line 26) 21 941,561. 2,738,783. 2,204,671. 22 Net assets or fund balances. Subtract line 21 from line 20 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 Signature of officer Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid self-employed P00541422 Preparer ▶ MARCUM, LLP Firm's EIN 11-1986323 Firm's name Use Only 305-995-9600 Firm's address > ONE SE THIRD AVENUE, 10TH FLOOR MIAMI, FL 331 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

For Paperwork Reduction Act Notice, see the separate instructions.

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Please see pg. 38

Form 990 (2011) Page 2 **Statement of Program Service Accomplishments** Part III Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: ATTACHMENT 1 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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? 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. ) (Expenses \$ \_\_\_\_\_\_, including grants of \$ \_\_\_\_\_\_) (Revenue \$ 4a (Code: \_\_119,344.\_\_) ATTACHMENT 2  $_{1,005,156}$  including grants of \$  $_{18,210}$  ) (Revenue \$ 4b (Code: ) (Expenses \$ ATTACHMENT 3 4c (Code: ) (Expenses \$ 378,944. including grants of \$ \_\_\_\_\_) (Revenue \$ CIVIC ENGAGEMENT AND HEALTH SERVICES: OVER 1,000 OF THE 2,500 CLIENTS SERVED IN THE CIVIC ENGAGEMENT AREA RECEIVED NATURALIZATION ADVICE AND 25 COMMUNITY VOLUNTEERS WERE INVOLVED IN OUR NATURALIZATION WORKSHOPS AND CITIZENSHIP CLASSES. HIV TESTING, COUNSELING AND LINKAGE PROGRAM PROVIDED HIV TESTING TO HIGH-RISK HIV CLIENTS. OVER 650 CLIENTS WERE TESTED. **4d** Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ **4e Total program service expenses** ► 3,570,563.

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Part	Checklist of Required Schedules		<b>V</b>	N1-
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١.	3.7	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
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? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—othersecurities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part	V 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? If "Yes," complete Schedule I, Parts I and II	21		Х
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? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
25	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		Х
	through 24d and complete Schedule K. If "No," go to line 25	24a 24b		- 1
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			3.7
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
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? If "Yes," complete Schedule L, Part II.	26		X
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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
J <del>-</del>	IV, and V, line 1	34		Х
35 a		35a		X
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the	33a		
D	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
20		330		- 27
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		v
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
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	38	X	

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Form 990 (2011) Part V Statements Regarding Other IRS Filings and Tax Compliance 3 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 Χ b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ **b** If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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)? Χ **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. Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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 Χ 7a and services provided to the payor? Χ **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7с 7е Χ e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7<u>g</u> g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? **b** Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 **a** Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 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

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c Enter the amount of reserves on hand

**14a** Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. Χ

Form 990 (2011) HISPANIC UNITY OF FLORIDA, INC. 59-2230272 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Χ Section A. Governing Body and Management Nο 18 1a 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. 18 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 X 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Χ 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body?....... Χ 8b Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . 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 . . . . . . . . . . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	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?	10b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12 a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	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?	16b		

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed  $\blacktriangleright _{\underline{FL}_{\underline{I}}}$ 

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.

X Own website X Another's website X 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

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

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

- 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.

<b>(A)</b> Name and Title	(B) Average hours per week (describe hours for	Position (do not check more that box, unless person is b officer and a director/tru					an	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2 1000 MIGG)	organization and related organizations
(1) LARRY CALDERON, PHD										
SECRETARY	2.00	X		Х				C	0	0
(2) RAE E. CHOROWSKI										
DIRECTOR	2.00	Х							0	0
(3) NYDIA MENENDEZ										
CHAIR	2.00	Х		Х					0	0
(4) JORGE GONZALEZ										
TREASURER	2.00	Х		Х					0	0
(5) STEVE SAMPIER										
PAST CHAIR	2.00	Х							0	0
(6) JUAN CARLOS ARIAS										
DIRECTOR	2.00	Х							0	0
(7) BARBARA GREVIOR										
DIRECTOR	2.00	Х							0	0
(8) YVONNE LOPEZ										
DIRECTOR	2.00	Х							0	0
(9) JORGE DEAPODACA										
CHAIR ELECT	2.00	Х		Х					0	0
(10) CARLOS DEL SALTO										
DIRECTOR	2.00	Х							0	0
(11) LILY PARDO										
DIRECTOR	2.00	Х							0	0
(12) DANIEL SCHEVIS										
DIRECTOR	2.00	Х						C	0	0
(13) ANGIE J. STONE										
DIRECTOR	2.00	Х							0	0
(14) BARB BURNETTE										
DIRECTOR	2.00	Х						C	0	0
	1								1	Form <b>990</b> (2011)

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(E)

(B)

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

(C)

(D)

Name and title	Average hours per week	s per (do not check more than one box, unless person is both an from						Reportable compensation from related	am	timated ount of other		
	(describe hours for related organizations in Schedule O)	Individual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	pensation the anization trelated in its anization in its	n I
15) LISA COLON HERON												
DIRECTOR	2.00	X						0	0			0
16) HECTOR M LIMA												
DIRECTOR	2.00	X						0	0			0
17) MALENA MENDEZ												
DIRECTOR	2.00	X						0	0			0
18) ABRAHAM CARDENAS												
DIRECTOR	2.00	X						0	0			0
19) ARNOLD NAZAR												
DIRECTOR	1.00	Х						0	0			0
20) GUS CABRERA												
DIRECTOR	1.00	Х						0	0			0
21) AURELIANO LOPEZ-MARTIN												
DIRECTOR	1.00	Х						0	0			0
22) JOSIE BACALLAO												
PRESIDENT/CEO	40.00			Х				100,365.	0			0
23) MARGARET DELMONT-SANCHEZ										-		
VP/CHIEF OF DVLPMT	40.00			Х				8,354.	0			0
24) LUIS F. PINZON												
DIR OF PROGRAMS	40.00			Х				84,648.	0			0
25) VIRGINIA K. CIELO								,				
COO/CFO	40.00			Х				85,158.	0			0
						1		0	0			0
1b Sub-total c Total from continuation sheets to Part VII. Sec								297,275.	0			0
d Total (add lines 1b and 1c)	-						•	297,275.	0			0
Total number of individuals (including but not									\$100.000 of			
reportable compensation from the organization			L						,			
											Yes	No
3 Did the organization list any former office												
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	lividu	ıal						3		X
4 For any individual listed on line 1a, is the	sum of rec	ortab	le d	com	pen	sation	ı ar	nd other compens	ation from the			
organization and related organizations gr												
individual										4		X
5 Did any person listed on line 1a receive or	accrue co	mpen	satio	n f	fron	n any	un	related organization	n or individual			

# for services rendered to the organization? *If "Yes," complete Schedule J for such person*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
ATTACHMENT 4		

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

Part VII

(A)

Χ

5

Form 990 (2011)

Page 8

Page 10 Section A Officers Directors Trustoes Key Employees and Highest Compensated Employees(centinged)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	ey En	nplo	oye	es,	and	Hig	hest Compensa	ted Emplo	yees(c	ontinued)	
(A) Name and title	(B) Average hours per week (describe	box,	unles	Pos ieck i ss pe	rson	than or is both r/trustee	an	(D) Reportable compensation from the	(E) Reportable compensation related organization	n from	(F Estima amoui oth compen	ated nt of er
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N		from organiz and re organiz	ation lated
26) COREY LEWIS												
CHIEF DEVELOPMENT OFFICER	40.00			X				18,750.		0		0
	_											
	-											
1b Sub-total							<b>&gt;</b>					
c Total from continuation sheets to Part VII, Sec d Total (add lines 1b and 1c)	tion A						<b>&gt;</b>					
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose	liste				re	ceived more than	\$100,000 o	f		
											Y	es No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,00	00?	lf	"Yes	s,"	complete Schedu	le J for s	uch	4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpens	satic	n 1	from	any	un	related organization	n or individ	lual	5	Х
Section B. Independent Contractors												
1 Complete this table for your five highest com- compensation from the organization. Report of year.	•											
(A) Name and business add	Iress							(B) Description of se	rvices	С	(C) compensation	on
							+					
2 Total number of independent contractors (in	ncluding bu	ut not	lim	nited	d to	thos	⊥ e li	isted above) who	received			

more than \$100,000 in compensation from the organization ▶

Page 9

Pa	rt 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 b c d e	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) 1e 2,151,631.  All other contributions, gifts, grants, and similar amounts not included above . 1f 794,364.				
e P	g	Noncash contributions included in lines 1a-1f: \$ 36,668.				
	h	Total. Add lines 1a-1f	2,945,995.			
ne		Business Code				
Ver	2a	PRE-K TUITION	119,344.	119,344.		
Re	b	RENTAL INCOME	52,604.	52,604.		
<u>i</u> ce	C					
ē	d					
E						
gra	e	All others program consists revenue				
Program Service Revenue	1 1	All other program service revenue	171 040			
	3	Total. Add lines 2a-2f▶  Investment income (including dividends, interest, and	171,948.			
		other similar amounts) ATTACHMENT 5	649.			649
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less: rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss) ▶	0			
	7a	Gross amount from sales of assets other than inventory				
	b	Less: cost or other basis				
		and sales expenses				
	C	Gain or (loss)				
<u>9</u>	d 8a	Net gain or (loss)	0			
en		events (not including \$20,281. ATCH 6				
Š		of contributions reported on line 1c).				
Ř		See Part IV, line 18				
Other Revenue	b	Less: direct expenses				
퓽	С	Net income or (loss) from fundraising events <u>ATCH 7</u> ▶	260,117.			260,117
	9a	Gross income from gaming activities.  See Part IV, line 19				
	b c	Less: direct expenses	0			
	10a	Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory	0			
		Miscellaneous Revenue Business Code				
	11a	OTHER INCOME	15,314.			15,314.
	b					
	С					
	d	All other revenue				
	e	<b>Total</b> . Add lines 11a-11d ▶	15,314.			
	12	Total revenue. See instructions	3,394,023.	171,948.		276,080

### 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 (D) Fundraising Do not include amounts reported on lines 6b, (A) Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 18,210. 18,210. the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Λ Benefits paid to or for members 0 Compensation of current officers, directors, 321,168. 96,129. 197,763. 27,276. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,398,858. 2,338,564. 44,951 15,343. 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 0 401(k) and 403(b) employer contributions) 0 9 0 10 Fees for services (non-employees): 0 a Management 0 34,154. 30,739. 3,415. Accounting 0 0 Professional fundraising services. See Part IV, line 17 Investment management fees 214,619. 199,321. 12,606. 2,692. 209. 5,517. 5,266. 42 12 Advertising and promotion 103,650. 100,363. 1,426. 1,861. 13 Office expenses 28,969. 26,072. 2,318. 579. 14 Information technology 15 Royalties 293. 47,717. 46,753. 671 16 Occupancy 16,268. 15,983. 230 55. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 24,506. 24,215 208 83. Conferences, conventions, and meetings 19 40,929. 40,368. 386. 175. 20 21 Payments to affiliates 112,570. 110,547. 1,435 588. 22 Depreciation, depletion, and amortization 47,034. 46,073. 664. 297. Insurance 23 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 REPAIRS AND MAINTENANCE \_\_\_\_ 77,990. 76,522. 1,061. 407 65,229. 63,843. 768 618. b TELEPHONE\_ 52,700. 300 c BAD DEBT 53,000. 46,153. 46,153. d BUS PASSES 272,753. 232,742. 18,605 21,406. e All other expenses \_\_\_\_\_\_ 3,929,294. 3,570,563. 286,849 71,882. Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720) 0

Form **990** (2011)

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Form 990 (2011) Page **11** 

	rt X	Balance Sheet			r age 11
	X		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	434,919.	1	125,568.
	2	Savings and temporary cash investments	22,472.	2	172,936.
	3	Pledges and grants receivable, net	1,527,161.	3	1,238,304.
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
	6	Schedule L 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)	0	5	0
ets	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
⋖	9	Prepaid expenses and deferred charges ATCH 8	37,869.	9	40,092.
	_	Land, buildings, and equipment: cost or	3,,003.	<u> </u>	10,002.
	10 a	other basis. Complete Part VI of Schedule D   10a   2,317,976.			
	h	Less: accumulated depreciation	1,650,837.	10c	1,622,543.
	11		1,030,037.	11	0
	12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11	0	12	0
	13	Investments - other securities. See Part IV, line 11	0	13	0
	14		0	14	0
	15	Intangible assets Other assets See Part IV line 11	7,086.	15	4,532.
	16	Other assets. See Part IV, line 11	3,680,344.	16	3,203,975.
_	17	Total assets. Add lines 1 through 15 (must equal line 34)  Accounts payable and accrued expenses	221,757.	17	363,785.
	18		0	18	0
	19	Grants payable  Deferred revenue  ATCH 9	4,567.	19	0
	20			20	0
(A)	21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D		21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key	0	21	0
iliq	22	employees, highest compensated employees, and disqualified persons.			
Lia			0	22	0
	22	Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties ATCH 10	715,237.	23	635,519.
	23 24	Unsecured notes and loans payable to unrelated third parties ATCII IV		24	033,313.
	25	Other liabilities (including federal income tax, payables to related third	9	24	0
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		, ,	0	25	0
	26	of Schedule D  Total liabilities. Add lines 17 through 25	941,561.	26	999,304.
- S	20	Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.	711/301.	20	333   30 1.
nce	27	Unrestricted net assets	1,187,476.	27	1,197,038.
ala	28	Temporarily restricted net assets	1,450,257.	28	1,007,633.
Ä	29	Permanently restricted net assets	101,050.	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here   and complete lines 30 through 34.	·	-	
S	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	2,738,783.	33	2,204,671.
_	34	Total liabilities and net assets/fund balances	3,680,344.	34	3,203,975.
_			-,000,011.	J-7	

Form **990** (2011)

Form 990 (2011) Page **12** Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response to any question in this Part XI ............ 3,394,023. 1 1 3,929,294. 2 2 -535,271. 3 3 2,738,783. 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 1,159. 5 5 Other changes in net assets or fund balances (explain in Schedule O) 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, 6 2,204,671. **Financial Statements and Reporting** Part XII

	Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	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?	2c	Х	
	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:			
	X 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?	3a	Х	
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	3b	Х	
			000	

Form **990** (2011)

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

## **Public Charity Status and Public Support**

OMB No. 1545-0047

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.

**Open to Public** Inspection

Nan	ne of th	ne organization							Employ	er ident	ification numbe	r
ΗI	SPAN	IC UNITY OF FI	LORIDA, INC.							59	-2230272	
Pa	rt I	Reason for Publ	lic Charity Statu	s (All organizations mus	st com	plete	this pa	rt.) Se	e instru	uctions	•	
The	orgai	nization is not a priva	te foundation beca	use it is: (For lines 1 throu	gh 11,	check	only on	e box.)				
1		A church, conventio	n of churches, or a	ssociation of churches des	scribed	in s	ection	1 <b>70(b)(</b> 1	I)(A)(i).			
2		A school described	in section 170(b)(	1)(A)(ii). (Attach Schedul	e E.)							
3		A hospital or a coop	erative hospital se	rvice organization describe	ed in	sectio	n 170(b	)(1)(A)(i	ii).			
4		A medical research	h organization op	erated in conjunction wi	th a h	ospita	l descri	bed in	section	n 1 <b>70</b> (b	)(1)(A)(iii). E	nter the
		hospital's name, city										
5				nefit of a college or univ	ersity	owned	or ope	erated b	by a go	vernme	ntal unit desc	ribed in
		section 170(b)(1)(A		·								
6			_	r governmental unit descril								
7	X	<del>-</del>	= = = = = = = = = = = = = = = = = = =	es a substantial part of it	s supp	ort fro	m a go	vernme	ntal un	it or fro	om the genera	l public
		described in section										
8				on 170(b)(1)(A)(vi). (Com								
9		=		es: (1) more than 33 1/3 %							-	_
		•		exempt functions - subj			-					
		· · ·		ome and unrelated busin						า 511	tax) from bus	sinesses
				ne 30, 1975. See <b>section</b>		• • •	•		•			
10			· ·	ed exclusively to test for pu		-						
11		<del>-</del>	-	rated exclusively for the			-				=	
				ipported organizations de								section
				es the type of supporting	-			-	iiies i		¬ī	
		a Type I	<b>b</b> Type	II <b>c</b> Type the organization is not			-	_	roothy	d L	_ ,,	
,			=	gers and other than one			-		-	-		
		509(a)(1) or section		gers and other than one	01 1110	ie pub	niciy 3u	pported	Organi	Zalions	described in	36011011
f		(	( ) ( )	n determination from the	△ IRS	that it	is a T	vne I T	vne II	or Typ	e III sunnortini	n
•		organization, check		i determination nom tr	C II.O	triat it	15 4 1	ypc i, i	ypc II,	ог тур	c iii supportiii	9 🔲
ç				zation accepted any gift or	contrib	oution	from an	v of the				. —
	,	following persons?	, o o ,	_a accepted ay g c.	00			, 00				
		= :	directly or indire	ctly controls, either alor	ne or t	ogethe	er with	person	s desci	ribed in	(ii)	res No
			=	dy of the supported organ		_		•			11g(i)	X
		(ii) A family memb	er of a person desc	cribed in (i) above?							11g(ii)	X
		(iii) A 35% controlle	ed entity of a perso	n described in (i) or (ii) abo	ove?						11g(iii)	X
ŀ	1	Provide the following	g information abou	t the supported organization	on(s).							· ·
		ame of supported	(ii) EIN	(iii) Type of organization	(iv)	ls the		ou notify		s the	(vii) Amoun	
		organization		(described on lines 1-9 above or IRC section	col. (i)	ation in listed in		ınization . <b>(i)</b> of		ation in rganized	support	
				(see instructions))	your go docur	verning ment?		upport?		Ŭ.S.?		
					Yes	No	Yes	No	Yes	No		
(A)												
(B)												
(C)												
(D)												
(E)												
Tot	al											

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

Schedule A (Form 990 or 990-EZ) 2011

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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,868,082.	2,913,518.	4,468,798.	4,431,377.	2,945,995.	17,627,770.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,868,082.	2,913,518.	4,468,798.	4,431,377.	2,945,995.	17,627,770.
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)						
6	<b>Public support.</b> Subtract line 5 from line 4.						17,627,770.
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
7	Amounts from line 4	2,868,082.	2,913,518.	4,468,798.	4,431,377.	2,945,995.	17,627,770.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,004.	3,874.	309.		649.	15,836.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-201.	-5,435.	-10,857.	0		-16,493.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH 1	523,055.	786,284.	157,733.	236,646.	275,431.	1,979,149.
11	Total support. Add lines 7 through 10						19,606,262.
12	Gross receipts from related activities, etc. (se	ee instructions)				12	327,117.
13	<b>First five years.</b> If the Form 990 is forganization, check this box and <b>stop here</b>	or the organizati	on's first, secon	d, third, fourth,	or fifth tax yes		
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2011 (line	e 6, column (f) di	vided by line 11,	column (f))		14	89.91%
15	Public support percentage from 2010 So	chedule A, Part	II, line 14			15	88.73%
16a	33 1/3 % support test - 2011. If the o	rganization did				33 1/3 % or mor	e, check
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatior	١		<b>▶</b> X
b	33 1/3 % support test - 2010. If the o						
	check this box and stop here. The orga	anization qualifie	es as a publicly	supported organ	nization		▶□
17a	10%-facts-and-circumstances test - 2	<b>2011.</b> If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization	meets the "fac	cts-and-circumst	ances" test, ch	eck this box ar	nd <b>stop here.</b> E	xplain in
	Part IV how the organization meets t	he "facts-and-ci	ircumstances" te	est. The organiz	zation qualifies	as a publicly s	upported
	organization						▶□
b	10%-facts-and-circumstances test - 2	<b>2010.</b> If the org	janization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga	anization meets	the "facts-and	-circumstances"	test, check th	nis box and <b>st</b> o	op here.
	Explain in Part IV how the organiation	on meets the "f	acts-and-circum	stances" test. <sup>-</sup>	The organization	n qualifies as a	publicly
	supported organization						▶ 🔲
18	Private foundation. If the organization						
	instructions						<u></u> ▶∟

### 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.)

500	tion A Bublic Support			· •	· · · · · · · · · · · · · · · · · · ·	,	
	tion A. Public Support	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2006	(6) 2009	(u) 2010	(e) 2011	(I) 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						
7 a	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.)						
Sec	tion B. Total Support						1
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6				. ,		
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_							
	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.)			1			<u> </u>
14	First five years. If the Form 990 is for	-					
	organization, check this box and stop here.						▶
Sec	tion C. Computation of Public Sup	•					
15	Public support percentage for 2011 (line 8, co					15	%
16	Public support percentage from 2010 Schedu					16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2011 (lin					17	%
18	Investment income percentage from 2010 S	Schedule A, Part	III, line 17			18	%
19 a	33 1/3 % support tests - 2011. If the org					re than 331/3 %,	and line
	17 is not more than 331/3 %, check this						
b	33 1/3 % support tests - 2010. If the orga			•			
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of		•	•	. ,		

JSA 1E1221 1.000

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

	OFFIED INCOME				ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOME	<u> </u>				
DESCRIPTION	2007	2008	2009	2010	2011	TOTAL
SPECIAL EVENTS	483,221.	629,231.	157,733.	228,186.	260,117.	1,758,488.
MISCELLANEOUS INCOME	39,834.	157,053.		8,460.	15,314.	220,661.
TOTALS	523,055.	786,284.	157,733.	236,646.	275,431.	1,979,149.

# SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No. 1545-0047

2011

Open to Public

Department of the Treasury
Internal Revenue Service

► 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.

Open to Public Inspection

	e of the organization	Employer identification number
	SPANIC UNITY OF FLORIDA, INC.	59-2230272
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or organization answered "Yes" to Form 990, Part IV, line 6.	AccountsComplete if the
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3		
4	Aggregate value at end of year	donor odvisod
5	Did the organization inform all donors and donor advisors in writing that the assets held in funds are the organization's property, subject to the organization's exclusive legal control?	
_		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
D-	conferring impermissible private benefit?	m 000 Port IV line 7
	rt II Conservation Easements. Complete if the organization answered "Yes" to For	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		an historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the f	orm of a conservation
	easement on the last day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by	by the organization during the
	tax year	
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, handlin	g of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easemer	nts during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements do	uring the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	n 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 exp	pense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial sta	tements that describes the
_	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re-	evenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educ public service, provide, in Part XIV, the text of the footnote to its financial statements that described to the footnote to its financial statements.	ation, or research in furtherance of tribes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re	
b	works of art, historical treasures, or other similar assets held for public exhibition, educ	
	public service, provide the following amounts relating to these items:	,
	(i) Revenues included in Form 990, Part VIII, line 1	<b> ▶</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	
	following amounts required to be reported under SFAS116 (ASC 958) relating to these items:	_ ·
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 Page **2** 

Par	t    Organizations Maintaining Colle	ctions of A	rt, H	listorica	al Trea	sure	s, or	Other S	Similar Asset	<b>s</b> (continu	ed)	
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and oth	ner re	ecords,	check a	any o	f the	following	g that are a s	ignificant	use c	of its
а	Public exhibition		d		Loan o	or exc	chang	je progra	ms			
b	Scholarly research		е	П	Other							
С	Preservation for future generations											
4	Provide a description of the organization's	collections a	and e	explain h	now the	v fur	ther	the orga	nization's exen	not purpo:	se in	Part
-	XIV.					,						
5	During the year, did the organization solicit of	or receive do	natio	ns of art	historio	cal tr	easur	es or of	her similar			
·	assets to be sold to raise funds rather than to									Yes		No
Par	t IV Escrow and Custodial Arrangen											110
· u	line 9, or reported an amount on F					111011	uno	voica	100 101 01111	550, i ait	٠,	
1a	Is the organization an agent, trustee, custo di											1
	included on Form 990, Part X?					• •				Yes	X	No
b	If "Yes," explain the arrangement in Part XI V	and complete	e the	following	g table:							
									Amount			
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance											
2a	Did the organization include an amount on F	orm 990, Pa	rt X, I	ine 21?						Yes	X	No
b	If "Yes," explain the arrangement in Part XI V.											
Par	t V Endowment Funds. Complete if t	he organiza	ation	answe	red "Ye	s" to	For	m 990, F	Part IV, line 10	).		
	<b>(a)</b> Cur	rent year	(b)	<b>)</b> Prior year	r (	(c) Tw	o years	s back	(d) Three years bac	k (e) Fou	r years	back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the c un	rent vear end	l hala	nce (line	1a coli	ımn (	(a)) h	old ac.				
a	Board designated or quasi-endowment			1100 (11110	, 1g, con	aiiii (	(4)) 11	cia as.				
b	Permanent endowment   %		70									
c	Temporarily restricted endowment	%										
•	The percentages in lines 2a, 2b, and 2c sh ou		10/2									
3a	Are there endowment funds not in the pos se	-		nization t	that are	hold :	and a	dminista	rod for the			
-	organization by:	2331011 01 1110	orgai	iizatioii	inat arc	noia i	ana a	ammisto	ica ioi tiic		Yes	No
	(i) unrelated organizations									3a(i)	103	-110
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations									3b		
4	Describe in Part XIV the intended uses of the									. 00		
Par												
1 (1)	Description of property	(a) Cost or ot			Cost or of		cic	(c) Accun	aulatod	(d) Book va	duc	
	Description of property	(investm		515 (D)	othe)		1515	depreci		(U) BOOK V	uue	
1a	Land				45	8,10	06.			4	58,1	L06.
b	Buildings				1,58	2,83	35.	529	9,344.	1,0	53,4	91.
С	Leasehold improvements											
d	Equipment				21	8,74	18.	12	1,910.		96,8	38.
e	Other					8,28			4,179.		14,1	L08.
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 9	990, F	Part X, co	olumn (E	3), line	e 10(d	c).)	▶	1,6	22,5	43.

Schedule D (Form 990) 2011 Page 3

Part VII	Investments - Other Securities. See Fe	orm 990, Part X, lin	e 12.	5
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mar	
(1) Financia	al derivatives			
	held equity interests			
(3) Other_				
(B)				
<u>(C)</u>				
(D)				
(E)				
<del>(F)</del> (G)				
( <u>G)</u>				
<u>\(\frac{1}{1}\)</u>				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. See F	orm 990, Part X, lin	ne 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, li	ne 15.		
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. See Form 990, Part X			
1.	(a) Description of liability	(b) Book val	ue	
	ral income taxes			
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.,	<b>&gt;</b>		
2 FIN 48 (	ASC 740) Footpote. In Part XIV, provide the tex	t of the footpote to the	organization's financial statements th	at reports the

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).

JSA 1E1270 1.000 Schedule D (Form 990) 2011 Page **4** 

Ochicaa	C D (1 0111 030) 2011			r age -
Part	<u> </u>	nent	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		3,394,023.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		3,929,294.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		-535,271.
4	Net unrealized gains (losses) on investments	4		1,159.
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8	-	
9	Total adjustments (net). Add lines 4 through 8	9		1,159.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		-534,112.
Part		turn		4 001 067
1 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• • ⊦	1	4,021,067.
a	D 4 1 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_		
b		4.		
c d	Recoveries of prior year grants Other (Describe in Part XIV.)  2c 2d 191,67	7 1		
u e			2-	627,044.
3		• • -	2e	3,394,023.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	• •	3	3,394,023.
a b		$\dashv$		
C	Other (Describe in Part XIV.)  Add lines <b>4a</b> and <b>4b</b>	$\dashv$	4-	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		4c 5	3,394,023.
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	_	_	3,394,023.
1 ai u	Total expenses and losses per audited financial statements	\eta	1	4,555,179.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• •	•	4,333,177.
a	Donated services and use of facilities 424, 21	4		
b	Prior year adjustments			
C	Other losses	-		
d	Other (Describe in Part XIV.)  2d 191,67	7 1		
e	Add lines 2a through 2d	1 .	2e	625,885.
3	Subtract line 2e from line 1	• • -	3	3,929,294.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	• •	3	3,727,274.
-∓ a				
b	Other (Describe in Part XIV.)  4a  4b	-		
	Add lines 4a and 4b	-	40	
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )	• • ⊦	4c 5	3,929,294.
Part			3	3,727,274.
Comp Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also computational information.	art IV lete	, lines this p	s 1b and 2b; part to provide
FUNI	PRAISING			
SCHE	DULE D, PART XII QUESTION 2D AND PART XIII QUESTION 2D			
DIRE	CT FUNDRAISING EXPENSES OF \$191,671 ARE NETTED AGAINST FUNDRAISING			
INCO	ME ON FORM 990 BUT NOT FOR AUDITED FINANCIAL STATEMENTS.			

Part XIV Supplemental Information (continued)

Schedule D (Form 990) 2011

### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Employer identification number 59-2230272 HISPANIC UNITY OF FLORIDA, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

Schedule G (Form 990 or 990-EZ) 2011

Sche	edule	G (Form 990 or 990-EZ) 2011				Page <b>2</b>
Pa	rt I	Fundraising Events. Complete than \$15,000 of fundraising event gross receipts greater than \$5,000	contributions and gross			
		g	(a) Event #1 ENTREP. SUMMIT (event type)	(b) Event #2 ANNUAL GALA (event type)	(c) Other Events  (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 2	Gross receipts		309,794.	42,500.	472,069
		contributions		20,281.		20,281
	3	Gross income (line 1 minus line 2)	119,775.	289,513.	42,500.	451,788
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs	17,667.	72,710.		90,377
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	49,222.	52,072.		101,294
	10 11	Direct expense summary. Add lines 4 t Net income summary. Combine line 3,	• ,			( 191,671.) 260,117
Pa	rt I	Gaming. Complete if the orga than \$15,000 on Form 990-E2		es" to Form 990, Part	IV, line 19, or repor	ted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
-Re	1	Gross revenue				
enses	2	Cash prizes				
Exp	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2 t	through 5 in column (d)			( )
	8	Net gaming income summary. Combin	e line 1, column d, and lii	ne 7		
	<b>a</b> Is	nter the state(s) in which the organizatios the organization licensed to operate ga "No," explain:		these states?		_ Yes No

Schedule G (Form 990 or 990-EZ) 2011

**b** If "Yes," explain:

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

### HISPANIC UNITY OF FLORIDA, INC.

Sched	ule G (Form 990 or 990-EZ) 2011 Page <b>3</b>
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization 🕒 and the
	amount of gaming revenue retained by the third party  \$\bigs\\$  \qquad \qquad \qqq \qqq \qqq \qqq \qqq \qqq \
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶\$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2011

### **SCHEDULE I** (Form 990)

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificati	on number
HISPANIC UNITY OF FLORIDA, INC.						59-2230272	
Part I General Information on Grants and	l Assistanc	е					
<ol> <li>Does the organization maintain records to substitute selection criteria used to award the grants</li> <li>Describe in Part IV the organization's procedur</li> </ol>	or assistance	?			oility for the grants or a		X Yes No
Part II Grants and Other Assistance to Go to Form 990, Part IV, line 21, for any Part II can be duplicated if additional	recipient th	at received mo	tions in the Unione than \$5,000.	Check this box i	f no one recipient re	ation answered "Ye eceived more than	s" \$5,000. ▶ □
1 (a) Name and address of organization or government	<b>(b)</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)	-						
_(2)	_						
_(3)	-						
_(4)	-						
_(5)	-						
	_						
_(7)	_						
	_						
_(9)	_						
(10)	_						
(11)	_						
(12)	_						
2 Enter total number of section 501(c)(3) and go 3 Enter total number of other organizations listed For Paperwork Reduction Act Notice, see the Inst	in the line 1 t	able					le I (Form 990) (2011)
FOI FADELWORK REQUESTION ACTINOTICE. SEE THE INST	TUCTIONS FOR I	-oin 990.				Schedu	ie i (Form 990) (2011)

Schedule I (Form 990) (2011)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HOUSING ASSISTANCE		1 620			
HOUSING ASSISTANCE	2.	1,630.		FAIR MARKET VALUE	
2 UTILITIES	3.	588.		FAIR MARKET VALUE	
<b>3</b> FOOD, CLOTHES, & TRANSPORTATION	30.	15,992.		FAIR MARKET VALUE	
4					
<del></del>					
5					
6					
7					

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

HOUSING ASSISTANCE

SCHEDULE I, PART I, QUESTION 2

THE CLIENT MUST PROVIDE PROOF OF THE FOLLOWING IN ORDER TO RECEIVE

HOUSING PAYMENT ASSISTANCE FOR CURRENT HOUSING BILLS OR NEW LIVING

ACCOMMODATIONS: CURRENT LEASE (SHOWING TENANT'S ADDRESS, TERMS & DURATION

OF LEASE, BOTH TENANT AND LANDLORD'S SIGNATURES, MONTHLY LEASE AMOUNT).

EVICTION NOTICE SHOWING THE AMOUNT THAT IS OWED TO LANDLORD PROOF OF

PAYMENT OF THE RENTAL BALANCE (DIFFERENCE BETWEEN AMOUNT SHOWED ON THE

EVICTION NOTICE AND THE AMOUNT OF OUR ASSISTANCE) W-9 FORM COMPLETED BY

LANDLORD

Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2					
1					

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

UTILITIES

SCHEDULE I, PART I, QUESTION 2

SERVES AS A VEHICLE TO PROVIDE VERY TARGETED AND SPECIFIC ASSISTANCE TO CLIENTS - WHEN NO OTHER SOURCE FOR FUNDS IS AVAILABLE AND WHILE A MORE PERMANENT SOLUTION IS SOUGHT. THE FUNDS ARE INTENDED TO BE A ONE-TIME OCCURRENCE AND NON-RECURRING. ULTIMATE APPROVAL FOR FUNDING WILL BE MADE BY THE DONOR HIM/HERSELF. CLIENTS MUST SUBMIT AN APPLICATION FOR FUNDS AND COMPLETING THE APPLICATION DOES NOT GUARANTEE THAT THE FUNDS WILL BE GRANTED.

Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011)

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

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

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

FOOD, CLOTHES, & TRANSPORTATION

SCHEDULE I, PART I, QUESTION 2

APPLICANT MUST COMPLETE AN APPLICATION FORM AND SUBMIT TO HUF.

[ADDITIONAL INFORMATION MAY BE REQUIRED FROM THE CLIENT.] APPLICANT MAY

NOT BE EMPLOYED BY HUF OR RELATED TO A HUF EMPLOYEE. THE TOTAL AMOUNT

REQUESTED MUST NOT EXCEED \$500 AND APPLICANT MAY BE FUNDED ONLY ONCE. NO

EXCEPTIONS TO THIS GUIDELINE WILL BE MADE. WHEN POSSIBLE, VENDORS WILL BE

PAID DIRECTLY VS GIVING THE FUNDS TO THE CLIENT. APPLICANT MUST BE AT

LEAST 18 YEARS OF AGE. APPLICANT WILL BE ENCOURAGED TO ATTEND AND

COMPLETE A HUF FINANCIAL LITERACY SEMINAR.

Schedule I (Form 990) (2011)

# SCHEDULE M (Form 990)

### **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No. 1545-0047

2011

Open To Public
Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

HISPANIC UNITY OF FLORIDA, INC.

Taxidermy

Historical artifacts
Scientific specimens

Archeological artifacts

Other ►(\_\_ATCH\_1\_\_\_\_)

Other ►(\_\_\_\_\_)

Other ►(\_\_\_\_\_)

Employer identification number

59-2230272

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d)  Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		850.	FAIR MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic				
	structures				
14	Qualified conservation				
	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				

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

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

Schedule M (Form 990) (2011)

21

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23

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25 26

27

35,818.

Schedule M (Form 990) (2011) Page 2

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ATTACHMENT 1

### SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
JEWELRY	Х	1.	10,037.	FAIR MARKET VALUE
GIFT CARDS	X	2.	450.	FAIR MARKET VALUE
EQUIPMENT AND SUPPLIES	X	1.	500.	FAIR MARKET VALUE
TICKETS - THEATER/SPORT	S X	2.	7,360.	FAIR MARKET VALUE
TOYS	X	1.	900.	FAIR MARKET VALUE
TRAVEL	X	1.	7,500.	FAIR MARKET VALUE
WINE & RUM	X	1.	9,071.	FAIR MARKET VALUE
TOTALS	- =	9.	35,818.	

Schedule M (Form 990) (2011)

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

### 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

Department of the Treasury Internal Revenue Service Name of the organization

HISPANIC UNITY OF FLORIDA, INC.

Employer identification number 59-2230272

CHANGES IN NET ASSETS

RULES REQUIRE.

FORM 990, PAGE 1, PART I, LINE 19

THE GENEROSITY OF TWO DONORS AND ONE FOUNDATION SIGNIFICANTLY INCREASED HISPANIC UNITY'S ASSETS IN 2009 (\$625,000) AND 2010 (\$900,000). THESE DONATIONS WERE REFLECTED IN THE IRS 990 PREPARED IN 2009 AND 2010. WHILE THE PLEDGES WERE MULTI-YEAR - FIVE, SIX AND THREE YEARS - RESPECTIVELY, THEY WERE ALL RECOGNIZED IN THE YEAR THEY WERE PLEDGED AS ACCOUNTING

AS A RESULT, HISPANIC UNITY'S NET ASSETS INCREASED SUBSTANTIALLY IN 2009

AND 2010. THE DOLLARS WERE CLASSIFIED INTERNALLY AS TEMPORARILY

RESTRICTED FUNDS AND ARE BEING DRAWN DOWN MONTHLY TO FUND THE PROGRAMS.

THE NET ASSETS FIGURE FOUND IN THIS YEAR'S 990 IS A COMPARISON OF THE AGENCY'S NET ASSETS IN 2011 VS.2010. STARTING IN 2011, AND UNTIL THESE PLEDGES ARE FULFILLED AND FUNDS UTILIZED, HUF WILL CONTINUE TO HAVE A NEGATIVE NET ASSETS NUMBER IN ITS IRS 990. (THIS MAY CHANGE ONCE THE AGENCY RECEIVES OTHER MAJOR GIFTS.) THIS NEGATIVE ASSET FIGURE IS NOT A REFLECTION OF THE ORGANIZATION'S OVERALL HEALTH OR ITS OPERATING FINANCIAL PERFORMANCE.

CEASED PROGRAMS

FORM 990, PAGE 2, PART III, QUESTION #3

THE RENACER (SENIORS) PROGRAM PROVIDED SERVICES THROUGH MAY 2011 BUT HAD

TO BE CLOSED DUE TO LACK OF FUNDING. EACH AND EVERY PARTICIPANT SENIOR
WAS SUCCESSFULLY ENROLLED AT ANOTHER SENIOR CENTER. MOST OF THEM ARE NOW
REGISTERED AT SOUTHEAST FOCAL POINT WHERE THEY RECEIVE EDUCATIONAL AND
RECREATIONAL SERVICES AND A DAILY HOT MEAL.

#### 990 REVIEW

PAGE 6, PART VI, SECTION B, QUESTION 11

THE BOARD IS PROVIDED A COPY OF THE IRS FORM 990 AFTER REVIEW AND

APPROVAL OF THE FINANCE COMMITTEE BUT PRIOR TO THE FILING WITH THE

INTERNAL REVENUE SERVICE. THE CFO AND THE FINANCE COMMITTEE REVIEWS THE

990 IN DETAIL AND ALLOWS ADEQUATE TIME FOR BOARD INPUT, REVIEW AND

APPROVAL.

### CONFLICT OF INTEREST

PAGE 6, PART VI, SECTION B, QUESTION 12B AND C

DIRECTORS SERVE VOLUNTARILY AND IN THE BEST INTEREST OF HISPANIC UNITY OF

FLORIDA, INC. ACTIONS THAT ARE SELF-SERVING; WHETHER THEY ARE OF A

PERSONAL OR FINANCIAL NATURE WOULD BE CAUSE FOR IMMEDIATE REMOVAL FROM

THE BOARD. ON AN ANNUAL BASIS EACH BOARD MEMBER AND EACH KEY EMPLOYEE

READS AND SIGNS A FORM AGREEING TO ABIDE BY THE BOARD-APPROVED CONFLICT

OF INTEREST POLICY. ALL BOARD MEMBERS ALSO SIGN A ROBUST CODE OF ETHICS

ADOPTED FROM ONE DEVELOPED BY THE INDEPENDENT SECTOR.

### COMPENSATION

PAGE 6, PART VI, SECTION B, QUESTION 15A AND B

THE PROCESS FOR DETERMINING EXECUTIVE COMPENSATION APPLIES TO THE

COMPENSATION OF THE FOLLOWING PERSONS: 1. THE CHIEF EXECUTIVE OFFICER,
2. OTHER OFFICERS OR KEY EMPLOYEES: CHIEF FINANCIAL OFFICER, CHIEF

DEVELOPMENT OFFICER, AND DIRECTOR OF PROGRAMS. THE PROCESS INCLUDES: 1.

REVIEW AND APPROVAL. THE COMPENSATION OF THE PERSON IS REVIEWED AND

APPROVED BY BOTH THE FINANCE COMMITTE AND THE BOARD OF DIRECTORS OF THE

ORGANIZATION, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH

RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS

REVIEW AND APPROVAL. 2. USE OF DATA AS TO COMPARABLE COMPENSATION. THE

COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING DATA AS TO

COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY

COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

PUBLIC AVAILABILITY OF DOCUMENTS

PAGE 6, PART VI, SECTION C, QUESTION 19

THE ORGANIZATION'S 990 AND, IF APPLICABLE, THE 990-T IS AVAILABLE TO THE

PUBLIC ANYTIME 1) ON THE ORGANIZATION'S WEBSITE, WWW.HISPANICUNITY.ORG,

2) ON GUIDESTAR'S WEBSITE, WWW.GUIDESTAR.ORG, OR 3) UPON WRITTEN OR

VERBAL REQUEST IN WHICH A COPY WILL BE SENT BY U.S. MAIL OR EMAIL TO THE

REQUESTOR.

RECONCILIATION OF NET ASSETS

FORM 990, PAGE 12, PART XI, LINE 5

THE AUDITED FINANCIAL STATEMENTS INCLUDE UNREALIZED GAINS OF \$1,159. THE

FORM 990 DOES NOT RECOGNIZE THIS INCOME.

Schedule O (Form 990 or 990-EZ) 2011

Employer identification number

59-2230272

ATTACHMENT 1

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

FOUNDED IN 1982 BY COMMUNITY LEADERS TO EASE THE ACCULTURATION TRANSITION OF NEWCOMERS FROM OTHER NATIONS, HUF'S PRIMARY PURPOSE REMAINS EMPOWERING IMMIGRANTS TO BE SUCCESSFUL IN THE UNITED STATES BY PROVIDING THE TOOLS THEY NEED TO BUILD A NEW LIFE. NOW BROWARD COUNTY'S LARGEST 501(C) 3 DEDICATED TO THE IMMIGRANT POPULATION, HUF SERVES MORE THAN 20,000 INDIVIDUALS PER YEAR FROM MORE THAN 25 COUNTRIES. TWO-THIRDS OF HUF'S CLIENTS HAIL FROM LATIN NATIONS AND THE CARIBBEAN, COMPLEMENTED BY AMERICAN-BORN CLIENTS INCLUDING AFRICAN AMERICANS, CAUCASIANS AND OTHERS. THE ORGANIZATION'S PROGRAMS AND SERVICES HELP NEWCOMERS OF ALL AGES - TODDLERS THROUGH SENIORS - FROM EIGHT SITES AROUND THE COUNTY. THROUGH THE CENTER FOR WORKING FAMILIES WE PROVIDE: EMPLOYMENT SKILLS/ PLACEMENT, CAREER COACHING, PUBLIC BENEFITS AND HEALTH ACCESS, NUTRITION PROGRAM AND FINANCIAL EDUCATION AND COACHING. OTHER PROGRAMS INCLUDE: ENGLISH CLASSES, FREE TAX PREPARATION, LICENSED PRESCHOOL CENTER, YOUTH AFTER SCHOOL AND SUMMER PROGRAMS, HOW TO START YOUR OWN BUSINESS WORKSHOPS, IMMIGRATION AND LEGAL REFERRALS AND CLINICS, HIV/AIDS PREVENTION AND TESTING AND MORE. HUF ALSO LINKS CLIENTS TO A VAST CONTINUUM OF ANCILLARY SERVICES THROUGH COLLABORATIVE PARTNERSHIPS WITH AGENCIES PROVIDING SPECIALIZED SERVICES INCLUDING: TRANSPORTATION, PRIMARY MEDICAL CARE, MENTAL HEALTH COUNSELING, HOUSING AND SUBSTANCE ABUSE TREATMENT AND OTHER HUMAN SERVICES THROUGHOUT BROWARD COUNTY.

ATTACHMENT	2	
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Name of the organization

HISPANIC UNITY OF FLORIDA, INC.

Employer identification number 59-2230272

ATTACHMENT 2 (CONT'D)

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

EDUCATIONAL SERVICES PROVIDED TO:

- 1) ENGLISH CLASSES FOR 1,500 NEW STUDENTS WERE OFFERED PRIMARILY
  TO THOSE CLIENTS WHO WERE EITHER SEEKING EMPLOYMENT OR PURSUING
  HIGHER EDUCATION.
- 2) THE MIDDLE SCHOOL/YOUTH PROGRAM OFFERED QUALITY EDUCATIONAL,
  RECREATIONAL AND CULTURAL PROGRAMMING THAT PROMOTED THE SOCIAL,
  PHYSICAL, INTELLECTUAL, AND EMOTIONAL DEVELOPMENT OF YOUTH. THE
  PROGRAM SERVED OVER 620 STUDENTS WHO WERE PERFORMING BELOW GRADE
  LEVEL, ENGLISH WAS THEIR SECOND LANGUAGE OR WERE RECENT IMMIGRANTS
  INTO THIS COUNTRY. WE OPERATED OUR YOUTH PROGRAM OUT OF TWO
  SCHOOLS, APOLLO AND OLSEN MIDDLE SCHOOLS. THE PROGRAM ALSO OFFERED
  AN EIGHT-WEEK SUMMER PROGRAM THAT SERVED OVER 300 STUDENTS.
- 3) HUF SECURED FUNDING TO SERVE TWO HIGH SCHOOLS IN BROWARD COUNTY: STRANAHAN AND MIRAMAR. OVER 220 STUDENTS RECEIVED ACADEMIC, ENRICHMENT, PREVENTION AND LEADERSHIP DEVELOPMENT SERVICES. AS A NEW PROGRAM THE FOCUS WAS ON RECRUITMENT, ATTENDANCE AND ESTABLISHING A STRONG ADMINISTRATIVE AND PROGRAMMATIC STRUCTURE.
- 4) HUF BECAME A SUPPLEMENTAL EDUCATION SERVICES PROVIDER. IN THE LAST QUARTER OF THE YEAR OVER 40 MIDDLE SCHOOL STUDENTS RECEIVED TUTORING SERVICES AT THREE (3) PUBLIC SCHOOLS.
- 5) FAMILY PLANNING (FP) WAS AWARDED ADDITIONAL \$50K BY THE OUNCE OF PREVENTION FUND OF FLORIDA TO EXPAND ITS SCOPE OF SERVICES. AS A RESULT A TOTAL OF 150 WOMEN WERE SERVED.
- 6) THE TEEN PREGNANCY PREVENTION (TPP) SUCCESSFULLY SERVED OVER

Name of the organization HISPANIC UNITY OF FLORIDA, INC.

Employer identification number 59-2230272

ATTACHMENT 2 (CONT'D)

200 STUDENTS FROM THREE (3) PUBLIC SCHOOLS (2 MIDDLE SCHOOL AND 1 HIGH SCHOOL). THE TPP THROUGH ITS WRITER'S CLUB AT APOLLO MIDDLE PUBLISHED ITS FIRST EIGHT BOOKS IN MEMORY ON THE DANIEL TORRES READING GARDEN WHO WAS ACCIDENTALLY KILLED IN APRIL 2010.

7) THE PRE-SCHOOL SERVED 30+ CHILDREN. MOST OF THE CHILDREN
PARTICIPATING IN THE PROGRAM RECEIVED SUBSIDIZED PROGRAMMING
THROUGH FAMILY CENTRAL AND FLORIDA DEPARTMENT OF EDUCATION VPK
PROGRAM). WHILE WE SERVE ONLY 20 CHILDREN AT ANY GIVEN TIME, THE
PROGRAM HAS OVER 60 CLIENTS ON A WAITING LIST.

ATTACHMENT 3

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4B

ECONOMIC DEVELOPMENT/CASE MANAGEMENT SERVICES PROVIDED TO:

1) HUF AND THE URBAN LEAGUE OF BROWARD COUNTY LAUNCHED THE FIRST
CENTER FOR WORKING FAMILIES (CWF) IN BROWARD COUNTY. CWF IS AN
INNOVATIVE APPROACH TO HELP LOW-INCOME FAMILIES REACH FINANCIAL
STABILITY AND MOVE UP THE ECONOMIC LADDER. THE PROGRAM MODEL
BRINGS TOGETHER - OR BUNDLES - ACCESS TO A FULL RANGE OF ESSENTIAL
ECONOMIC SUPPORTS, INCLUDING INCOME ENHANCEMENT, WORK SUPPORTS AND
PUBLIC BENEFITS, EMPLOYMENT SERVICES, AND ASSET BUILDING SERVICES,
IN ONE CONVENIENT LOCATION TO HELP FAMILIES BUILD
SELF-SUFFICIENCY, STABILIZE THEIR FINANCES, AND MOVE UP THE
ECONOMIC LADDER. THIS MODEL TEACHES CLIENTS TO "EARN IT", "KEEP
IT" AND "GROW IT." THANKS TO THE GENEROUS FUNDING OF THE THE JIM
MORAN FOUNDATION AND THE UNITED WAY OF BROWARD COUNTY, NEW STAFF

Employer identification number 59-2230272

ATTACHMENT 3 (CONT'D)

WAS HIRED, ADDITIONAL TRAINING WAS PROVIDED AND A DATABASE SYSTEM WAS PURCHASED. IN 9 MONTHS CWF ASSISTED 278 CLIENTS. 100% OF THE CLIENTS WHO RECEIVED AT LEAST 2 ONE-ON-ONE FINANCIAL COACHING SESSIONS HAVE ALSO ESTABLISHED THEIR OWN FAMILY BUDGETS. 75% OF THE CLIENTS WHO RECEIVED ONE-ON-ONE EMPLOYMENT COACHING SESSION STARTED A RESUME AND 32% OF THESE CLIENTS ACQUIRED EMPLOYMENT OR FOUND A BETTER JOB AS A RESULT OF THEIR ENROLLMENT IN CWF. 100% OF ELIGIBLE CLIENTS WERE ASSISTED IN COMPLETING APPLICATIONS FOR INCOME SUPPORTS AND PUBLIC BENEFITS; OUT OF THESE, 94% DID RECEIVE PUBLIC BENEFITS.

2) HUF SECURED A SECOND GRANT FROM THE IRS FOR 2010-2011 FOR THE VITA (FREE TAX PREPERATION) PROGRAM. 4,632 FREE RETURNS WERE PREPARED BY 125+ VOLUNTEERS FROM 14 SITES AND \$5.5 MILLION DOLLARS IN REFUNDS WERE GENERATED FOR OUR CLIENTS. LATER IN THE YEAR, HUF TOOK THE LEAD TO FORM THE BROWARD VITA COLLABORATIVE (BVC). THIS GROUP WORKED TO CREATE A NEW VITA MODEL FOR THE COUNTY. SOME OF THE BVC MEMBERS ARE: MINORITY DEVELOPMENT EMPOWERMENT INC. (MDEI), HANDS ON BROWARD, IRS, CHILDREN'S SERVICES COUNCIL OF BROWARD COUNTY (CSC) AND THE UNITED WAY OF BROWARD COUNTY. THE BVC RECRUITED OVER 250 VOLUNTEERS FOR ITS 2011 EXPANDED TRAINING PROGRAM HOSTED AT NOVA SOUTHEASTERN UNIVERSITY, FLORIDA ATLANTIC UNIVERSITY, CHILDREN'S SERVICES COUNCIL AND THE NORTHWEST REGIONAL

59-2230272

ATTACHMENT 3 (CONT'D)

LIBRARY IN CORAL SPRINGS. IT HAS BEEN A LONG-TERM GOAL OF HUF'S TO CREATE NOT JUST A COMPREHENSIVE TRAINING PROGRAM, BUT A MODEL FOR OTHER PROVIDERS THROUGHOUT SOUTH FLORIDA. IN NOVEMBER 2012, IRS AWARDED HUF AND ITS PARTNERS A THREE-YEAR FEDERAL GRANT. HUF WAS THE ONLY AGENCY IN CENTRAL AND SOUTH FLORIDA TO RECEIVE MULTI-YEAR FUNDING.

- 3) THE ENTREPRENEURSHIP PROGRAM EXPANDED ITS SERVICES TO NEW LOCATIONS: ANA G. MENDEZ UNIVERSITY SYSTEM AND THE URBAN LEAGUE OF BROWARD COUNTY. THESE PARTNERS JOINED HUF IN HOSTING THE THREE (3) TWO-SESSION WORKSHOPS WHICH WERE CONDUCTED IN ENGLISH AND SPANISH. THE 3 WORKSHOPS FACILITATED BY GBS PEOPLE GROUP SERVED 63 CLIENTS WITH DETAILED INFORMATION AND RESOURCES ON ALL ASPECTS OF STARTING AND SUSTAINING A SMALL BUSINESS. HISPANIC BUSINESS INITIATIVE FUND (HBIF) PRESENTED AT THE WORKSHOPS TO OFFER ADDITIONAL FOLLOW UP ONE ON ONE SMALL BUSINESS COUNSELING. CLIENTS WERE PROVIDED WITH AND LINKED TO GREAT INFORMATION AND RESOURCES NEEDED TO TAKE THEIR BUSINESS IDEAS TO THE NEXT LEVEL.
- 4) PUBLIC BENEFITS (FOOD AND HEALTH) APPLICATIONS ASSISTANCE WAS MAINLY PROVIDED THROUGH THE CENTER FOR WORKING FAMILIES, HOWEVER, CASE MANAGERS AND COACHES CONTINUED PROVIDING THIS IMPORTANT SERVICE TO ALL HUF'S CLIENTS. IN ADDITION, CWF STAFF PROVIDED ASSISTANCE TO THE GENERAL PUBLIC ON FRIDAYS. OVER 300 RECEIVED

Name of the organization

HISPANIC UNITY OF FLORIDA, INC.

Employer identification number

59-2230272

ATTACHMENT 3 (CONT'D)

ASSISTANCE.

ATTACHMENT 4

ATTACHMENT 5

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

COVENTRY HEALTH CARE 6720 - B ROCKLEDGE DRIVE, SUITE 700

BETHESDA, MD 20817

TOTAL COMPENSATION

133,131.

649.

133,131.

FORM 990, PART VIII - INVESTMENT INCOME

(A)(B)(C)(D)TOTALRELATED ORUNRELATEDEXCLUDEDDESCRIPTIONREVENUEEXEMPT REVENUEBUSINESS REV.REVENUE

INVESTMENT INCOME 649.

TOTALS 649. 649.

HEALTH INS PROVIDER

ATTACHMENT 6

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION AMOUNT

ANNUAL GALA 20,281.

TOTAL 20,281.

Name of the organization
HISPANIC UNITY OF FLORIDA, INC.

59-2230272
ATTACHMENT 7

### FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
ENTREPRENEURIAL SUMMIT	119,775.	66,889.	52,886.
ANNUAL GALA	289,513.	124,782.	164,731.
OTHER FUNDRAISING REVENUE	42,500.		42,500.
TOTALS	451,788.	191,671.	260,117.

ATTACHMENT 8

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

BEGINNINGENDINGDESCRIPTIONBOOK VALUEBOOK VALUE

PREPAID EXPENSES 37,869. 40,092.

TOTALS 37,869. 40,092.

ATTACHMENT 9

FORM 990, PART X - DEFERRED REVENUE

BEGINNING ENDING
DESCRIPTION BOOK VALUE BOOK VALUE

DEFERRED REVENUE 4,567.

TOTALS 4,567.

ATTACHMENT 10

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: BANK OF AMERICA #5840
ORIGINAL AMOUNT: 237,644.
INTEREST RATE: 7.000000
DATE OF NOTE: 06/07/2006
MATURITY DATE: 06/06/2021

REPAYMENT TERMS: MONTHLY INSTALLMENTS OF PRINCIPAL AND INTEREST

SECURITY PROVIDED: LAND AND BUILDINGS

Schedule O (Form 990 or 990-EZ) 2011

Name of the organization		Employer identification number
HISPANIC UNITY OF FLORIDA, 1	INC.	59-2230272
		ATTACHMENT 10 (CONT'D)
PURPOSE OF LOAN:	REFINANCE OF ORIGINAL PURCHASE LOAN	
BEGINNING BALANCE DUE		190,501.
ENDING BALANCE DUE		177,821.

LENDER: BANK OF AMERICA #5811
ORIGINAL AMOUNT: 365,000.
INTEREST RATE: 7.000000
DATE OF NOTE: 09/26/2006
MATURITY DATE: 09/26/2021

REPAYMENT TERMS: MONTHLY INSTALLMENTS OF PRINCIPAL AND INTEREST

SECURITY PROVIDED: LAND AND BUILDINGS

PURPOSE OF LOAN: REFINANCE OF ORIGINAL PURCHASE LOAN

 BEGINNING BALANCE DUE
 297,264.

 ENDING BALANCE DUE
 278,129.

Name of the organization Employer identification number

HISPANIC UNITY OF FLORIDA, INC. 59-2230272

ATTACHMENT 10 (CONT'D)

LENDER: BROWARD COUNTY

ORIGINAL AMOUNT: 100,000. DATE OF NOTE: 06/04/2003 MATURITY DATE:

FORGIVABLE DEFERRED PAYMENT WITH 0% INTEREST REPAYMENT TERMS:

SECURITY PROVIDED: LAND

PURPOSE OF LOAN: PURCHASE OF PROPERTY

BEGINNING BALANCE DUE ..... 30,000. ENDING BALANCE DUE ..... 20,000.

LENDER: BROWARD COUNTY

ORIGINAL AMOUNT: 82,196. DATE OF NOTE: 02/01/2008 MATURITY DATE: 02/01/2013

REPAYMENT TERMS: FORGIVABLE DEFERRED PAYMENT WITH 0% INTEREST

SECURITY PROVIDED: LAND

PURPOSE OF LOAN: PROPERTY ACQUIRED FOR HUMAN SERVICES ACTIVITY

BEGINNING BALANCE DUE ..... 49,319. ENDING BALANCE DUE ..... 32,880.

Employer identification number Name of the organization

HISPANIC UNITY OF FLORIDA, INC. 59-2230272

ATTACHMENT 10 (CONT'D)

LENDER: BROWARD COUNTY

ORIGINAL AMOUNT: 33,158. DATE OF NOTE: 06/01/2008 MATURITY DATE: VAR

FORGIVABLE DEFERRED PAYMENT WITH 0% INTEREST REPAYMENT TERMS:

SECURITY PROVIDED: LAND

PURPOSE OF LOAN: TO SATISFIED 5 YEAR CLOSEOUT OF THE CDBG GRANT.

BEGINNING BALANCE DUE ..... 33,158. ENDING BALANCE DUE ..... 33,158.

LENDER: CITY OF HOLLYWOOD

ORIGINAL AMOUNT: 29,142. DATE OF NOTE: 09/01/2008 MATURITY DATE: VAR

REPAYMENT TERMS: FORGIVABLE DEFERRED PAYMENT WITH 0% INTEREST

SECURITY PROVIDED: LAND

PURPOSE OF LOAN: 5840 CHILDRENS RENOVATION

BEGINNING BALANCE DUE ..... 29,142. ENDING BALANCE DUE ..... 29,142.

Name of the organization

HISPANIC UNITY OF FLORIDA, INC.

Employer identification number

59-2230272

ATTACHMENT 10 (CONT'D)

LENDER: BROWARD COUNTY

ORIGINAL AMOUNT: 107,318.

DATE OF NOTE: 02/01/2009

MATURITY DATE: 02/01/2014

REPAYMENT TERMS: FORGIVABLE DEFERRED PAYMENT WITH 0% INTEREST

SECURITY PROVIDED: LAND

PURPOSE OF LOAN: PROPERTY ACQUIRED FOR HUMAN SERVICES ACTIVITY

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE \_\_\_\_\_635,519.

Description of Property															
DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
FURNITURE & FIXT	01/01/2009	58,287.	100.000			58,287.	41,167.	44,179.	SL						3,012.
BUILDINGS/IMPROV	01/01/2009	1,582,835.	100.000			1,582,835.	450,840.	529,344.	SL						78,504.
LAND	01/01/2009	458,106.	100.000												
EQUIPMENT	01/01/2009	218,748.	100.000			218,748.	91,808.	121,910.	SL						30,102.
Less: Retired Assets									,						
Subtotals		2,317,976.				1,859,870.	583,815.	695,433.							111,618.
Listed Property															
Less: Retired Assets									_						
Subtotals															
TOTALS		2,317,976.				1,859,870.	583,815.	695,433.							111,618.
AMORTIZATION															
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	Life	:			_	Current-year amortization
														-	
														-	
			-												

114506

2011

\*Assets Retired JSA 1X9024 1.000

TOTALS........

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