

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning , 2014, **and ending** , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HISPANIC UNITY OF FLORIDA, INC.		D Employer identification number 59-2230272
	Doing business as		E Telephone number (954) 964-8884
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code HOLLYWOOD, FL 33021		G Gross receipts \$ 3,712,816.
F Name and address of principal officer: JOSIE BACALLAO 5840 JOHNSON STREET HOLLYWOOD, FL 33021		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.HISPANICUNITY.ORG		L Year of formation: 1982 M State of legal domicile: FL	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: EMPOWERING HISPANICS AND OTHER MEMBERS OF THE COMMUNITY TO BECOME SELF-SUFFICIENT AND LEAD PRODUCTIVE LIVES.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 17.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 17.
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5 225.
	6 Total number of volunteers (estimate if necessary)	6 250.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
7b Net unrelated business taxable income from Form 990-T, line 34	7b 0	
Revenue	Prior Year Current Year	
	8 Contributions and grants (Part VIII, line 1h)	4,203,514. 3,553,013.
	9 Program service revenue (Part VIII, line 2g)	181,593. 150,917.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	333. 996.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52,541. 7,890.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,437,981. 3,712,816.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0 0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,789,963. 2,712,076.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0 0
Expenses	b Total fundraising expenses (Part IX, column (D), line 25) ▶	17,295.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	987,363. 1,026,510.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,777,326. 3,738,586.
	19 Revenue less expenses. Subtract line 18 from line 12	660,655. -25,770.
	Beginning of Current Year End of Year	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	3,424,191. 3,377,367.
	21 Total liabilities (Part X, line 26)	726,657. 705,603.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,697,534. 2,671,764.

Part II Signature Block

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

Sign Here	Signature of officer: <i>Virginia Cielo</i>	Date: 11/10/15
	Type or print name and title: VIRGINIA CIELO COO/CFO	

Paid Preparer Use Only	Print/Type preparer's name: DONALD BUTLER	Preparer's signature:	Date:	Check <input type="checkbox"/> if self-employed	PTIN: P00541422
	Firm's name ▶ MARCUM, LLP			Firm's EIN ▶ 11-1986323	
	Firm's address ▶ ONE SE THIRD AVENUE, SUITE 1100 MIAMI, FL 33131			Phone no. 305-995-9600	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2014)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 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? Yes No

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

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

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

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

4a (Code:) (Expenses \$ 1,898,199. including grants of \$) (Revenue \$ 133,838.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 1,313,981. including grants of \$) (Revenue \$ 5,330.)

ATTACHMENT 3

4c (Code:) (Expenses \$ 215,004. including grants of \$) (Revenue \$ 11,749.)

ATTACHMENT 4

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

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

4e Total program service expenses ▶ 3,427,184.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, 8282, 720, and 709.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (17), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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, address, and telephone number of the person who possesses the organization's books and records:▶

VIRGINIA CIELO-BASURTO, CFO 5840 JOHNSON STREET HOLLYWOOD, FL 33021

954-964-8884

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NYDIA MENENDEZ DIRECTOR	2.00 0	X					0	0	0	
(2) JORGE GONZALEZ TREASURER	2.00 0	X		X			0	0	0	
(3) BARBARA GREVIOR DIRECTOR	2.00 0	X					0	0	0	
(4) YVONNE LOPEZ CHAIR ELECT	2.00 0	X		X			0	0	0	
(5) JORGE DEAPODACA PAST CHAIR	2.00 0	X		X			0	0	0	
(6) LILY PARDO CHAIR	2.00 0	X		X			0	0	0	
(7) ANGIE J. STONE DIRECTOR	2.00 0	X					0	0	0	
(8) HECTOR M LIMA DIRECTOR	2.00 0	X					0	0	0	
(9) MALENA MENDEZ DIRECTOR	2.00 0	X					0	0	0	
(10) ABRAHAM CARDENAS DIRECTOR	2.00 0	X					0	0	0	
(11) MELIDA AKITI DIRECTOR	2.00 0	X					0	0	0	
(12) ROLANDO MORA DIRECTOR	2.00 0	X					0	0	0	
(13) OSCAR PRIMELLES DIRECTOR	2.00 0	X					0	0	0	
(14) CHARLES TATELBAUM DIRECTOR	2.00 0	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) EMMA PFISTER ----- DIRECTOR	2.00 ----- 0	X						0	0	0
(16) GUILLERMO GOMEZ ----- DIRECTOR	2.00 ----- 0	X						0	0	0
(17) DANIEL SCHEVIS ----- DIRECTOR	2.00 ----- 0	X						0	0	0
(18) JOSIE BACALLAO ----- PRESIDENT/CEO	40.00 ----- 0			X				113,256.	0	0
(19) LUIS F. PINZON ----- VP/DIR OF PROGRAMS	40.00 ----- 0			X				93,655.	0	0
(20) VIRGINIA K. CIELO ----- COO/CFO	40.00 ----- 0			X				92,382.	0	0
-----	-----									
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-----	-----									
-----	-----									
-----	-----									
-----	-----									
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								299,293.	0	0
d Total (add lines 1b and 1c)								299,293.	0	0

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

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 VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions),	1e	1,982,746.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,570,267.				
	g Noncash contributions included in lines 1a-1f: \$		43,615.				
	h Total. Add lines 1a-1f ▶			3,553,013.			
Program Service Revenue	Business Code						
	2a TUITION & OTHER EDUCATION FEES			133,838.	133,838.		
	b ECONOMIC DEVELOPMENT			5,330.	5,330.		
	c CIVIC ENGAGEMENT & OTHER			11,749.	11,749.		
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶			150,917.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 6 ▶			996.			996.
	4 Income from investment of tax-exempt bond proceeds ▶			0			
	5 Royalties ▶			0			
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶			0			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a						
b Less: direct expenses b							
c Net income or (loss) from fundraising events ▶			0				
9a Gross income from gaming activities. See Part IV, line 19 a							
b Less: direct expenses b							
c Net income or (loss) from gaming activities ▶			0				
10a Gross sales of inventory, less returns and allowances a							
b Less: cost of goods sold b							
c Net income or (loss) from sales of inventory ▶			0				
Miscellaneous Revenue			Business Code				
11a OTHER INCOME				7,890.			7,890.
b							
c							
d All other revenue							
e Total. Add lines 11a-11d ▶				7,890.			
12 Total revenue. See instructions ▶				3,712,816.	150,917.		8,886.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	345,935.	104,625.	241,310.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	2,366,141.	2,330,820.	27,946.	7,375.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	3,280.		3,280.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	177,268.	164,591.	11,547.	1,130.
12 Advertising and promotion	9,231.	8,308.		923.
13 Office expenses	33,407.	32,328.	750.	329.
14 Information technology	42,395.	40,666.	1,155.	574.
15 Royalties	0			
16 Occupancy	188,434.	185,736.	2,152.	546.
17 Travel	13,220.	12,989.	212.	19.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	38,435.	37,845.	375.	215.
20 Interest	7,411.	7,259.	134.	18.
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	136,362.	135,271.	955.	136.
23 Insurance	31,311.	31,197.	36.	78.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES -----	195,915.	195,915.		
b TELEPHONE -----	70,901.	68,948.	1,680.	273.
c PRINTING -----	44,957.	43,508.	692.	757.
d BANK SERVICE CHARGE -----	12,102.	10,892.	1,210.	
e All other expenses -----	21,881.	16,286.	673.	4,922.
25 Total functional expenses. Add lines 1 through 24e	3,738,586.	3,427,184.	294,107.	17,295.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	396,895.	1	635,828.
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	1,427,234.	3	1,214,436.
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other 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). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	37,230.	9	35,015.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,543,919.		
	b Less: accumulated depreciation	10b 1,054,972.	1,559,214.	10c 1,488,947.
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	3,618.	15	3,141.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,424,191.	16	3,377,367.	
Liabilities	17 Accounts payable and accrued expenses	128,968.	17	168,710.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	406,713.	23	345,917.
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	190,976.	25	190,976.
	26 Total liabilities. Add lines 17 through 25	726,657.	26	705,603.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	873,582.	27	979,417.
	28 Temporarily restricted net assets	1,823,952.	28	1,692,347.
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,697,534.	33	2,671,764.
34 Total liabilities and net assets/fund balances	3,424,191.	34	3,377,367.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,712,816.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,738,586.
3	Revenue less expenses. Subtract line 2 from line 1	3	-25,770.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,697,534.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,671,764.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization HISPANIC UNITY OF FLORIDA, INC.	Employer identification number 59-2230272
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2014 (95.24%); 15 Public support percentage from 2013 Schedule A, Part II, line 14 (94.81%); 16a 33 1/3% support test - 2014 (checked); 16b 33 1/3% support test - 2013; 17a 10%-facts-and-circumstances test - 2014; 17b 10%-facts-and-circumstances test - 2013; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI **Supplemental Information.** 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).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
SPECIAL EVENTS	228,186.	260,117.	254,779.	133,893.		876,975.
MISCELLANEOUS INCOME	8,460.	15,314.	15,993.	12,424.	7,890.	60,081.
TOTALS	<u>236,646.</u>	<u>275,431.</u>	<u>270,772.</u>	<u>146,317.</u>	<u>7,890.</u>	<u>937,056.</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

HISPANIC UNITY OF FLORIDA, INC.

59-2230272

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

Schedule D (Form 990) 2014

JSA 4E1268 1.000

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

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

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
 - b** Permanent endowment %
 - c** Temporarily restricted endowment %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		458,106.		458,106.
b Buildings		1,671,450.	731,812.	939,638.
c Leasehold improvements				
d Equipment		350,350.	262,932.	87,418.
e Other		64,013.	60,228.	3,785.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,488,947.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) LINE OF CREDIT	190,976.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 3,712,816.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 3,738,586.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

UNCERTAIN TAX POSITION

GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2014 AND 2013, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. IF THE ORGANIZATION WERE TO INCUR AN INCOME TAX LIABILITY IN THE FUTURE, INTEREST AND PENALTIES WOULD BE REPORTED AS INCOME TAXES. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR THE YEARS PRIOR TO 2011.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

HISPANIC UNITY OF FLORIDA, INC.

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Part I Types of Property

	(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				
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				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>ATCH 1</u>)		22 .	43,615 .	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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) (2014)

JSA

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Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
COSTUME JEWELRY	X	1.	8,218.	FAIR MARKET VALUE
CLOTHING	X	3.	32,547.	FAIR MARKET VALUE
FIRE EXTINGUISHER	X	1.	750.	FAIR MARKET VALUE
GIFT CARDS	X	17.	2,100.	FAIR MARKET VALUE
TOTALS		<u>22.</u>	<u>43,615.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

HISPANIC UNITY OF FLORIDA, INC.

Employer identification number

59-2230272

990 REVIEW

THE BOARD IS PROVIDED A COPY OF THE IRS FORM 990 AFTER REVIEW AND APPROVAL BY THE FINANCE COMMITTEE BUT PRIOR TO THE FILING WITH THE INTERNAL REVENUE SERVICE. THE CFO AND THE FINANCE COMMITTEE REVIEW THE 990 IN DETAIL AND ALLOW ADEQUATE TIME FOR BOARD INPUT, REVIEW AND APPROVAL.

CONFLICT OF INTEREST

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.

COMPENSATION

THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER, AND OTHER OFFICERS OR KEY EMPLOYEES (I.E., CHIEF FINANCIAL OFFICER, CHIEF DEVELOPMENT OFFICER, AND DIRECTOR OF PROGRAMS) INCLUDES A TWO-PART ANALYSIS CONDUCTED FIRST BY THE FINANCE COMMITTEE FOR RECOMMENDATION AND APPROVAL TO THE BOARD OF DIRECTORS. FIRST, THE JOB DESCRIPTION IS ANALYZED FOR THE PURPOSES OF SELECTING LIKE-KIND ORGANIZATIONS TO USE THE COMPENSATION OF THOSE LIKE-KIND ORGANIZATIONS AS COMPARABLES. THE MOST RELEVANT FACTORS IN SELECTING COMPARABLES INCLUDE THE TYPE OF SERVICES AND PROGRAMS OFFERED,

Name of the organization HISPANIC UNITY OF FLORIDA, INC.	Employer identification number 59-2230272
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THE ANNUAL BUDGET AND GEOGRAPHICAL LOCATION. SECOND, THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING DATA OF THE COMPARABLE LIKE-KIND ORGANIZATIONS. THESE TWO STEPS ENSURE THAT THE COMPENSATION IS WITHIN MARKET. THE BOARD OF DIRECTORS MAKES THE DECISION ON THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER, AND HAS INPUT ON THE COMPENSATION OF THE OTHER EMPLOYEES.

PUBLIC AVAILABILITY OF DOCUMENTS

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, WHICH IS COMPLIED WITH BY PROVIDING A COPY BY U.S. MAIL OR EMAIL TO THE REQUESTOR.

ATTACHMENT 1

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

HISPANIC UNITY OF FLORIDA'S MISSION IS EMPOWERING HISPANICS AND OTHER MEMBERS OF THE COMMUNITY TO BECOME SELF-SUFFICIENT, CIVICALLY ENGAGED AND TO LEAD PRODUCTIVE LIVES.

IN 2014, HUF CELEBRATED 32 YEARS OF SERVICE IN SOUTH FLORIDA PROVIDING ASSISTANCE TO MORE THAN 360,000 INDIVIDUALS AND FAMILIES DURING THIS TIME.

HISPANIC UNITY WAS ORIGINALLY FOUNDED BY COMMUNITY LEADERS TO EASE THE ACCULTURATION TRANSITION FOR NEWCOMERS FROM OTHER NATIONS. TODAY, HUF IS BROWARD COUNTY'S LARGEST 501(C) (3) DEDICATED TO THE IMMIGRANT POPULATION AND PROVIDING THEM WITH THE TOOLS THEY NEED TO BUILD A NEW LIFE.

TWO-THIRDS OF HUF'S CLIENTS HAIL FROM LATIN AMERICA AND THE

Name of the organization

HISPANIC UNITY OF FLORIDA, INC.

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59-2230272

ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

CARIBBEAN, COMPLEMENTED BY AMERICAN-BORN CLIENTS INCLUDING AFRICAN-AMERICANS, CAUCASIANS, AND OTHERS. LAST YEAR HUF SERVED 17,000 CLIENTS, FROM MORE THAN 25 COUNTRIES AND FROM TODDLERS TO ADULTS AT EIGHT PERMANENT BROWARD COUNTY SITES, 12 TEMPORARY TAX PREPARATION SITES AND 11 CITIZENSHIP CLASS FACILITIES.

IN 2014 THIS NONPROFIT PROVIDED 12 PROGRAMS AND SERVICES, IN THREE LANGUAGES, TO BROWARD'S DIVERSE COMMUNITY. THE AGENCY OFFERED PROGRAMS IN THREE MAJOR AREAS: LANGUAGE & EDUCATION, ECONOMIC MOBILITY & ENTREPRENEURSHIP, AND CITIZENSHIP & CIVIC ENGAGEMENT. HUF ALSO PROVIDES SOME SERVICES IN HEALTH & WELL BEING AND EQUAL TREATMENT & OPPORTUNITY.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

LANGUAGE AND EDUCATION - ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL) - THE SCHOOL BOARD OF BROWARD COUNTY (SBBC) PROVIDED ENGLISH CLASSES TO OVER 700 STUDENTS. CLASSES WERE CONDUCTED IN THE MORNINGS AND EVENINGS. THE OBJECTIVE IS TO PROVIDE ENGLISH CLASSES MAINLY TO CLIENTS SEEKING EMPLOYMENT AND/OR PURSUING HIGHER EDUCATION.

UNITY 4KIDS PRESCHOOL (U4K) - THE PROGRAM PROVIDED EARLY CHILDHOOD EDUCATION TO 39 CHILDREN AND PARENT SUPPORT SERVICES TO 70 PARENTS (TOTAL OF 109 CLIENTS SERVED) AND WAS SUCCESSFUL IN OPERATING ITS FOUR COMPONENTS - FAMILY LITERACY EVENTS, PARENT EDUCATION SESSIONS, LENDING LIBRARY AND PARENT/TEACHER CONFERENCES AS

Name of the organization HISPANIC UNITY OF FLORIDA, INC.	Employer identification number 59-2230272
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 ATTACHMENT 2 (CONT'D)

PARENTS BECAME MORE INVOLVED IN THEIR CHILD'S EDUCATION AND INCREASED THE TIME AND DURATION OF FUN LITERACY ACTIVITIES WITH THEIR CHILDREN. 94% (34 OUT OF 36) DEMONSTRATED GAINS IN COMMUNICATION, PERSONAL-SOCIAL PROBLEM SOLVING, AND FINE AND GROSS MOTOR SKILLS. (TARGET: 75%).

OUTCOMES FOR THE PARENTAL INVOLVEMENT COMPONENTS ALLOW FAMILIES TO LEARN THROUGH INTERACTIVE ACTIVITIES AND FORMAL CONVERSATIONS HOW TO BE THEIR CHILD'S FIRST TEACHER AT HOME: 84% ATTENDED AT LEAST 1 FAMILY LITERACY EVENT EACH QUARTER; 100% PARTICIPATED IN PARENTING CLASSES; 82% WERE READING BOOKS FROM THE LENDING LIBRARY TO THEIR CHILDREN 5 TIMES PER WEEK; 100% ATTENDED THEIR PARENT-TEACHER CONFERENCES.

IN 2014, U4K ALSO PARTNERED WITH THE EARLY LEARNING DEPARTMENT OF BROWARD COUNTY PUBLIC SCHOOLS TO PARTICIPATE IN THE ROAD TO CHILD OUTCOME INITIATIVE TO SUPPORT HIGH QUALITY CARE AND EDUCATION THAT WILL BE IMPLEMENTED WITH A FOCUS ON THE CHILD, FAMILY, AND TEACHER AND LEARNING ENVIRONMENT. THE INITIATIVE PROVIDED WEEKLY COACHING SESSIONS FOR THE STAFF AND A SCHOOL PSYCHOLOGIST FOR U4K FAMILIES.

IN 2015, THIS INITIATIVE WILL SUPPORT U4K PROGRAM BY PROVIDING GUIDANCE AND THE NECESSARY TOOLS TO MAINTAIN UNITY 4KIDS AS A 5-STAR RATING SCHOOL.

UNITY 4TEENS MIDDLE SCHOOLS - IN 2014, UNITY 4TEENS (U4T) SERVED 442 STUDENTS FROM APOLLO, ATTUCKS, MCNICOL AND OLSEN MIDDLE SCHOOLS. THE PROGRAM PROVIDED ACADEMIC AND ENRICHMENT ACTIVITIES AS WELL AS CASE MANAGEMENT SERVICES FOR THE WHOLE FAMILY. STUDENTS

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ATTACHMENT 2 (CONT'D)

ALSO RECEIVED PREVENTION, NUTRITIONAL, PHYSICAL EDUCATION AND MANY MORE SERVICES DURING THE SCHOOL YEAR AND SUMMER TIME.

2014 OUTCOMES AND RESULTS: 99% OF STUDENTS MAINTAINED A CLEAN RECORD WHILE ENROLLED IN THE PROGRAM; 94% OF STUDENTS DECREASED NEGATIVE PATTERNS OF BEHAVIOR; 100% OF FEMALE PARTICIPANTS DID NOT BECOME PREGNANT AND 100% MALE PARTICIPANTS DID NOT CAUSE A PREGNANCY; 100% OF STUDENTS DID NOT USE DRUGS OR ALCOHOL WHILE ENROLLED IN THE PROGRAM.

UNITY 4TEENS HIGH SCHOOLS- THE PROGRAM SERVED 487 STUDENTS WITH INNOVATIVE PROGRAMMING AT STRANAHAN AND MIRAMAR HIGH SCHOOLS SUCH AS FORENSIC SCIENCE, ROBOTICS AND CULINARY ARTS, TO KEEP STUDENTS ENGAGED AND ENTHUSIASTIC. IN 2014 POSITIVE OUTCOMES WERE ATTAINED: 63% OF YOUTH IMPROVED READING GRADES, 68% OF YOUTH IMPROVED SCIENCE GRADES, 57% OF YOUTH PASSED ALGEBRA END OF COURSE EXAM AND 99% DECREASED EXTERNAL SUSPENSIONS OR HAD ZERO EXTERNAL SUSPENSIONS.

U4T ALSO PROVIDED COLLEGE & CAREER READINESS SERVICES TO ENSURE ACCESS TO HIGHER EDUCATION. STUDENTS EXPANDED THEIR UNDERSTANDING OF THE COLLEGE PROCESS THROUGH PRACTICAL EXPERIENTIAL ACTIVITIES. THEY BENEFITED FROM GUEST SPEAKERS FROM COLLEGES, COLLEGE TOURS AND EXPLORATORY COLLEGE RESEARCH. THE RESULT OF THIS EFFORT WAS: 82 STUDENTS SERVED (64 SENIORS & 18 JUNIORS); 55 SENIOR STUDENTS WERE ACCEPTED IN COLLEGE.

IN ADDITION, THE PROGRAM ALSO PROVIDED CAREER DEVELOPMENT AND FINANCIAL LITERACY SERVICES. THEY WERE PREPARED FOR THE WORKFORCE

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ATTACHMENT 2 (CONT'D)

BY PARTICIPATING IN MOCK INTERVIEWS AND DEVELOPING AN INDIVIDUALIZED PORTFOLIO THAT CONSISTED OF A RESUME, COVER LETTER, CAREER ASSESSMENT RESULTS, PROOF OF CAREER SKILLS AND SAMPLE EMPLOYMENT APPLICATIONS.

FAMILY STRENGTHENING - THE FSP IS A NEW PROGRAM WHICH WAS LAUNCHED LATE IN 2014 TO STRENGTHEN AT-RISK FAMILIES AND PREVENT CHILD ABUSE AND NEGLECT. SERVICES WERE PROVIDED TO FAMILIES WITH CHILDREN ATTENDING WEST HOLLYWOOD ELEMENTARY SCHOOL. A TOTAL OF 26 CLIENTS WERE SERVED (15 CHILDREN AND 11 PARENTS).

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4B

ECONOMIC DEVELOPMENT

CENTER FOR WORKING FAMILIES (CWF) - IN 2014 CWF SERVED MORE THAN 476 CLIENTS. SOME MAJOR ACCOMPLISHMENTS WERE: 64% OF PARTICIPANTS ACQUIRED EMPLOYMENT OR A BETTER JOB, 100% OF EMPLOYED PARTICIPANTS WHO WERE ELIGIBLE TO SAVE DID SAVE OR INCREASED THEIR SAVINGS, 87% OF EMPLOYED PARTICIPANTS REDUCED DEBT AND/OR IMPROVED CREDIT SCORES WITHIN 12 MONTHS OF ENROLLMENT AND 100% OF ELIGIBLE PARTICIPANTS WERE REFERRED TO ASSET-EARNING PROGRAMS. A NEW CASE MANAGEMENT DATABASE, EFFORTS TO OUTCOME (ETO), WAS FULLY IMPLEMENTED TO LINK INTERACTIONS WITH CLIENTS DIRECTLY TO MEASURABLE PROGRAM OUTCOMES TO MONITOR AND REPORT PROGRESS. WORKFORCE/EDUCATION COMPONENTS WERE STRENGTHENED BY EXTENDING THE 4-DAY WORKSHOPS TO 5-DAYS ALLOWING STAFF TO INCORPORATE MORE JOB

Name of the organization HISPANIC UNITY OF FLORIDA, INC.	Employer identification number 59-2230272
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ATTACHMENT 3 (CONT'D)

READINESS ACTIVITIES AND CONDUCT MORE INDIVIDUALIZED JOB PLACEMENT ACTIVITIES.

IN 2014, THE PROGRAM EXPANDED ITS PUBLIC BENEFITS ASSISTANCE SERVICES: 1) THE AFFORDABLE CARE ACT/ENROLLMENT - THE AGENCY HIRED 5 HEALTH NAVIGATOR/CERTIFIED APPLICATION COUNSELORS TO PROVIDE SERVICES DURING OPEN ENROLLMENT - 650 CLIENTS SUBMITTED THEIR APPLICATIONS, AND 2) THE SUPPLEMENTAL NUTRITIONAL ASSISTANCE PROGRAM (SNAP) SERVED AN ADDITIONAL 1,812 CLIENTS IN BOTH BROWARD AND MIAMI-DADE COUNTIES. SERVICES PROVIDED IN MIAMI-DADE COUNTY WERE IN PARTNERSHIP WITH MIAMI-DADE COLLEGE.

EMERGING ENTREPRENEURSHIP (EE) PROGRAM - 2014 WAS A STELLAR YEAR FOR THE PROGRAM FAR EXCEEDING ALL OUTCOMES OF ANY PREVIOUS YEAR IN HUF'S SMALL BUSINESS HISTORY AND IN OVER 3 YEARS OF PARTNERING WITH BROWARD SCORE, WITH 451 NEW AND EXISTING ENTREPRENEURS SERVED. THOSE THAT PARTICIPATED IN SCORE'S 5 SIMPLE STEPS PROGRAM HAD THE OPPORTUNITY TO ENGAGE WITH ACCION USA TO UNDERSTAND AND PREPARE THEMSELVES FOR MICRO-LENDING OPPORTUNITIES FOR THEIR NEW BUSINESSES. 95% AFFIRMED THAT THEY RECEIVED VALUABLE INFORMATION AND RESOURCES TO DETERMINE WHETHER TO PURSUE THE DEVELOPMENT OF A SMALL BUSINESS (TARGET 90%). IN 2014, 4 NEW BUSINESSES LAUNCHED AS A RESULT OF THE GUIDANCE AND ASSISTANCE PROVIDED BY HUF'S EMERGING ENTREPRENEURS PROGRAM.

VOLUNTEERS INCOME TAX ASSISTANCE (VITA) / FREE TAX PREPARATION - IN 2014, THE VITA PROGRAM SERVED 5,153 LOW-MODERATE INCOME CLIENTS. THE PROGRAM'S SECONDARY FOCUS WAS TO PROVIDE SERVICES TO LIMITED ENGLISH SPEAKERS ACCOMPLISHED BY AN EXPERIENCED,

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ATTACHMENT 3 (CONT'D)

MULTICULTURAL STAFF AND VOLUNTEER FORCE IN 5 LANGUAGES (ENGLISH, SPANISH, CREOLE, PORTUGUESE AND SIGN LANGUAGE). 60% OF THE CLIENTS SERVED HAD A PRIMARY LANGUAGE OTHER THAN ENGLISH SPOKEN IN THE HOME. 40% WERE NON-HISPANIC. THE PROGRAM EXCEEDED ITS MINIMUM NUMBER OF RETURNS (5,094) FOR THE IRS GRANT AND BROUGHT BACK \$5.66 MILLION IN REFUNDS TO THE COMMUNITIES THROUGHOUT BROWARD COUNTY. THE PROGRAM IN PARTNERSHIP WITH MINORITY DEVELOPMENT AND EMPOWERMENT INC. (MDEI) RAN 17 STRATEGICALLY PLACED SITES TO PROVIDE ACCESS TO THE UNDERSERVED.

ATTACHMENT 4FORM 990, PART III - PROGRAM SERVICE, LINE 4C

CIVIC ENGAGEMENT AND CITIZENSHIP CLASSES - A TOTAL OF 1,477 CLIENTS RECEIVED CITIZENSHIP AND NATURALIZATION SERVICES. IN 2014, HUF RENEWED ITS CONTRACT WITH THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) WHICH RESULTED IN AN INCREASE OF FUNDING (50%) FOR THE PROGRAM. THE ADDITIONAL FUNDING WILL ALLOW THE AGENCY TO BUILD INTERNAL PROGRAM CAPACITY TO SERVE MORE CLIENTS IN 2015. THROUGH THIS CONTRACT ABOUT 177 CLIENTS RECEIVED CITIZENSHIP AND NATURALIZATION SERVICES. HUF CONTINUED TO OFFER WALK-IN CITIZENSHIP CLASSES AND NATURALIZATION WORKSHOPS AT PUBLIC LIBRARIES THROUGHOUT BROWARD COUNTY. MORE THAN 1,300 CLIENTS ATTENDED THE WALK-IN CLASSES.

LEGAL AID SERVICE OF BROWARD COUNTY- IN A PARTNERSHIP WITH HISPANIC UNITY, LEGAL AID HAS BEEN PROVIDING FREE CIVIL LEGAL

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ATTACHMENT 4 (CONT'D)

SERVICES TO LOW INCOME RESIDENTS OF BROWARD COUNTY IN OUR MAIN OFFICE. EVERY WEEK A REPRESENTATIVE PROVIDES ASSISTANCE IN THE AREAS OF HOUSING (TENANT ISSUES, EVICTIONS), DIVORCE WITH DOMESTIC VIOLENCE, UNEMPLOYMENT BENEFITS DENIAL, DISABILITY, AND DENIAL OF SOCIAL SECURITY BENEFITS. IN ADDITION, LEGAL AID BEGAN PROVIDING NATURALIZATION APPLICATION SERVICES TO CLIENTS ENROLLED IN HUF'S CITIZENSHIP PROGRAM. OVER 90 CLIENTS RECEIVED LEGAL SERVICES.

ADVOCACY - THE PROGRAM IS UNIQUE FROM OTHER TRADITIONAL HUF PROGRAMS IN TERMS OF OUTCOMES. THE PURPOSE OF THE MULTI-YEAR GRANT THROUGH NCLR WAS TO ASSIST HUF IN BUILDING THE NECESSARY INTERNAL CAPACITY AND TRAINING TO CREATE AN ADVOCACY PROGRAM THAT WOULD GIVE HUF THE ABILITY TO ADVOCATE FOR THE NEEDS AND ISSUES THAT MOST AFFECT THE COMMUNITY HUF SERVES. HUF WAS ABLE TO IDENTIFY TWO MAIN CAUSES IT WOULD SUPPORT IN 2014 - THE REAUTHORIZATION OF THE CHILDREN'S SERVICES COUNCIL (CSC) OF BROWARD COUNTY AND PROVIDING FACTUAL INFORMATION TO THE COMMUNITY ON THE NEW COMMON CORE STATE STANDARDS INSTITUTED BY FLORIDA THIS ACADEMIC YEAR.

AS A RESULT OF HUF'S EFFORTS TO ADVOCATE ON BEHALF OF THE CSC REAUTHORIZATION, AND EDUCATING FAMILIES ON THE COMMON CORE STATE STANDARDS, HUF ALONE WAS ABLE TO REACH CLOSE TO 50,000 COMMUNITY MEMBERS. THIS IMPACT CAME AS A RESULT OF A STRATEGIC WORK PLAN AND AN AGGRESSIVE SOCIAL MEDIA AND DIGITAL MARKETING CAMPAIGN (WHICH INCLUDED THE HUF WEBSITE, E-NEWSLETTER, FACEBOOK, TWITTER AND LINKEDIN). HUF WAS SUCCESSFUL IN ASSISTING CSC TO BE REAUTHORIZED BY 70% OF THE BROWARD COUNTY VOTERS AND WAS ABLE TO REACH HUNDREDS

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ATTACHMENT 4 (CONT'D)

OF FAMILIES WITH INFORMATION AND EDUCATION ABOUT COMMON CORE STATE STANDARDS.

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CHC OF FLORIDA 6720 - B ROCKLEDGE DRIVE, SUITE 700 BETHESDA, MD 20817	HEALTH INSURANCE	125,584.

ATTACHMENT 6FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INVESTMENT INCOME	996.			996.
TOTALS	<u>996.</u>			<u>996.</u>

ATTACHMENT 7FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	37,230.	35,015.
TOTALS	<u>37,230.</u>	<u>35,015.</u>

Name of the organization

HISPANIC UNITY OF FLORIDA, INC.

Employer identification number

59-2230272

ATTACHMENT 8

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
 PURPOSE OF LOAN: REFINANCE OF ORIGINAL PURCHASE LOAN

BEGINNING BALANCE DUE 149,642.
 ENDING BALANCE DUE 133,966.

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 235,607.
 ENDING BALANCE DUE 211,951.

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ATTACHMENT 8 (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

BEGINNING BALANCE DUE	21,464.
ENDING BALANCE DUE	_____
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>406,713.</u>
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>345,917.</u>

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	Method	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
FURNITURE & FIXT	01/01/2009	63,335.	100.000			63,335.	48,477.	60,131.	SL		7.000				11,654.
BUILDINGS/IMPROV	01/01/2009	1,649,341.	100.000			1,649,341.	684,813.	728,653.	SL		40.000				43,840.
LAND	01/01/2009	458,106.	100.000												
EQUIPMENT	01/01/2009	248,734.	100.000			248,734.	177,860.	230,213.	SL		5.000				52,353.
STEM PROJECT	01/01/2013	44,641.	100.000			44,641.	5,580.	14,563.	SL		7.000				8,983.
WEBSITE	01/01/2013	14,144.	100.000			14,144.	2,357.	6,984.	SL		7.000				4,627.
BUILDING/IMPROVEME	01/01/2014	22,109.	100.000			22,109.		3,159.	SL		40.000				3,159.
EQUIPMENT	01/01/2014	42,831.	100.000			42,831.		11,172.	SL		5.000				11,172.
FURNITURE & FIXT	01/01/2014	678.	100.000			678.		97.	SL		7.000				97.
Less: Retired Assets															
Subtotals		2,543,919.				2,085,813.	919,087.	1,054,972.							135,885.

Listed Property

Less: Retired Assets															
Subtotals															
TOTALS		2,543,919.				2,085,813.	919,087.	1,054,972.							135,885.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired