

Return of Organization Exempt From Income Tax

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

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable:

<input type="checkbox"/>	Address change	C Name of organization HISPANIC UNITY OF FLORIDA, INC.	D Employer identification number 59-2230272
<input type="checkbox"/>	Name change	Doing Business As	E Telephone number (954) 964-8884
<input type="checkbox"/>	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5840 JOHNSON STREET	G Gross receipts \$ 3,585,694.
<input type="checkbox"/>	Terminated	City or town, state or country, and ZIP + 4 HOLLYWOOD, FL 33021	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/>	Amended return	F Name and address of principal officer: JOSIE BACALLAO 5840 JOHNSON STREET HOLLYWOOD, FL 33021	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Application pending		If "No," attach a list. (see instructions)

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

J Website: WWW.HISPANICUNITY.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1982 **M** State of legal domicile: FL

H(c) Group exemption number

Part I Summary

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 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)	18.
4 Number of independent voting members of the governing body (Part VI, line 1b)	18.
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	180.
6 Total number of volunteers (estimate if necessary)	250.
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,431,377.	2,945,995.
9 Program service revenue (Part VIII, line 2g)	155,169.	171,948.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	649.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	193,746.	275,431.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,780,292.	3,394,023.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	93,747.	18,210.
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)	1,596,770.	2,720,026.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25)	71,882.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,509,501.	1,191,058.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,200,018.	3,929,294.
19 Revenue less expenses. Subtract line 18 from line 12	580,274.	-535,271.
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,680,344.	3,203,975.
21 Total liabilities (Part X, line 26)	941,561.	999,304.
22 Net assets or fund balances. Subtract line 21 from line 20	2,738,783.	2,204,671.

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: *Josie Bacallao* Date: *6/15/12*

Type or print name and title: *JOSIE BACALLAO PRESIDENT/CEO*

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: P00541422

Firm's name: MARCUM, LLP Firm's EIN: 11-1986323

Firm's address: ONE SE THIRD AVENUE, 10TH FLOOR 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.

Please see pg. 38

Part III Statement of Program Service Accomplishments

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

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 [X] No

[] Yes [X] No

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

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

[X] Yes [] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,186,463. including grants of \$) (Revenue \$ 119,344.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 1,005,156. including grants of \$ 18,210.) (Revenue \$ 52,604.)

ATTACHMENT 3

4c (Code:) (Expenses \$ 378,944. including grants of \$) (Revenue \$)

CIVIC ENGAGEMENT AND HEALTH SERVICES:

OVER 1,000 OF THE 2,500 CLIENTS SERVED IN THE CIVIC ENGAGEMENT AREA RECEIVED NATURALIZATION ADVICE AND 25 COMMUNITY VOLUNTEERS WERE INVOLVED IN OUR NATURALIZATION WORKSHOPS AND CITIZENSHIP CLASSES. HIV TESTING, COUNSELING AND LINKAGE PROGRAM PROVIDED HIV TESTING TO HIGH-RISK HIV CLIENTS. OVER 650 CLIENTS WERE TESTED.

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

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

4e Total program service expenses 3,570,563.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		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?		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
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, Parts II, III, IV, and V, line 1.</i>		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
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 11 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 to any question in this Part V.

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (18), 1b (18), 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. [X] Own website [X] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 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 to any question in this Part VII

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) LISA COLON HERON DIRECTOR	2.00	X						0	0	0
16) HECTOR M LIMA DIRECTOR	2.00	X						0	0	0
17) MALENA MENDEZ DIRECTOR	2.00	X						0	0	0
18) ABRAHAM CARDENAS DIRECTOR	2.00	X						0	0	0
19) ARNOLD NAZAR DIRECTOR	1.00	X						0	0	0
20) GUS CABRERA DIRECTOR	1.00	X						0	0	0
21) AURELIANO LOPEZ-MARTIN DIRECTOR	1.00	X						0	0	0
22) JOSIE BACALLAO PRESIDENT/CEO	40.00			X				100,365.	0	0
23) MARGARET DELMONT-SANCHEZ VP/CHIEF OF DVLPMT	40.00			X				8,354.	0	0
24) LUIS F. PINZON DIR OF PROGRAMS	40.00			X				84,648.	0	0
25) VIRGINIA K. CIELO COO/CFO	40.00			X				85,158.	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								297,275.	0	0
d Total (add lines 1b and 1c)								297,275.	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 4		

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e		2,151,631.			
	f All other contributions, gifts, grants, and similar amounts not included above .	1f		794,364.			
	g Noncash contributions included in lines 1a-1f: \$			36,668.			
	h Total. Add lines 1a-1f			2,945,995.			
Program Service Revenue	Business Code						
	2a PRE-K TUITION			119,344.	119,344.		
	b RENTAL INCOME			52,604.	52,604.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			171,948.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	ATTACHMENT 5		649.			649.
	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 \$ 20,281. of contributions reported on line 1c). See Part IV, line 18	a	ATCH 6	451,788.			
	b Less: direct expenses	b		191,671.			
	c Net income or (loss) from fundraising events		ATCH 7	260,117.			260,117.
	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			15,314.			15,314.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			15,314.				
12 Total revenue. See instructions			3,394,023.	171,948.		276,080.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	18,210.	18,210.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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	321,168.	96,129.	197,763.	27,276.
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	2,398,858.	2,338,564.	44,951.	15,343.
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	34,154.	30,739.	3,415.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other	214,619.	199,321.	12,606.	2,692.
12 Advertising and promotion	5,517.	5,266.	42.	209.
13 Office expenses	103,650.	100,363.	1,426.	1,861.
14 Information technology	28,969.	26,072.	2,318.	579.
15 Royalties	0			
16 Occupancy	47,717.	46,753.	671.	293.
17 Travel	16,268.	15,983.	230.	55.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	24,506.	24,215.	208.	83.
20 Interest	40,929.	40,368.	386.	175.
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	112,570.	110,547.	1,435.	588.
23 Insurance	47,034.	46,073.	664.	297.
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 <u>REPAIRS AND MAINTENANCE</u> -----	77,990.	76,522.	1,061.	407.
b <u>TELEPHONE</u> -----	65,229.	63,843.	768.	618.
c <u>BAD DEBT</u> -----	53,000.	52,700.	300.	
d <u>BUS PASSES</u> -----	46,153.	46,153.		
e All other expenses -----	272,753.	232,742.	18,605.	21,406.
25 Total functional expenses. Add lines 1 through 24e	3,929,294.	3,570,563.	286,849.	71,882.
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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	434,919.	1	125,568.
	2 Savings and temporary cash investments	22,472.	2	172,936.
	3 Pledges and grants receivable, net	1,527,161.	3	1,238,304.
	4 Accounts receivable, net	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	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	37,869.	9	40,092.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,317,976.		
	b Less: accumulated depreciation	10b 695,433.		
	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	7,086.	15	4,532.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,680,344.	16	3,203,975.	
Liabilities	17 Accounts payable and accrued expenses	221,757.	17	363,785.
	18 Grants payable	0	18	0
	19 Deferred revenue	4,567.	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 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	715,237.	23	635,519.
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	941,561.	26	999,304.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,187,476.	27	1,197,038.
	28 Temporarily restricted net assets	1,450,257.	28	1,007,633.
	29 Permanently restricted net assets	101,050.	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,738,783.	33	2,204,671.
	34 Total liabilities and net assets/fund balances	3,680,344.	34	3,203,975.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,394,023.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,929,294.
3	Revenue less expenses. Subtract line 2 from line 1	3	-535,271.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,738,783.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,159.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)).	6	2,204,671.

Part XII Financial Statements and Reporting

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

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

Form **990** (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization HISPANIC UNITY OF FLORIDA, INC.	Employer identification number 59-2230272
--	---

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,868,082.	2,913,518.	4,468,798.	4,431,377.	2,945,995.	17,627,770.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,868,082.	2,913,518.	4,468,798.	4,431,377.	2,945,995.	17,627,770.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						17,627,770.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,868,082.	2,913,518.	4,468,798.	4,431,377.	2,945,995.	17,627,770.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,004.	3,874.	309.		649.	15,836.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-201.	-5,435.	-10,857.	0		-16,493.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH-1	523,055.	786,284.	157,733.	236,646.	275,431.	1,979,149.
11 Total support. Add lines 7 through 10						19,606,262.
12 Gross receipts from related activities, etc. (see instructions)					12	327,117.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	89.91%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	88.73%
16a 33 1/3 % support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3 % support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19 a 33 1/3 % support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3 % support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

HISPANIC UNITY OF FLORIDA, INC.

Employer identification number

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 contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

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

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... 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)... 9 In Part XIV, describe how the organization reports 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.

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... 1b 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... 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:

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

Schedule D (Form 990) 2011

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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?

b If "Yes," explain the arrangement in Part XI V and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XI V.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

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

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

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

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

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

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

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

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

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

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

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

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

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

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

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,394,023.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,929,294.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-535,271.
4	Net unrealized gains (losses) on investments	4	1,159.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,159.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-534,112.

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

1	Total revenue, gains, and other support per audited financial statements	1	4,021,067.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,159.
b	Donated services and use of facilities	2b	434,214.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	191,671.
e	Add lines 2a through 2d	2e	627,044.
3	Subtract line 2e from line 1	3	3,394,023.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,394,023.

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

1	Total expenses and losses per audited financial statements	1	4,555,179.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	434,214.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	191,671.
e	Add lines 2a through 2d	2e	625,885.
3	Subtract line 2e from line 1	3	3,929,294.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,929,294.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

FUNDRAISING

SCHEDULE D, PART XII QUESTION 2D AND PART XIII QUESTION 2D

DIRECT FUNDRAISING EXPENSES OF \$191,671 ARE NETTED AGAINST FUNDRAISING

INCOME ON FORM 990 BUT NOT FOR AUDITED FINANCIAL STATEMENTS.

Part XIV Supplemental Information *(continued)*

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events	
		ENTREP. SUMMIT (event type)	ANNUAL GALA (event type)	1. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	119,775.	309,794.	42,500.	472,069.
	2	Less: Charitable contributions		20,281.		20,281.
	3	Gross income (line 1 minus line 2)	119,775.	289,513.	42,500.	451,788.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	17,667.	72,710.		90,377.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	49,222.	52,072.		101,294.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(191,671.)
	11	Net income summary. Combine line 3, column (d), and line 10				260,117.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HISPANIC UNITY OF FLORIDA, INC.

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Employer identification number

59-2230272

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

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

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

Schedule I (Form 990) (2011)

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

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

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

HOUSING ASSISTANCE

SCHEDULE I, PART I, QUESTION 2

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

HOUSING PAYMENT ASSISTANCE FOR CURRENT HOUSING BILLS OR NEW LIVING

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

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

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

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

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

LANDLORD

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

UTILITIES

SCHEDULE I, PART I, QUESTION 2

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

FOOD, CLOTHES, & TRANSPORTATION

SCHEDULE I, PART I, QUESTION 2

APPLICANT MUST COMPLETE AN APPLICATION FORM AND SUBMIT TO HUF.

[ADDITIONAL INFORMATION MAY BE REQUIRED FROM THE CLIENT.] APPLICANT MAY NOT BE EMPLOYED BY HUF OR RELATED TO A HUF EMPLOYEE. THE TOTAL AMOUNT REQUESTED MUST NOT EXCEED \$500 AND APPLICANT MAY BE FUNDED ONLY ONCE. NO EXCEPTIONS TO THIS GUIDELINE WILL BE MADE. WHEN POSSIBLE, VENDORS WILL BE PAID DIRECTLY VS GIVING THE FUNDS TO THE CLIENT. APPLICANT MUST BE AT LEAST 18 YEARS OF AGE. APPLICANT WILL BE ENCOURAGED TO ATTEND AND COMPLETE A HUF FINANCIAL LITERACY SEMINAR.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization: **HISPANIC UNITY OF FLORIDA, INC.**
Employer identification number: **59-2230272**

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	X		850.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>ATCH 1</u>)		9.	35,818.	
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
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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
32 a 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.		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.ATTACHMENT 1SCHEDULE 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>
JEWELRY	X	1.	10,037.	FAIR MARKET VALUE
GIFT CARDS	X	2.	450.	FAIR MARKET VALUE
EQUIPMENT AND SUPPLIES	X	1.	500.	FAIR MARKET VALUE
TICKETS - THEATER/SPORTS	X	2.	7,360.	FAIR MARKET VALUE
TOYS	X	1.	900.	FAIR MARKET VALUE
TRAVEL	X	1.	7,500.	FAIR MARKET VALUE
WINE & RUM	X	1.	9,071.	FAIR MARKET VALUE
TOTALS		<u>9.</u>	<u>35,818.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HISPANIC UNITY OF FLORIDA, INC.

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Employer identification number

59-2230272

CHANGES IN NET ASSETS

FORM 990, PAGE 1, PART I, LINE 19

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

AS A RESULT, HISPANIC UNITY'S NET ASSETS INCREASED SUBSTANTIALLY IN 2009 AND 2010. THE DOLLARS WERE CLASSIFIED INTERNALLY AS TEMPORARILY RESTRICTED FUNDS AND ARE BEING DRAWN DOWN MONTHLY TO FUND THE PROGRAMS.

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

CEASED PROGRAMS

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

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

Name of the organization HISPANIC UNITY OF FLORIDA, INC.	Employer identification number 59-2230272
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TO BE CLOSED DUE TO LACK OF FUNDING. EACH AND EVERY PARTICIPANT SENIOR WAS SUCCESSFULLY ENROLLED AT ANOTHER SENIOR CENTER. MOST OF THEM ARE NOW REGISTERED AT SOUTHEAST FOCAL POINT WHERE THEY RECEIVE EDUCATIONAL AND RECREATIONAL SERVICES AND A DAILY HOT MEAL.

990 REVIEW

PAGE 6, PART VI, SECTION B, QUESTION 11

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

CONFLICT OF INTEREST

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

DIRECTORS SERVE VOLUNTARILY AND IN THE BEST INTEREST OF HISPANIC UNITY OF FLORIDA, INC. ACTIONS THAT ARE SELF-SERVING; WHETHER THEY ARE OF A PERSONAL OR FINANCIAL NATURE WOULD BE CAUSE FOR IMMEDIATE REMOVAL FROM THE BOARD. ON AN ANNUAL BASIS EACH BOARD MEMBER AND EACH KEY EMPLOYEE READS AND SIGNS A FORM AGREEING TO ABIDE BY THE BOARD-APPROVED CONFLICT OF INTEREST POLICY. ALL BOARD MEMBERS ALSO SIGN A ROBUST CODE OF ETHICS ADOPTED FROM ONE DEVELOPED BY THE INDEPENDENT SECTOR.

COMPENSATION

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

THE PROCESS FOR DETERMINING EXECUTIVE COMPENSATION APPLIES TO THE

Name of the organization

HISPANIC UNITY OF FLORIDA, INC.

Employer identification number

59-2230272

COMPENSATION OF THE FOLLOWING PERSONS: 1. THE CHIEF EXECUTIVE OFFICER,
 2. OTHER OFFICERS OR KEY EMPLOYEES: CHIEF FINANCIAL OFFICER, CHIEF
 DEVELOPMENT OFFICER, AND DIRECTOR OF PROGRAMS. THE PROCESS INCLUDES: 1.
 REVIEW AND APPROVAL. THE COMPENSATION OF THE PERSON IS REVIEWED AND
 APPROVED BY BOTH THE FINANCE COMMITTEE AND THE BOARD OF DIRECTORS OF THE
 ORGANIZATION, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH
 RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS
 REVIEW AND APPROVAL. 2. USE OF DATA AS TO COMPARABLE COMPENSATION. THE
 COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING DATA AS TO
 COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY
 COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

PUBLIC AVAILABILITY OF DOCUMENTS

PAGE 6, PART VI, SECTION C, QUESTION 19

THE ORGANIZATION'S 990 AND, IF APPLICABLE, THE 990-T IS AVAILABLE TO THE
 PUBLIC ANYTIME 1) ON THE ORGANIZATION'S WEBSITE, WWW.HISPANICUNITY.ORG,
 2) ON GUIDESTAR'S WEBSITE, WWW.GUIDESTAR.ORG, OR 3) UPON WRITTEN OR
 VERBAL REQUEST IN WHICH A COPY WILL BE SENT BY U.S. MAIL OR EMAIL TO THE
 REQUESTOR.

RECONCILIATION OF NET ASSETS

FORM 990, PAGE 12, PART XI, LINE 5

THE AUDITED FINANCIAL STATEMENTS INCLUDE UNREALIZED GAINS OF \$1,159. THE
 FORM 990 DOES NOT RECOGNIZE THIS INCOME.

Name of the organization

HISPANIC UNITY OF FLORIDA, INC.

Employer identification number

59-2230272

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

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

ATTACHMENT 2

Name of the organization HISPANIC UNITY OF FLORIDA, INC.	Employer identification number 59-2230272
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ATTACHMENT 2 (CONT'D)FORM 990, PART III - PROGRAM SERVICE, LINE 4A

EDUCATIONAL SERVICES PROVIDED TO:

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

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

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

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

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

ECONOMIC DEVELOPMENT/CASE MANAGEMENT SERVICES PROVIDED TO:

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

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

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

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

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

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

3) THE ENTREPRENEURSHIP PROGRAM EXPANDED ITS SERVICES TO NEW LOCATIONS: ANA G. MENDEZ UNIVERSITY SYSTEM AND THE URBAN LEAGUE OF BROWARD COUNTY. THESE PARTNERS JOINED HUF IN HOSTING THE THREE (3) TWO-SESSION WORKSHOPS WHICH WERE CONDUCTED IN ENGLISH AND SPANISH. THE 3 WORKSHOPS FACILITATED BY GBS PEOPLE GROUP SERVED 63 CLIENTS WITH DETAILED INFORMATION AND RESOURCES ON ALL ASPECTS OF STARTING AND SUSTAINING A SMALL BUSINESS. HISPANIC BUSINESS INITIATIVE FUND (HBIF) PRESENTED AT THE WORKSHOPS TO OFFER ADDITIONAL FOLLOW UP ONE ON ONE SMALL BUSINESS COUNSELING. CLIENTS WERE PROVIDED WITH AND LINKED TO GREAT INFORMATION AND RESOURCES NEEDED TO TAKE THEIR BUSINESS IDEAS TO THE NEXT LEVEL.

4) PUBLIC BENEFITS (FOOD AND HEALTH) APPLICATIONS ASSISTANCE WAS MAINLY PROVIDED THROUGH THE CENTER FOR WORKING FAMILIES, HOWEVER, CASE MANAGERS AND COACHES CONTINUED PROVIDING THIS IMPORTANT SERVICE TO ALL HUF'S CLIENTS. IN ADDITION, CWF STAFF PROVIDED ASSISTANCE TO THE GENERAL PUBLIC ON FRIDAYS. OVER 300 RECEIVED

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

ASSISTANCE.

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
COVENTRY HEALTH CARE 6720 - B ROCKLEDGE DRIVE, SUITE 700 BETHESDA, MD 20817	HEALTH INS PROVIDER	133,131.
TOTAL COMPENSATION		133,131.

ATTACHMENT 5FORM 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	649.			649.
TOTALS	649.			649.

ATTACHMENT 6FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
ANNUAL GALA	20,281.
TOTAL	20,281.

Name of the organization HISPANIC UNITY OF FLORIDA, INC.	Employer identification number 59-2230272
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ATTACHMENT 7

FORM 990, PART VIII - FUNDRAISING EVENTS

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

ATTACHMENT 8

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	37,869.	40,092.
TOTALS	<u>37,869.</u>	<u>40,092.</u>

ATTACHMENT 9

FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REVENUE	4,567.	
TOTALS	<u>4,567.</u>	

ATTACHMENT 10

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: BANK OF AMERICA #5840
 ORIGINAL AMOUNT: 237,644.
 INTEREST RATE: 7.000000
 DATE OF NOTE: 06/07/2006
 MATURITY DATE: 06/06/2021
 REPAYMENT TERMS: MONTHLY INSTALLMENTS OF PRINCIPAL AND INTEREST
 SECURITY PROVIDED: LAND AND BUILDINGS

Name of the organization HISPANIC UNITY OF FLORIDA, INC.	Employer identification number 59-2230272
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ATTACHMENT 10 (CONT'D)

PURPOSE OF LOAN: REFINANCE OF ORIGINAL PURCHASE LOAN

BEGINNING BALANCE DUE	190,501.
ENDING BALANCE DUE	<u>177,821.</u>

LENDER: BANK OF AMERICA #5811
ORIGINAL AMOUNT: 365,000.
INTEREST RATE: 7.000000
DATE OF NOTE: 09/26/2006
MATURITY DATE: 09/26/2021
REPAYMENT TERMS: MONTHLY INSTALLMENTS OF PRINCIPAL AND INTEREST
SECURITY PROVIDED: LAND AND BUILDINGS
PURPOSE OF LOAN: REFINANCE OF ORIGINAL PURCHASE LOAN

BEGINNING BALANCE DUE	297,264.
ENDING BALANCE DUE	<u>278,129.</u>

Name of the organization HISPANIC UNITY OF FLORIDA, INC.	Employer identification number 59-2230272
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ATTACHMENT 10 (CONT'D)

LENDER: BROWARD COUNTY
 ORIGINAL AMOUNT: 100,000.
 DATE OF NOTE: 06/04/2003
 MATURITY DATE: VAR
 REPAYMENT TERMS: FORGIVABLE DEFERRED PAYMENT WITH 0% INTEREST
 SECURITY PROVIDED: LAND
 PURPOSE OF LOAN: PURCHASE OF PROPERTY

BEGINNING BALANCE DUE	30,000.
ENDING BALANCE DUE	<u>20,000.</u>

LENDER: BROWARD COUNTY
 ORIGINAL AMOUNT: 82,196.
 DATE OF NOTE: 02/01/2008
 MATURITY DATE: 02/01/2013
 REPAYMENT TERMS: FORGIVABLE DEFERRED PAYMENT WITH 0% INTEREST
 SECURITY PROVIDED: LAND
 PURPOSE OF LOAN: PROPERTY ACQUIRED FOR HUMAN SERVICES ACTIVITY

BEGINNING BALANCE DUE	49,319.
ENDING BALANCE DUE	<u>32,880.</u>

Name of the organization HISPANIC UNITY OF FLORIDA, INC.	Employer identification number 59-2230272
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ATTACHMENT 10 (CONT'D)

LENDER: BROWARD COUNTY
ORIGINAL AMOUNT: 33,158.
DATE OF NOTE: 06/01/2008
MATURITY DATE: VAR
REPAYMENT TERMS: FORGIVABLE DEFERRED PAYMENT WITH 0% INTEREST
SECURITY PROVIDED: LAND
PURPOSE OF LOAN: TO SATISFIED 5 YEAR CLOSEOUT OF THE CDBG GRANT.

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

LENDER: CITY OF HOLLYWOOD
ORIGINAL AMOUNT: 29,142.
DATE OF NOTE: 09/01/2008
MATURITY DATE: VAR
REPAYMENT TERMS: FORGIVABLE DEFERRED PAYMENT WITH 0% INTEREST
SECURITY PROVIDED: LAND
PURPOSE OF LOAN: 5840 CHILDRENS RENOVATION

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

Name of the organization HISPANIC UNITY OF FLORIDA, INC.	Employer identification number 59-2230272
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ATTACHMENT 10 (CONT'D)

LENDER: BROWARD COUNTY
 ORIGINAL AMOUNT: 107,318.
 DATE OF NOTE: 02/01/2009
 MATURITY DATE: 02/01/2014
 REPAYMENT TERMS: FORGIVABLE DEFERRED PAYMENT WITH 0% INTEREST
 SECURITY PROVIDED: LAND
 PURPOSE OF LOAN: PROPERTY ACQUIRED FOR HUMAN SERVICES ACTIVITY

BEGINNING BALANCE DUE	85,853.
ENDING BALANCE DUE	<u>64,389.</u>
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>715,237.</u>
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>635,519.</u>

