

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20 _____

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2023

Department of the Treasury
Internal Revenue Service
Name of filer

EIN or SSN
59-2230272

Name and title of officer or person subject to tax
HISPANIC UNITY OF FLORIDA, INC.
LUIS F. PINZON
President/CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	7,861,793
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **Caballero Fierman Llerena & Garcia,** to enter my PIN **30272** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date **07/30/24**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

65352712340

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **Andrew Fierman, C.P.A.** Date **07/30/24**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Department of the Treasury
Internal Revenue Service

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.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023
Open to Public Inspection

A For the **2023** calendar year, or tax year beginning _____, and ending _____

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) 5840 JOHNSON STREET		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code HOLLYWOOD FL 33021		G Gross receipts\$ 7,897,073

F Name and address of principal officer:
LUIS F. PINZON
5840 Johnson Street
Hollywood FL 33021

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

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

J Website: **WWW.HISPANICUNITY.ORG** **H(c)** Group exemption number

K Form of organization: Corporation Trust Association Other

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: EMPOWERING IMMIGRANTS AND OTHERS TO BECOME SELF-SUFFICIENT, PRODUCTIVE AND CIVICALLY ENGAGED.	
	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)	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	19
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	275
	6 Total number of volunteers (estimate if necessary)	250
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 8,605,860 Current Year: 7,407,043
	9 Program service revenue (Part VIII, line 2g)	214,662 332,843
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,830 58,889
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52,738 63,018
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,883,090 7,861,793
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	55,761 102,947
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,168,826 5,724,062
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 148,646		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,504,156 2,279,636
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,728,743 8,106,645	
19 Revenue less expenses. Subtract line 18 from line 12	1,154,347 -244,852	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 6,093,203 End of Year: 5,605,622
	21 Total liabilities (Part X, line 26)	1,318,128 1,044,743
	22 Net assets or fund balances. Subtract line 21 from line 20	4,775,075 4,560,879

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: **LUIS F. PINZON** Date: _____
Type or print name and title: **President/CEO**

Paid Preparer Use Only

Print/Type preparer's name: **Andrew Fierman, C.P.A.** Preparer's signature: **Andrew Fierman, C.P.A.** Date: **10/17/24** Check if self-employed PTIN: **P02434873**

Firm's name: **Caballero Fierman Llerena & Garcia, LLP** Firm's EIN: **55-0912340**

Firm's address: **8950 SW 74 Court Ste 1210 Miami, FL 33156** Phone no.: **305-662-7272**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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 \$ **3,651,609** including grants of \$ **71,097**) (Revenue \$ **184,821**)

See Schedule O

4b (Code:) (Expenses \$ **3,382,732** including grants of \$ **31,850**) (Revenue \$ **147,542**)

See Schedule O

4c (Code:) (Expenses \$ **748,765** including grants of \$) (Revenue \$ **480**)

See Schedule O

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

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

4e Total program service expenses **7,783,106**

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)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
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?		
24b			
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?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
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
25b			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
26			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
27			
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
29			
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
30			
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			
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
32			
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
33			
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
34			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			
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>		
35b			
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
36			
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
37			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	
38			

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1a			12
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	275		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 19		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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.

LEONOR ROMERO **5840 Johnson Street** **FL 33021** **954-964-8884**
Hollywood

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ANA RODRIGUEZ Member	2.00 0.00	X						0	0	0
(2) ANTHONY ABBATE Chair	2.00 0.00	X		X				0	0	0
(3) BORIS ESPINOZA Member	2.00 0.00	X						0	0	0
(4) CAROLINA CARDOZO Secretary	2.00 0.00	X		X				0	0	0
(5) CHRISTINA PARADOWSKI Past-Chair	2.00 0.00	X		X				0	0	0
(6) CHRISTIAN REYES Member	2.00 0.00	X						0	0	0
(7) DANIEL HERZ Member	2.00 0.00	X						0	0	0
(8) ELSA BITTAR Member	2.00 0.00	X						0	0	0
(9) FRANCISCO RIVERA Member	2.00 0.00	X						0	0	0
(10) GISELLE CUSHING Member	2.00 0.00	X						0	0	0
(11) LUIS F. PINZON President/CEO	40.00 0.00				X			187,211	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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(12) LEONOR ROMERO										
(12) CFO	40.00 0.00			X			143,895	0	0	
(13) LESLI CARTAYA FRANCO										
(13) Member	2.00 0.00	X					0	0	0	
(14) LISETTE RODRIGUEZ										
(14) TREASURER	2.00 0.00	X		X			0	0	0	
(15) LUCIA RODRIGUEZ										
(15) Member	2.00 0.00	X					0	0	0	
(16) MARIA BARNARD										
(16) Member	2.00 0.00	X					0	0	0	
(17) MARITZA ALVAREZ										
(17) Chair-Elect	2.00 0.00	X		X			0	0	0	
(18) ALEXANDRA PALAU										
(18) Member	2.00 0.00	X					0	0	0	
(19) Jeffrey P. Nasse										
(19) Member	0.00 0.00	X					0	0	0	
1b Subtotal							331,106			
c Total from continuation sheets to Part VII, Section A							326,740			
d Total (add lines 1b and 1c)							657,846			

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 **5**

	Yes	No
3 Did the organization list any former officer, director, 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
Safeway Maintenance Inc Margate FL 33063	510 North Rock Island Road Apt 5 Maintenance	189,787
Wheelhouse IT Fort Lauderdale FL 33312	2890 West State Road 84 Suite 108	170,590
Dreamcatcher Marketing Hallandale FL 33009	401 NE 34th Street 202 Marketing	109,369

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

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	4,726,786				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,680,257				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			7,407,043			
	Program Service Revenue			Business Code			
2a EDUCATIONAL SERVICES			611600	184,821	184,821		
b CIVIC ENGAGEMENT			611710	147,542	147,542		
c ECONOMIC DEVELOPMENT			611430	480	480		
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				332,843			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		58,889			58,889	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real				
		6a		55,798			
		b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c		55,798			
	d Net rental income or (loss)			55,798		55,798	
	7a Gross amount from sales of assets other than inventory		(i) Securities				
		7a	(ii) Other				
		b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
8a			42,500				
b Less: direct expenses		8b		35,280			
c Net income or (loss) from fundraising events			7,220		7,220		
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			7,861,793	332,843	0	121,907	

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	102,947	102,947		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	462,016	396,012	36,561	29,443
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	117,842	16,498	2,357	98,987
7 Other salaries and wages	4,521,740	4,476,898	44,842	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	244,199	241,925	1,074	1,200
10 Payroll taxes	378,265	362,419	5,992	9,854
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	37,435	7,695	29,740	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	350,111	318,952	29,559	1,600
12 Advertising and promotion	72,649	70,315		2,334
13 Office expenses	292,829	286,014	5,608	1,207
14 Information technology	232,862	229,935	2,360	567
15 Royalties				
16 Occupancy	391,212	385,178	4,782	1,252
17 Travel	24,962	24,704	251	7
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	64,432	63,645	578	209
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	130,713	128,887	1,435	391
23 Insurance	48,645	48,432	64	149
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Program Expenses	527,762	524,109	3,653	
b Employee Trainings/Other	81,994	77,363	4,547	84
c Dues, Suscriptions, Permits	24,030	21,178	1,490	1,362
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,106,645	7,783,106	174,893	148,646
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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	2,629,014	1	1,936,592
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	2,217,714	3	2,489,037
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	31,666	9	50,813
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,138,058		
	b	Less: accumulated depreciation	10b 2,041,650	10c	1,096,408
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	33,249	15	32,772
16	Total assets. Add lines 1 through 15 (must equal line 33)	6,093,203	16	5,605,622	
Liabilities	17	Accounts payable and accrued expenses	254,719	17	307,380
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	757,070	23	737,363
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	306,339	25	
	26	Total liabilities. Add lines 17 through 25	1,318,128	26	1,044,743
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	1,805,376	27	1,956,298
	28	Net assets with donor restrictions	2,969,699	28	2,604,581
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	4,775,075	32	4,560,879
33	Total liabilities and net assets/fund balances	6,093,203	33	5,605,622	

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	7,861,793
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,106,645
3	Revenue less expenses. Subtract line 2 from line 1	3	-244,852
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,775,075
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	30,656
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,560,879

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 on 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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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 on Schedule O and describe any steps taken to undergo such audits	X	

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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(20) Alexandra Palau										
(12) Member	2.00 0.00	X						0	0	
(21) Angie Stone										
(13) Member	0.00 0.00	X						0	0	
(22) Elizabeth Ramia Dorante										
(14) VP Programs	40.00 0.00			X				113,280	0	
(23) Shani Wilson										
(15) VP of Development	40.00 0.00					X		113,371	0	
(24) Ana Arguello										
(16) Director	2.00 0.00	X						0	0	
(25) Ingrid Ekblad										
(17) Director Operations	40.00 0.00					X		100,089	0	
(18)										
(19)										
1b Subtotal								326,740		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

SCHEDULE A
(Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

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 12, 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 (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 above (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

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,407,544	5,416,315	6,233,324	8,605,860	7,407,043	33,070,086
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	5,407,544	5,416,315	6,233,324	8,605,860	7,407,043	33,070,086
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,068,880
6 Public support. Subtract line 5 from line 4						30,001,206

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	5,407,544	5,416,315	6,233,324	8,605,860	7,407,043	33,070,086
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	64,689	53,517	57,152	62,568	58,889	296,815
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					42,500	42,500
11 Total support. Add lines 7 through 10						33,409,401
12 Gross receipts from related activities, etc. (see instructions)					12	1,199,321
13 First 5 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 2023 (line 6, column (f) divided by line 11, column (f))	14	89.80 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	90.29 %
16a 33 1/3% support test — 2023. 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 — 2022. 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 — 2023. 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 VI 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 — 2022. 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 VI 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 10 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 5 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests — 2023. 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 — 2022. 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 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% 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 on 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 on line 9a) 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 on line 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b 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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 on line 2, above, 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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
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>	Yes	No
2a		
b Did the activities described on line 2a, above, 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 lines 3a and 3b 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>If "Yes" or "No," 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 (explain in **Part VI**). 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 0.015 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 0.035.	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 0.85 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	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Area with horizontal dotted lines for providing supplemental information.

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

HISPANIC UNITY OF FLORIDA, INC.

59-2230272

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Name of organization

HISPANIC UNITY OF FLORIDA, INC.

Employer identification number

59-2230272**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHILDREN SERVICES COUNCIL OF BROWARD 6600 WEST COMMERCIAL BLVD LAUDERHILL FL 33319	\$ 3,737,068	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UNIDOS US 1126 16TH STREET WASHINGTON DC 20036	\$ 179,548	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	UNITED WAY OF BROWARD COUNTY 1300 S ANDREWS AVENUE FT LAUDERDALE FL 33316	\$ 410,797	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CITI FOUNDATION 850 3RD AVENUE - 13TH FLOOR NEW YORK NY 10022	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	COMMUNITY FOUNDATION OF BROWARD 910 E. LAS OLAS BOULEVARD SUITE #200 FORT LAUDERDALE FL 33301	\$ 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	HUMANA 500 WEST MAIN STREET LOUISVILLE KY 40202-4237	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization HISPANIC UNITY OF FLORIDA, INC.	Employer identification number 59-2230272
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$
- 3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2023

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	14,482													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	16,113													
c Total lobbying expenditures (add lines 1a and 1b)	30,595													
d Other exempt purpose expenditures	8,076,050													
e Total exempt purpose expenditures (add lines 1c and 1d)	8,106,645													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	555,332													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	138,833													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	2,134	485,670	537,460	555,332	1,580,596
b Lobbying ceiling amount (150% of line 2a, column (e))					2,370,894
c Total lobbying expenditures	10,668	3,513	272	30,595	45,048
d Grassroots nontaxable amount	534	121,418	134,365	138,833	395,150
e Grassroots ceiling amount (150% of line 2d, column (e))					592,725
f Grassroots lobbying expenditures				14,482	14,482

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C, Part II-A, Explanation of Four Year Averaging

HUF seeks out long-term solutions in meeting its mission to empowering immigrants and others to become self-sufficient, productive, and civically engaged. The organization engaged in lobbying to help under-served families and others by advocating and informing elected officials on issues related to economic sustainability, education, healthcare, and immigration. There

Part IV Supplemental Information *(continued)*

was a specific focus in lobbying efforts concentrated on State of Florida appropriations requests.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, and various monitoring and reporting questions.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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 make 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 program
 - 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" on 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 on Part XIII Yes No

Part V Endowment Funds

Complete if the organization answered "Yes" on 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** Term endowment %
- The percentages on 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" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 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" on 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		2,097,472	1,551,060	546,412
c Leasehold improvements				
d Equipment		482,644	391,628	91,016
e Other		99,836	98,962	874
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,096,408

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on 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, line 12, col. (B))		

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on 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, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on 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, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on 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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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 FASB 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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	7,997,753
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b	70,024	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	65,936	
	e Add lines 2a through 2d	2e		135,960
3	Subtract line 2e from line 1		3	7,861,793
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 XIII.)	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	7,861,793

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

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

1	Total expenses and losses per audited financial statements		1	8,211,949
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	70,024	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	35,280	
	e Add lines 2a through 2d	2e		105,304
3	Subtract line 2e from line 1		3	8,106,645
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 XIII.)	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	8,106,645

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.

Part X - FIN 48 Footnote

Line of credit \$0

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Pledge Discount Unrealized Gain \$ 30,656

Special event expenses \$ 35,280

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Special events expenses \$ 35,280

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

HISPANIC UNITY OF FLORIDA, INC.

Employer identification number

59-2230272

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on 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
		<u>E-Summit</u> (event type)	 (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	42,500		42,500
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	42,500		42,500
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	35,280		35,280
	10	Direct expense summary. Add lines 4 through 9 in column (d)			35,280
11	Net income summary. Subtract line 10 from line 3, column (d)			7,220	

Part III Gaming. Complete if the organization answered "Yes" on 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. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a 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 conduct 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 conducted 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

15a 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. Provide the explanations 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 provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

HISPANIC UNITY OF FLORIDA, INC.

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

	(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)								

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.

DAA

Schedule I (Form 990) 2023 **HISPANIC UNITY OF FLORIDA, INC.** 59-2230272

Part III Grants and Other Assistance to Domestic Individuals. 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 Utilities	23	6,698			
2 Utilities	11	3,287			
3 Food, Clothes, Transporta	183	47,723			
4 Flood	11	22,790			
5 Housing	2	5,773			
6 Flood	11	16,676			
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

See Schedule I Supplemental Information Worksheet

Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2023, or tax year beginning

, and ending

2023

Name of the organization

HISPANIC UNITY OF FLORIDA, INC.

Employer identification number

59-2230272

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

Step 1: Make the Case and Compile Appropriate Documentation

Eligibility is established by HUF Case Manager or Coach on the need for the client/family by various processes/requirements of the program. Some include, but are not limit to, needs/family size/income/leases/bills/etc...

Step 2 - Submit Emergency Funds Request for Review and Program Approval

By Case Manager or Financial Coash sends a completed application to Program Manager who reviews and give to Director for approval/review.

Step 3 -Final Approval, Submission to Finance and Conclusion

Program Assistant (based on Director's request) tracks available funds by funding source to ensure there are funds to extend, notates the amount to be provided, processes finance documents to get payments processed. They are sent directly to the vendors for rent/utilities/phone. For FPL there is a portal controlled by HUF that provides a guarantee the funds will be paid for a request made that is tied to a client's account. HUF sends payments to vendor and not to the client. At times, they shop for the groceries/food with them and/or order online for delivery to their noted address.

Step 4

Finance uploads the spending by funding source as paid. This is reviewed monthly with Budget vs. Actual activity by grant. For restricted local grants, the funder reviews the noted payments prior to reimbursing the agency including all actual documentation to ensure compliance. For any payments not submitted to the funder, this is secured via the payment controls of the agency that are not approved/requested/paid by the same person.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

HISPANIC UNITY OF FLORIDA, INC.

Employer identification number
59-2230272

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** **X**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** **X**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** **X**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** **X**
- b** Any related organization? **5b** **X**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** **X**
- b** Any related organization? **6b** **X**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LUIS F. PINZON President/CEO	(i) 187,211 (ii) 0	0	0	0	8,348	195,559	0
2 Shani Wilson VP of Development	(i) 113,371 (ii) 0	0	0	0	4,267	117,638	0
3	(i) (ii) .....	.....	.....	.....	.....	.....	.....
4	(i) (ii) .....	.....	.....	.....	.....	.....	.....
5	(i) (ii) .....	.....	.....	.....	.....	.....	.....
6	(i) (ii) .....	.....	.....	.....	.....	.....	.....
7	(i) (ii) .....	.....	.....	.....	.....	.....	.....
8	(i) (ii) .....	.....	.....	.....	.....	.....	.....
9	(i) (ii) .....	.....	.....	.....	.....	.....	.....
10	(i) (ii) .....	.....	.....	.....	.....	.....	.....
11	(i) (ii) .....	.....	.....	.....	.....	.....	.....
12	(i) (ii) .....	.....	.....	.....	.....	.....	.....
13	(i) (ii) .....	.....	.....	.....	.....	.....	.....
14	(i) (ii) .....	.....	.....	.....	.....	.....	.....
15	(i) (ii) .....	.....	.....	.....	.....	.....	.....
16	(i) (ii) .....	.....	.....	.....	.....	.....	.....

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Area with horizontal dotted lines for supplemental information.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

HISPANIC UNITY OF FLORIDA, INC.

Employer identification number

59-2230272

Form 990 - Organization's Mission

Hispanic Unity of Florida, Inc. ("HUF" or "the Organization") was founded in 1982 by community leaders to guide newcomers to the U.S. on their journey to their American dream and to ease the acculturation process. Today, HUF is South Florida's largest 501(c) (3) dedicated to the immigrant population. With 12 programs and more than 30 services offered in 4 languages, this agency serves South Florida's diverse community. Since its inception, HUF has served over 520,000 individuals.

For the past several years, HUF'S comprehensive initiative to advance and accelerate the pace of social and economic stability is a family-centered two generation (2Gen) approach that operates through a racial equity lens. HUF's integrated services provide a seamless framework of economic stability that includes immediate assistance as well as long-term solutions which builds family well-being by intentionally and simultaneously working with children and their parents together. The 2Gen approach centers on the whole family, simultaneously tracking outcomes and creating a legacy of educational success and economic prosperity that passes from one generation to the next.

HUF's mission: Empowering immigrants and others to become self-sufficient, productive, and civically engaged.

Seeking long term solutions through public policy and advocacy to the issues affecting our clients and community in the areas of healthcare,

Name of the organization

Employer identification number

HISPANIC UNITY OF FLORIDA, INC.

59-2230272

education, economic sustainability, and immigration. This effort is reflected in each program service area. In 2023, the agency served 33,500 children and families through the following programs and services, both virtually and in-person.

Form 990, Part III, Line 4a - First Accomplishment

Language & Education Program:

Unity 4Kids (U4K) Early Learning Center: 5-Star Rated, Nationally-Accredited, Licensed Pre-K & VPK for 3- to 5-Year-olds - 85 children and parents served.

Unity 4Teens (U4T) Program: Year-round Afterschool & Summer-School Program for Youth ages 11- to 18 - 2,624 youth and parents served.

English for Speakers of Other Languages (ESOL) (in partnership with Broward Public Schools) - 622 individuals served.

Family Strengthening Program: Research-based parent-education program that teaches parents the importance of engaging in nurturing behavior promoting healthy physical and emotional development in children. 418 children and parents served.

Form 990, Part III, Line 4b - Second Accomplishment

Economic Development:

The Center for Working Families (CWF): Is a comprehensive approach to advance economic success for hard-working families and their children through workforce development, economic support, and asset building. 252 individuals served.

Wealth Building Services: Provide step by step directions to support clients' financial success. It also focuses on supporting clients to start

Name of the organization

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Employer identification number

59-2230272

their journey towards self-sufficiency. First-time Home Buyers services provide housing counseling that helps clients find, finance, maintain, rent, or own a home. The program also addresses homelessness through counseling and assists homeowners in need of foreclosure assistance. 318 individuals served.

Emerging Entrepreneurs (EE): Workshops in Spanish for Existing & Emerging Small Business Owners. 2,050 individuals served

E Summit: In 2023, Hispanic Unity's 10th Annual Entrepreneur Summit relaunched in-person since 2019 in partnership with Nova Southeastern University (NSU). The event connected existing and emerging entrepreneurs with a diverse array of resources available in South Florida. Over 250 attendees were provided opportunities to network, get inspired and seek guidance by over 18 exhibitors and other business experts provided presentations and discussions about current business resources and trends in Broward and a marketing masterclass.

Income Support: refers to a range of programs and initiatives designed to provide financial assistance and support to individuals and families with low income or those facing financial hardship but are working towards becoming financially stable.

Broward Tax Pro formerly known as Volunteer Income Tax Assistance (VITA), is a free tax preparation service for individuals and families with an annual income of \$75,000 or less. 3,359 tax returns submitted.

Te Ayudo offers health insurance application and navigation assistance. 3,432 individuals served.

Comprando Rico y Sano is our SNAP enrollment application assistance process, which is complemented with nutrition education and live cooking demonstrations. 3,964 SNAP applications and 1,436 individuals benefited

Name of the organization

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through food distributions.

Employment Services: Is designed to equip individuals with the skills, resources, and support necessary to achieve their career aspirations, enhance their employability, and contribute positively to the local workforce. From career counseling and skills development to job placement and ongoing support, our programs aim to create a seamless pathway toward sustainable employment.

Workforce education is done through career counseling and coaching, skills training workshops and development programs. Our dedicated team of career counselors conduct personalized sessions to guide individuals in defining their career goals, identifying strengths, and formulating actionable plans. We cover essential topics such as resume writing, interview techniques, and effective communication in the workplace. Our skill development programs, ranging from computer literacy to vocational training, empowered participants with in-demand skills that enhanced their employability. 299 individuals served.

Job Readiness and Placement service organizes successful job fairs and networking events that connect job seekers with employers from various industries, fostering meaningful connections and potential job opportunities. Through collaboration with local businesses and organizations, we facilitate job placements for clients, ensuring a smooth transition into the workforce. Our services extend to post-employment support, ensuring individuals successfully integrated into their new roles and addressed any challenges they faced. 256 individuals served.

Health & Well-Being: Is a program designed to nurture physical, mental, and emotional health, promoting a thriving community that embodies vitality and resilience.

Name of the organization

Employer identification number

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59-2230272

Advancing Health Literacy Outreach and Education service increases awareness in public health efforts to prevent the spread and lessen the impact of infectious diseases. 4,719 individuals served.

HEAL Empowering All Living with Trauma (HEAL) Program is a referral program that promotes and facilitates access to mental health and mental health literacy. It also promotes the reduction of substance use, abuse, and dependence. 184 individuals served.

Form 990, Part III, Line 4c - Third Accomplishment

Civic Engagement:

The Civic Engagement Department builds personal self-sufficiency through civic participation, encourages involvement in the voting process and shapes community capacity. The department supports residents in the process of learning about their new country, how to get involved, advocates for their needs and leads them onto the pathway of citizenship. The Department provides various immigration services to the community. Its mission has expanded with the Department of Justice Recognition and Accreditation from the Department of Homeland Security.

Pathways to Citizenship Program provides a comprehensive series of classes where clients use a mix of engaging activities to acquire information, knowledge about the naturalization process and skills they need for the interview. It covers eligibility, benefits, rights, and responsibilities of citizenship, finding legal help, avoiding immigration fraud, and prepares them for the oral portion of varies exams. 1,981 students served, and 665 applications submitted.

Other immigration services such as Adjustment of Status, Deferred Action for Childhood Arrivals (DACA), Employment authorization, Family-based

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59-2230272

petitions, and Temporary Protected Status (TPS) 1,090 individuals served.

Voter Registration and Engagement.

Legal Consultation and Referrals (in partnership with Legal Aid Service of Broward County and American for Immigrant Justice).

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

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 TIME FOR BOARD REVIEW, INPUT AND

APPROVAL.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

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

FLORIDA, INC. ACTIONS THAT ARE SELF-SERVING, WHETHER 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 AN ATTESTATION TO A ROBUST

CODE OF ETHICS.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER, AND OTHER OFFICERS AND

KEY EMPLOYEES (I.E., CHIEF FINANCIAL OFFICER, VICE PRESIDENT OF DEVELOPMENT

OFFICER, AND VICE PRESIDENT 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

Name of the organization

HISPANIC UNITY OF FLORIDA, INC.

Employer identification number

59-2230272

PURPOSES OF SELECTING LOCAL LIKE-KIND ORGANIZATIONS TO USE THE COMPENSATION OF THOSE COMPARABLE POSITIONS. THE MOST RELEVANT FACTORS IN SELECTING COMPARABLES INCLUDE THE TYPE OF SERVICES AND PROGRAMS OFFERED, 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.

Form 990, Part VI, Line 15b - Compensation Process for Officers
AS STATED FOR LINE 15A ABOVE.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
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.

Form 990, Part XI - Additional Information

Unrealized gain - discount on future promises of \$30,656.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Pledge Discount Unrealized Gain	\$	30,656
Special event expenses	\$	35,280
Special events expenses	\$	-35,280
Total	\$	30,656

Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2023

Attachment Sequence No. **179**

HISPANIC UNITY OF FLORIDA, INC.

Identifying number
59-2230272

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	130,714

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	130,714
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
37	Computer Equipment - 2020 HP	2/25/21	1,339		X	0	5 HY 200DB	1,339	0
46	Computer Equipment - Laptop	4/18/21	1,034		X	0	5 HY 200DB	1,034	0
47	Computer Equipment - Laptop	5/01/21	849		X	0	5 HY 200DB	849	0
48	Computer Equipment - Laptop	5/26/21	1,472		X	0	5 HY 200DB	1,472	0
49	Computer Equipment - Laptop	6/05/21	1,698		X	0	5 HY 200DB	1,698	0
50	Computer Equipment - Laptop	8/13/21	999		X	0	5 HY 200DB	999	0
51	Computer Equipment - Laptop	7/13/21	899		X	0	5 HY 200DB	899	0
52	Computer Equipment - Laptop	10/01/21	879		X	0	5 HY 200DB	879	0
53	Computer Equipment - Laptop	10/21/21	1,699		X	0	5 HY 200DB	1,699	0
54	Computer Equipment - Laptop	8/28/21	879		X	0	5 HY 200DB	879	0
55	Computer Equipment - Laptop	11/08/21	1,398		X	0	5 HY 200DB	1,398	0
			<u>13,145</u>			<u>0</u>		<u>13,145</u>	<u>0</u>
Other Depreciation:									
1	FURNITURE & FIXT	1/01/09	63,335			63,335	7 MO S/L	63,335	0
2	BUILDING/ IMPROV	1/01/09	1,649,341			1,649,341	40 MO S/L	1,302,281	41,233
3	LAND	1/01/09	458,106			458,106	0 -- Land	0	0
4	EQUIPMENT	1/01/09	56,197			56,197	5 MO S/L	56,197	0
5	STEM PROJECT	1/01/13	44,641			44,641	7 MO S/L	44,641	0
6	WEBSITE	1/01/13	14,144			14,144	7 MO S/L	14,144	0
7	BUILDING/ IMPROVEME	1/01/14	22,109			22,109	40 MO S/L	7,581	553
8	EQUIPMENT	1/01/14	42,831			42,831	5 MO S/L	42,831	0
9	FURNITURE & FIXT	1/01/14	678			678	7 MO S/L	678	0
10	Bldg & Improv	6/30/15	117,995			117,995	40 MO S/L	60,497	27,710
11	Computer Equip	6/30/15	13,563			13,563	5 MO S/L	13,563	0
12	Office Equip	6/30/15	861			861	5 MO S/L	861	0
13	Furniture	6/30/15	3,918			3,918	7 MO S/L	3,918	0
14	Building and Improvements	6/30/16	68,602			68,602	40 MO S/L	11,148	6,341
15	Computers	6/30/16	12,120			12,120	5 MO S/L	12,120	0
16	Office Equipment	6/30/16	4,751			4,751	7 MO S/L	4,412	339
17	Furniture	6/30/16	2,252			2,252	7 MO S/L	1,917	161
18	Building and Improvements	6/30/17	42,018			42,018	40 MO S/L	5,777	1,051
19	Computer Equipment	12/31/17	59,752			59,752	5 MO S/L	59,752	0
20	Office Equipment	1/01/17	12,046			12,046	7 MO S/L	12,046	0
21	Furniture	1/01/17	1,569			1,569	7 MO S/L	1,569	0
22	Building & Improv	6/30/18	21,323			21,323	30 MO S/L	2,399	711
23	Computers	6/30/18	46,108			46,108	5 MO S/L	46,108	0
24	Office Equipment	6/30/18	8,720			8,720	7 MO S/L	7,474	1,246
25	Improvements	6/30/19	7,661			7,661	15 MO S/L	1,788	510
26	Improvements	12/31/19	3,630			3,630	15 MO S/L	726	242
27	Furniture	12/31/19	1,973			1,973	5 MO S/L	1,973	0
28	Office Equipment	12/31/19	4,647			4,647	5 MO S/L	4,647	0
29	Computer Equipment	12/31/19	21,254			21,254	5 MO S/L	12,752	4,251
30	Servers	12/31/19	16,859			16,859	6 MO S/L	8,430	2,809
31	Leasehold Improvements YMCA-1580	12/31/18	13,517			13,517	10 MO S/L	5,407	1,351
32	Leasehold Improvements Gulfstream Miami	12/31/18	71,523			71,523	10 MO S/L	28,609	7,153
33	Computer Equipment	12/31/20	68,418			68,418	5 MO S/L	7,979	23,134
34	Furniture & Fixtures	12/31/20	1,795			1,795	7 MO S/L	1,795	0
35	Improvements	12/31/20	37,369			37,369	27 MO S/L	34,610	1,359
36	Website	3/01/20	7,000			7,000	5 MO S/L	4,900	1,400
38	Furniture	2/08/21	1,348			1,348	7 MO S/L	1,348	0
39	Improvements - Safeway maint.	6/18/21	5,200			5,200	40 MO S/L	200	130
40	Improvements - Root	1/26/21	10,117			10,117	40 MO S/L	508	253
41	Improvement - Safeway maint.	3/11/21	2,875			2,875	40 MO S/L	131	72
42	Improvements - Awnings	5/06/21	6,499			6,499	40 MO S/L	271	162
43	Furniture	11/23/21	1,824			1,824	7 MO S/L	1,824	0
44	Computer Equipment - Laptop	4/14/21	859			859	5 MO S/L	859	0
45	Computer Equipment - Laptop	4/27/21	1,289			1,289	5 MO S/L	1,289	0
56	Safeway Maintenance	11/28/22	6,840			6,840	39 MO S/L	12	175
57	HP Pavilion	2/15/22	849			849	5 MO S/L	156	169
58	2 HP Laptp	2/18/22	1,698			1,698	5 MO S/L	283	340
59	HP Pavilion	3/02/22	849			849	5 MO S/L	142	169
60	3 HP Computer	3/14/22	2,547			2,547	5 MO S/L	425	509
61	Lenova Idea Pad	3/28/22	699			699	5 MO S/L	105	140
62	Laptops	4/27/22	3,995			3,995	5 MO S/L	533	799
63	HP Pavilion	4/28/22	999			999	5 MO S/L	133	200
64	2 Laptops	4/29/22	998			998	5 MO S/L	133	200

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
65	HP Pavilion	5/04/22	799			799	5 MO S/L	107	159
66	3 HP Pavilion	6/20/22	2,397			2,397	5 MO S/L	240	479
67	HP Pavilion	6/24/22	799			799	5 MO S/L	80	160
68	Computer	10/05/22	910			910	5 MO S/L	45	182
69	IT Renovation conference room	9/12/22	2,134			2,134	7 MO S/L	102	305
70	Building and improvements	3/12/23	2,810			2,810	40 MO S/L	0	59
71	Monster Grass Synthetic Renovation	9/29/23	8,043			8,043	40 MO S/L	0	50
72	Laptops (4) Finance	1/11/23	5,282			5,282	5 MO S/L	0	1,056
73	Laptop for VP of Developement	2/14/23	1,395			1,395	5 MO S/L	0	256
74	Laptops (3) for CWF workshop participants	7/12/23	3,711			3,711	5 MO S/L	0	371
75	Hardwar,Labor and shipping for 5840 conf 1	7/14/23	5,082			5,082	5 MO S/L	0	508
76	Two laptops Citizenship	4/05/23	2,693			2,693	5 MO S/L	0	404
77	5 Laptops for staff	4/13/23	5,572			5,572	5 MO S/L	0	836
78	3 Dell Laptop Aida Walls and Bertilda and (	6/20/23	5,095			5,095	5 MO S/L	0	510
79	Dell laptop for CEO	7/26/23	1,819			1,819	5 MO S/L	0	152
80	Sage Software	8/04/23	4,261			4,261	5 MO S/L	0	355
	Total Other Depreciation		<u>3,124,913</u>			<u>3,124,913</u>		<u>1,897,791</u>	<u>130,714</u>
	Total ACRS and Other Depreciation		<u>3,124,913</u>			<u>3,124,913</u>		<u>1,897,791</u>	<u>130,714</u>
	Grand Totals		3,138,058			3,124,913		1,910,936	130,714
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>3,138,058</u>			<u>3,124,913</u>		<u>1,910,936</u>	<u>130,714</u>

59-2230272

FL Asset Report

Page 1

FYE: 12/31/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
Prior MACRS:								
37	Computer Equipment - 2020 HP	2/25/21	1,339	0	1,339	0	0	0
46	Computer Equipment - Laptop	4/18/21	1,034	0	1,034	0	0	0
47	Computer Equipment - Laptop	5/01/21	849	0	849	0	0	0
48	Computer Equipment - Laptop	5/26/21	1,472	0	1,472	0	0	0
49	Computer Equipment - Laptop	6/05/21	1,698	0	1,698	0	0	0
50	Computer Equipment - Laptop	8/13/21	999	0	999	0	0	0
51	Computer Equipment - Laptop	7/13/21	899	0	899	0	0	0
52	Computer Equipment - Laptop	10/01/21	879	0	879	0	0	0
53	Computer Equipment - Laptop	10/21/21	1,699	0	1,699	0	0	0
54	Computer Equipment - Laptop	8/28/21	879	0	879	0	0	0
55	Computer Equipment - Laptop	11/08/21	1,398	0	1,398	0	0	0
			<u>13,145</u>	<u>0</u>	<u>13,145</u>	<u>0</u>	<u>0</u>	<u>0</u>
Other Depreciation:								
1	FURNITURE & FIXT	1/01/09	63,335	63,335	63,335	0	0	0
2	BUILDING/ IMPROV	1/01/09	1,649,341	1,649,341	1,302,281	41,233	41,233	0
3	LAND	1/01/09	458,106	458,106	0	0	0	0
4	EQUIPMENT	1/01/09	56,197	56,197	56,197	0	0	0
5	STEM PROJECT	1/01/13	44,641	44,641	44,641	0	0	0
6	WEBSITE	1/01/13	14,144	14,144	14,144	0	0	0
7	BUILDING/ IMPROVEME	1/01/14	22,109	22,109	4,975	552	553	1
8	EQUIPMENT	1/01/14	42,831	42,831	42,831	0	0	0
9	FURNITURE & FIXT	1/01/14	744	744	744	0	0	0
10	Bldg & Improv	6/30/15	117,995	117,995	29,107	27,710	27,710	0
11	Computer Equip	6/30/15	13,563	13,563	13,563	0	0	0
12	Office Equip	6/30/15	861	861	861	0	0	0
13	Furniture	6/30/15	3,918	3,918	3,918	0	0	0
14	Building and Improvements	6/30/16	68,602	68,602	11,148	6,341	6,341	0
15	Computers	6/30/16	12,120	12,120	12,120	0	0	0
16	Office Equipment	6/30/16	4,751	4,751	4,412	339	339	0
17	Furniture	6/30/16	2,285	2,285	2,124	161	161	0
18	Building and Improvements	6/30/17	42,018	42,018	5,777	1,051	1,051	0
19	Computer Equipment	12/31/17	59,752	59,752	59,752	0	0	0
20	Office Equipment	1/01/17	12,046	12,046	12,046	0	0	0
21	Furniture	1/01/17	1,569	1,569	1,569	0	0	0
22	Building & Improv	6/30/18	21,323	21,323	2,399	711	711	0
23	Computers	6/30/18	46,108	46,108	46,108	0	0	0
24	Office Equipment	6/30/18	8,720	8,720	7,474	1,246	1,246	0
25	Improvements	6/30/19	7,661	7,661	1,788	510	510	0
26	Improvements	12/31/19	3,630	3,630	726	242	242	0
27	Furniture	12/31/19	1,973	1,973	1,973	0	0	0
28	Office Equipment	12/31/19	4,647	4,647	4,647	0	0	0
29	Computer Equipment	12/31/19	21,254	21,254	12,752	4,251	4,251	0
30	Servers	12/31/19	16,859	16,859	8,430	2,809	2,809	0
31	Leasehold Improvements YMCA-1580	12/31/18	13,517	13,517	5,407	1,351	1,351	0
32	Leasehold Improvements Gulfstream Miami	12/31/18	71,523	71,523	28,609	7,153	7,153	0
33	Computer Equipment	12/31/20	68,385	68,385	4,741	13,677	23,134	9,457
34	Furniture & Fixtures	12/31/20	1,795	1,795	1,795	0	0	0
35	Improvements	12/31/20	37,369	37,369	34,610	1,359	1,359	0
36	Website	3/01/20	7,000	7,000	5,833	1,167	1,400	233
38	Furniture	2/08/21	1,348	1,348	1,348	0	0	0
39	Improvements - Safeway maint.	6/18/21	5,200	5,200	200	130	130	0
40	Improvements - Root	1/26/21	10,117	10,117	508	253	253	0
41	Improvement - Safeway maint.	3/11/21	2,875	2,875	132	72	72	0
42	Improvements - Awnings	5/06/21	6,499	6,499	271	162	162	0
43	Furniture	11/23/21	1,824	1,824	1,824	0	0	0
44	Computer Equipment - Laptop	4/14/21	859	859	859	0	0	0
45	Computer Equipment - Laptop	4/27/21	1,289	1,289	1,289	0	0	0
56	Safeway Maintenance	11/28/22	6,840	6,840	12	175	175	0
57	HP Pavilion	2/15/22	849	849	156	169	169	0
58	2 HP Lapt	2/18/22	1,698	1,698	283	340	340	0
59	HP Pavilion	3/02/22	849	849	142	169	169	0
60	3 HP Computer	3/14/22	2,547	2,547	425	509	509	0
61	Lenova Idea Pad	3/28/22	699	699	105	140	140	0
62	Laptops	4/27/22	3,995	3,995	533	799	799	0
63	HP Pavilion	4/28/22	999	999	133	200	200	0
64	2 Laptops	4/29/22	998	998	133	200	200	0

FL Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
65	HP Pavilion	5/04/22	799	799	107	159	159	0
66	3 HP Pavilion	6/20/22	2,397	2,397	240	479	479	0
67	HP Pavilion	6/24/22	799	799	80	160	160	0
68	Computer	10/05/22	910	910	45	182	182	0
69	IT Renovation conference room	9/12/22	2,134	2,134	102	305	305	0
70	Building and improvements	3/12/23	2,810	2,810	0	59	59	0
71	Monster Grass Synthetic Renovation	9/29/23	8,043	8,043	0	50	50	0
72	Laptops (4) Finance	1/11/23	5,282	5,282	0	1,056	1,056	0
73	Laptop for VP of Developement	2/14/23	1,395	1,395	0	256	256	0
74	Laptops (3) for CWF workshop participants	7/12/23	0	0	0	0	371	371
75	Hardwar,Labor and shipping for 5840 conf 1	7/14/23	5,082	5,082	0	508	508	0
76	Two laptops Citizenship	4/05/23	2,693	2,693	0	404	404	0
77	5 Laptops for staff	4/13/23	5,572	5,572	0	836	836	0
78	3 Dell Laptop Aida Walls and Bertilda and (	6/20/23	5,095	5,095	0	510	510	0
79	Dell laptop for CEO	7/26/23	1,819	1,819	0	152	152	0
80	Sage Software	8/04/23	4,261	4,261	0	355	355	0
Total Other Depreciation			<u>3,121,268</u>	<u>3,121,268</u>	<u>1,861,764</u>	<u>120,652</u>	<u>130,714</u>	<u>10,062</u>
Total ACRS and Other Depreciation			<u>3,121,268</u>	<u>3,121,268</u>	<u>1,861,764</u>	<u>120,652</u>	<u>130,714</u>	<u>10,062</u>
Grand Totals			3,134,413	3,121,268	1,874,909	120,652	130,714	10,062
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>3,134,413</u>	<u>3,121,268</u>	<u>1,874,909</u>	<u>120,652</u>	<u>130,714</u>	<u>10,062</u>

Bonus Depreciation Report**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
37	Computer Equipment - 2020 HP	2/25/21	1,339		0	0	1,339	0
46	Computer Equipment - Laptop	4/18/21	1,034		0	0	1,034	0
47	Computer Equipment - Laptop	5/01/21	849		0	0	849	0
48	Computer Equipment - Laptop	5/26/21	1,472		0	0	1,472	0
49	Computer Equipment - Laptop	6/05/21	1,698		0	0	1,698	0
50	Computer Equipment - Laptop	8/13/21	999		0	0	999	0
51	Computer Equipment - Laptop	7/13/21	899		0	0	899	0
52	Computer Equipment - Laptop	10/01/21	879		0	0	879	0
53	Computer Equipment - Laptop	10/21/21	1,699		0	0	1,699	0
54	Computer Equipment - Laptop	8/28/21	879		0	0	879	0
55	Computer Equipment - Laptop	11/08/21	1,398		0	0	1,398	0
70	Building and improvements	3/12/23	2,810		0	0	0	2,810
71	Monster Grass Synthetic Renovation	9/29/23	8,043		0	0	0	8,043
Grand Total			<u>23,998</u>		<u>0</u>	<u>0</u>	<u>13,145</u>	<u>10,853</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
37	Computer Equipment - 2020 HP	2/25/21	1,339	0	0
46	Computer Equipment - Laptop	4/18/21	1,034	0	0
47	Computer Equipment - Laptop	5/01/21	849	0	0
48	Computer Equipment - Laptop	5/26/21	1,472	0	0
49	Computer Equipment - Laptop	6/05/21	1,698	0	0
50	Computer Equipment - Laptop	8/13/21	999	0	0
51	Computer Equipment - Laptop	7/13/21	899	0	0
52	Computer Equipment - Laptop	10/01/21	879	0	0
53	Computer Equipment - Laptop	10/21/21	1,699	0	0
54	Computer Equipment - Laptop	8/28/21	879	0	0
55	Computer Equipment - Laptop	11/08/21	1,398	0	0
			<u>13,145</u>	<u>0</u>	<u>0</u>

Other Depreciation:

1	FURNITURE & FIXT	1/01/09	63,335	0	0
2	BUILDING/ IMPROV	1/01/09	1,649,341	41,234	0
3	LAND	1/01/09	458,106	0	0
4	EQUIPMENT	1/01/09	56,197	0	0
5	STEM PROJECT	1/01/13	44,641	0	0
6	WEBSITE	1/01/13	14,144	0	0
7	BUILDING/ IMPROVEME	1/01/14	22,109	552	0
8	EQUIPMENT	1/01/14	42,831	0	0
9	FURNITURE & FIXT	1/01/14	678	0	0
10	Bldg & Improv	6/30/15	117,995	2,950	0
11	Computer Equip	6/30/15	13,563	0	0
12	Office Equip	6/30/15	861	0	0
13	Furniture	6/30/15	3,918	0	0
14	Building and Improvements	6/30/16	68,602	1,715	0
15	Computers	6/30/16	12,120	0	0
16	Office Equipment	6/30/16	4,751	0	0
17	Furniture	6/30/16	2,252	174	0
18	Building and Improvements	6/30/17	42,018	1,050	0
19	Computer Equipment	12/31/17	59,752	0	0
20	Office Equipment	1/01/17	12,046	0	0
21	Furniture	1/01/17	1,569	0	0
22	Building & Improv	6/30/18	21,323	710	0
23	Computers	6/30/18	46,108	0	0
24	Office Equipment	6/30/18	8,720	0	0
25	Improvements	6/30/19	7,661	511	0
26	Improvements	12/31/19	3,630	242	0
27	Furniture	12/31/19	1,973	0	0
28	Office Equipment	12/31/19	4,647	0	0
29	Computer Equipment	12/31/19	21,254	4,251	0
30	Servers	12/31/19	16,859	2,810	0
31	Leasehold Improvements YMCA-1580	12/31/18	13,517	1,352	0
32	Leasehold Improvements Gulfstream Miami-159	12/31/18	71,523	7,152	0
33	Computer Equipment	12/31/20	68,418	13,683	0
34	Furniture & Fixtures	12/31/20	1,795	0	0
35	Improvements	12/31/20	37,369	1,359	0
36	Website	3/01/20	7,000	700	0
38	Furniture	2/08/21	1,348	0	0
39	Improvements - Safeway maint.	6/18/21	5,200	130	0
40	Improvements - Root	1/26/21	10,117	253	0
41	Improvement - Safeway maint.	3/11/21	2,875	72	0
42	Improvements - Awnings	5/06/21	6,499	163	0
43	Furniture	11/23/21	1,824	0	0
44	Computer Equipment - Laptop	4/14/21	859	0	0
45	Computer Equipment - Laptop	4/27/21	1,289	0	0
56	Safeway Maintenance	11/28/22	6,840	175	0
57	HP Pavilion	2/15/22	849	170	0
58	2 HP Lapt	2/18/22	1,698	339	0
59	HP Pavilion	3/02/22	849	170	0
60	3 HP Computer	3/14/22	2,547	509	0
61	Lenova Idea Pad	3/28/22	699	139	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
62	Laptops	4/27/22	3,995	799	0
63	HP Pavilion	4/28/22	999	200	0
64	2 Laptops	4/29/22	998	199	0
65	HP Pavilion	5/04/22	799	160	0
66	3 HP Pavilion	6/20/22	2,397	480	0
67	HP Pavilion	6/24/22	799	160	0
68	Computer	10/05/22	910	182	0
69	IT Renovation conference room	9/12/22	2,134	304	0
70	Building and improvements	3/12/23	2,810	70	0
71	Monster Grass Synthetic Renovation	9/29/23	8,043	201	0
72	Laptops (4) Finance	1/11/23	5,282	1,057	0
73	Laptop for VP of Development	2/14/23	1,395	279	0
74	Laptops (3) for CWF workshop participants	7/12/23	3,711	742	0
75	Hardwar,Labor and shipping for 5840 conf room	7/14/23	5,082	1,017	0
76	Two laptops Citizenship	4/05/23	2,693	539	0
77	5 Laptops for staff	4/13/23	5,572	1,114	0
78	3 Dell Laptop Aida Walls and Bertilda and CEO	6/20/23	5,095	1,019	0
79	Dell laptop for CEO	7/26/23	1,819	363	0
80	Sage Software	8/04/23	4,261	852	0
	Total Other Depreciation		<u>3,124,913</u>	<u>92,302</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>3,124,913</u>	<u>92,302</u>	<u>0</u>
	Grand Totals		<u>3,138,058</u>	<u>92,302</u>	<u>0</u>

Asset	Description	Date In Service	Cost	FL
Prior MACRS:				
37	Computer Equipment - 2020 HP	2/25/21	1,339	0
46	Computer Equipment - Laptop	4/18/21	1,034	0
47	Computer Equipment - Laptop	5/01/21	849	0
48	Computer Equipment - Laptop	5/26/21	1,472	0
49	Computer Equipment - Laptop	6/05/21	1,698	0
50	Computer Equipment - Laptop	8/13/21	999	0
51	Computer Equipment - Laptop	7/13/21	899	0
52	Computer Equipment - Laptop	10/01/21	879	0
53	Computer Equipment - Laptop	10/21/21	1,699	0
54	Computer Equipment - Laptop	8/28/21	879	0
55	Computer Equipment - Laptop	11/08/21	1,398	0
			<u>13,145</u>	<u>0</u>

Other Depreciation:

1	FURNITURE & FIXT	1/01/09	63,335	0
2	BUILDING/ IMPROV	1/01/09	1,649,341	41,234
3	LAND	1/01/09	458,106	0
4	EQUIPMENT	1/01/09	56,197	0
5	STEM PROJECT	1/01/13	44,641	0
6	WEBSITE	1/01/13	14,144	0
7	BUILDING/ IMPROVEME	1/01/14	22,109	553
8	EQUIPMENT	1/01/14	42,831	0
9	FURNITURE & FIXT	1/01/14	744	0
10	Bldg & Improv	6/30/15	117,995	2,950
11	Computer Equip	6/30/15	13,563	0
12	Office Equip	6/30/15	861	0
13	Furniture	6/30/15	3,918	0
14	Building and Improvements	6/30/16	68,602	1,715
15	Computers	6/30/16	12,120	0
16	Office Equipment	6/30/16	4,751	0
17	Furniture	6/30/16	2,285	0
18	Building and Improvements	6/30/17	42,018	1,050
19	Computer Equipment	12/31/17	59,752	0
20	Office Equipment	1/01/17	12,046	0
21	Furniture	1/01/17	1,569	0
22	Building & Improv	6/30/18	21,323	710
23	Computers	6/30/18	46,108	0
24	Office Equipment	6/30/18	8,720	0
25	Improvements	6/30/19	7,661	511
26	Improvements	12/31/19	3,630	242
27	Furniture	12/31/19	1,973	0
28	Office Equipment	12/31/19	4,647	0
29	Computer Equipment	12/31/19	21,254	4,251
30	Servers	12/31/19	16,859	2,810
31	Leasehold Improvements YMCA-1580	12/31/18	13,517	1,352
32	Leasehold Improvements Gulfstream Miami-159	12/31/18	71,523	7,152
33	Computer Equipment	12/31/20	68,385	13,677
34	Furniture & Fixtures	12/31/20	1,795	0
35	Improvements	12/31/20	37,369	1,359
36	Website	3/01/20	7,000	0
38	Furniture	2/08/21	1,348	0
39	Improvements - Safeway maint.	6/18/21	5,200	130
40	Improvements - Root	1/26/21	10,117	253
41	Improvement - Safeway maint.	3/11/21	2,875	72
42	Improvements - Awnings	5/06/21	6,499	163
43	Furniture	11/23/21	1,824	0
44	Computer Equipment - Laptop	4/14/21	859	0
45	Computer Equipment - Laptop	4/27/21	1,289	0
56	Safeway Maintenance	11/28/22	6,840	175
57	HP Pavilion	2/15/22	849	170
58	2 HP Lapt	2/18/22	1,698	339
59	HP Pavilion	3/02/22	849	170
60	3 HP Computer	3/14/22	2,547	509
61	Lenova Idea Pad	3/28/22	699	139

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>FL</u>
62	Laptops	4/27/22	3,995	799
63	HP Pavilion	4/28/22	999	200
64	2 Laptops	4/29/22	998	199
65	HP Pavilion	5/04/22	799	160
66	3 HP Pavilion	6/20/22	2,397	480
67	HP Pavilion	6/24/22	799	160
68	Computer	10/05/22	910	182
69	IT Renovation conference room	9/12/22	2,134	304
70	Building and improvements	3/12/23	2,810	70
71	Monster Grass Synthetic Renovation	9/29/23	8,043	201
72	Laptops (4) Finance	1/11/23	5,282	1,057
73	Laptop for VP of Development	2/14/23	1,395	279
74	Laptops (3) for CWF workshop participants	7/12/23	0	0
75	Hardwar,Labor and shipping for 5840 conf room	7/14/23	5,082	1,017
76	Two laptops Citizenship	4/05/23	2,693	539
77	5 Laptops for staff	4/13/23	5,572	1,114
78	3 Dell Laptop Aida Walls and Bertilda and CEO	6/20/23	5,095	1,019
79	Dell laptop for CEO	7/26/23	1,819	363
80	Sage Software	8/04/23	4,261	852
	Total Other Depreciation		<u>3,121,268</u>	<u>90,681</u>
	Total ACRS and Other Depreciation		<u>3,121,268</u>	<u>90,681</u>
	Grand Totals		<u>3,134,413</u>	<u>90,681</u>

Form **990****Tax Projection Worksheet****2023 & 2024**

Name

Taxpayer Identification Number

HISPANIC UNITY OF FLORIDA, INC.**59-2230272**

		2023	2024	Differences
Revenue	1. Contributions, gifts, grants	1. 2,680,257	2,680,257	
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 4,726,786	4,726,786	
	4. Program service revenue	4. 332,843	332,843	
	5. Investment income	5. 58,889	58,889	
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. 7,220	7,220	
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 55,798	55,798	
	12. Total revenue. Add lines 1 through 11	12. 7,861,793	7,861,793	
Expenses	13. Grants and similar amounts paid	13. 102,947	102,947	
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 462,016	462,016	
	16. Salaries, other compensation, and employee benefits	16. 5,262,046	5,262,046	
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 387,546	387,546	
	19. Occupancy, rent, utilities, and maintenance	19. 391,212	391,212	
	20. Depreciation and Depletion	20. 130,713	130,713	
	21. Other expenses	21. 1,370,165	1,370,165	
	22. Total expenses. Add lines 13 through 21	22. 8,106,645	8,106,645	
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -244,852	-244,852	
Other	24. Total exempt revenue	24. 7,861,793	7,861,793	
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 454,750	454,750	
	27. Total assets	27. 5,605,622	5,605,622	
	28. Total liabilities	28. 1,044,743	1,044,743	
	29. Retained earnings	29. 4,560,879	4,560,879	
	30. Number of voting members of governing body	30. 19	19	
	31. Number of independent voting members of governing body	31. 19	19	
	32. Number of employees	32. 275	275	
	33. Number of volunteers	33. 250	250	

Form **990****Tax Return History****2023**

Name

HISPANIC UNITY OF FLORIDA, INC.Employer Identification Number
59-2230272

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	5,407,544	5,416,315	6,233,324	8,605,860	7,407,043	7,407,043
Membership dues						
Program service revenue	253,579	139,651	131,336	214,662	332,843	332,843
Capital gain or loss						
Investment income	15,114	2,454	4,557	9,830	58,889	58,889
Fundraising revenue (income/loss)	59,753	48,332			7,220	7,220
Gaming revenue (income/loss)						
Other revenue	49,575	51,063	52,595	52,738	55,798	55,798
Total revenue	5,785,565	5,657,815	6,421,812	8,883,090	7,861,793	7,861,793
Grants and similar amounts paid	24,043	199,444	143,176	55,761	102,947	102,947
Benefits paid to or for members						
Compensation of officers, etc.	488,162	644,920	622,089	477,578	462,016	462,016
Other compensation	4,040,100	3,447,080	4,219,741	4,691,248	5,262,046	5,262,046
Professional fees	283,708	155,687	253,896	868,311	387,546	387,546
Occupancy costs	317,598	272,080	338,366	332,176	391,212	391,212
Depreciation and depletion	157,526	127,623	143,394	140,009	130,713	130,713
Other expenses	958,593	699,389	911,539	1,163,660	1,370,165	1,370,165
Total expenses	6,269,730	5,546,223	6,632,201	7,728,743	8,106,645	8,106,645
Excess or (Deficit)	-484,165	111,592	-210,389	1,154,347	-244,852	-244,852
Total exempt revenue	5,785,565	5,657,815	6,421,812	8,883,090	7,861,793	7,861,793
Total unrelated revenue						
Total excludable revenue	318,268	193,168	188,488	277,230	454,750	454,750
Total Assets	5,202,641	5,305,803	4,609,854	6,093,203	5,605,622	5,605,622
Total Liabilities	1,485,091	1,474,686	989,126	1,318,128	1,044,743	1,044,743
Net Fund Balances	3,717,550	3,831,117	3,620,728	4,775,075	4,560,879	4,560,879

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 45,570				41	
Total	\$ 45,570					

Tax-Exempt Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
Dividends	\$ 13,319					
Total	\$ 13,319				25	

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Legal fees	\$ 128,957	\$ 97,798	\$ 29,559	\$ 1,600
Legal fees	163,835	163,835		
Legal fees	57,319	57,319		
Total	\$ 350,111	\$ 318,952	\$ 29,559	\$ 1,600

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
CHILDREN SERVICES COUNCIL OF BROWARD	\$ 3,737,068	\$ 3,068,880
BROWARD COUNTY FSA, HUMAN SERVICES	83,999	
IRS	121,120	
JIM MORAN FOUNDATION	30,000	
ORANGE COUNTY COMMUNICATION FOUND.	100,000	
UNIDOS US	179,548	
UNITED WAY OF BROWARD COUNTY	410,797	
CITI FOUNDATION	500,000	
COMMUNITY FOUNDATION OF BROWARD	300,000	
HUMANA	200,000	
Total	<u>\$ 5,662,532</u>	<u>\$ 3,068,880</u>

Federal Statements

Schedule A, Part II, Line 10(e)

Description	Amount
E-Summit	\$ 42,500
Total	\$ 42,500