

EXTENDED TO FEBRUARY 15, 2019

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2017 calendar year, or tax year beginning **APR 1, 2017** and ending **MAR 31, 2018**

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 SCHOLARSHIP FUND		D Employer identification number 52-1051044
	Doing business as		E Telephone number (310) 579-9216
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 61,507,739.
	1411 WEST 190TH STREET	700	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code GARDENA, CA 90248		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: RICARDO DELEON SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.HSF.NET			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1975 M State of legal domicile: DC	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HISPANIC SCHOLARSHIP FUND AWARDS SCHOLARSHIPS TO OUTSTANDING HISPANIC STUDENTS IN THE UNITED STATES,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	68
	6 Total number of volunteers (estimate if necessary)	6	221
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 48,288,485.	Current Year 52,409,435.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-144,478.	387,062.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-312,410.	-331,752.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,831,597.	52,464,745.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	37,980,209.	33,126,169.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,505,595.	5,001,304.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 924,598.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,050,441.	6,170,723.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	48,536,245.	44,298,196.	
19 Revenue less expenses. Subtract line 18 from line 12	-704,648.	8,166,549.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 33,406,397.	End of Year 42,515,261.
	21 Total liabilities (Part X, line 26)	1,712,793.	1,454,128.
	22 Net assets or fund balances. Subtract line 21 from line 20	31,693,604.	41,061,133.

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	Date			
	FIDEL A. VARGAS, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ROBERT GABON	Preparer's signature ROBERT GABON	Date 10/26/18	Check if self-employed <input type="checkbox"/>	PTIN P00178995
	Firm's name JLK ROSENBERGER, LLP	Firm's EIN 27-1532099	Phone no. (818) 334-8623		
Firm's address 801 N BRAND BLVD., SUITE 550 GLENDALE, CA 91203					

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: THROUGH SCHOLARSHIPS AND STUDENT/FAMILY SERVICES, THE HISPANIC SCHOLARSHIP FUND AIMS TO PROVIDE STUDENTS ALL THE TOOLS THEY NEED TO GET A COLLEGE DEGREE AND SUCCEED IN LIFE. OVER \$515 MILLION HAS BEEN AWARDED TO DATE.

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

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

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 \$ 35,352,498. including grants of \$ 33,126,169.) (Revenue \$) SCHOLARSHIP PROGRAMS - THE FUND ADMINISTERS PROGRAMS FUNDED BY DONATIONS FROM CORPORATIONS, NON-PROFITS, FOUNDATIONS AND INDIVIDUALS. THE FUND ALSO PROVIDES SCHOLARSHIPS THROUGH THE GATES MILLENNIUM SCHOLARS (GMS) PROGRAM.

4b (Code:) (Expenses \$ 2,597,383. including grants of \$) (Revenue \$) COLLEGE PROGRAMS - HSF OFFERS A RANGE OF SUPPORT PROGRAMS AND SERVICES TO SCHOLARS. THEY INCLUDE ACADEMIC SUPPORT, MENTORSHIP, NETWORKING, CAREER SERVICES, LEADERSHIP DEVELOPMENT, AND FINANCIAL WELLNESS. THESE PROGRAMS OFFER BOTH LIVE, EXPERIENTIAL OPPORTUNITIES THROUGH A RANGE OF CONFERENCES, AS WELL AS INTERACTIVE AND INFORMATION FORMATS ONLINE.

4c (Code:) (Expenses \$ 2,597,383. including grants of \$) (Revenue \$) OUTREACH PROGRAMS - THE FUND PROVIDES EDUCATIONAL OUTREACH SERVICES TO HISPANIC STUDENTS-MIDDLE SCHOOL THROUGH TWELFTH GRADE--AND THEIR PARENTS, THROUGH EVENING AND WEEKEND WORKSHOPS THAT ADDRESS HOW TO PLAN, PREPARE AND PAY FOR COLLEGE. HSF ALSO PROVIDES ACCESS TO INFORMATION ABOUT GOING TO COLLEGE, SCHOLARSHIPS, AND MORE, AS WELL AS STORIES ABOUT ROLE MODELS TO ALL VISITORS TO HSF.NET.

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

4e Total program service expenses 40,547,264.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes, and No. Includes rows for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 23		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 23		
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, or 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 in 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 in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	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 in 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	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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 **CA, AL, AK, AR, CO, CT, DC, FL, GA, IL, KS, KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **FIDEL A. VARGAS - (310) 579-9216**
1411 WEST 190TH STREET, SUITE 700, GARDENA, CA 90248

SEE SCHEDULE O FOR FULL LIST OF STATES

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WALTER DOLHARE BOARD MEMBER	1.00	X					0.	0.	0.	
(2) NELY GALAN BOARD MEMBER	1.00	X					0.	0.	0.	
(3) DANIEL J. ACOSTA, JR. BOARD MEMBER	1.00	X					0.	0.	0.	
(4) LINDA BAGLEY BOARD MEMBER	1.00	X					0.	0.	0.	
(5) MARIA ELENA SALINAS BOARD MEMBER	1.00	X					0.	0.	0.	
(6) ANGEL MORALES BOARD MEMBER	1.00	X					0.	0.	0.	
(7) DEAN WILLIAM R. FITZSIMMONS BOARD MEMBER	1.00	X					0.	0.	0.	
(8) ELIZABETH OLIVER-FARROW BOARD MEMBER	1.00	X					0.	0.	0.	
(9) KIMBERLY CASIANO BOARD MEMBER	1.00	X					0.	0.	0.	
(10) FIDEL A. VARGAS PRESIDENT & CEO	40.00	X		X			389,314.	0.	0.	
(11) GENE CAMARENA VICE CHAIR/BOARD MEMBER	1.00	X		X			0.	0.	0.	
(12) LISA GARCIA-QUIROZ CHAIR/BOARD MEMBER	1.00	X		X			0.	0.	0.	
(13) MICHAEL L. BENDER BOARD MEMBER	1.00	X					0.	0.	0.	
(14) ADAM RODRIGUEZ BOARD MEMBER	1.00	X					0.	0.	0.	
(15) EDGAR SANDOVAL MARKETING/BOARD MEMBER	1.00	X					0.	0.	0.	
(16) JUAN GALARRAGA BOARD MEMBER	1.00	X					0.	0.	0.	
(17) DIANA NATALICIO BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) IDA NIETO BOARD MEMBER	1.00	X						0.	0.	0.
(19) JAMES MCNAMARA IMMEDIATE PAST CHAIR/BOARD MEMBER	1.00	X		X				0.	0.	0.
(20) BEA PEREZ BOARD MEMBER	1.00	X						0.	0.	0.
(21) GINA RODRIGUEZ BOARD MEMBER	1.00	X						0.	0.	0.
(22) PHILLIP HYUN TECHNOLOGY-BOARD MEMBER	1.00	X						0.	0.	0.
(23) ANTHONY SALCIDO TREASURER	1.00	X		X				0.	0.	0.
(24) GREGORY MARTIN CHIEF TECHNOLOGY OFFICER	1.00			X				0.	0.	0.
(25) RICARDO DELEON C.O.O.	40.00			X				279,500.	0.	0.
(26) JULIE HITE CHIEF MARKETING OFFICER	40.00			X				196,764.	0.	0.
1b Sub-total								865,578.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								865,578.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
AUGMENTUM, INC, 1065 E. HILLSDALE BLVD STE 413, FOSTER CITY, CA 94404	MARKETING	814,741.
LOEWS HOLLYWOOD HOTEL 1755 N. HIGHLAND AVE, HOLLYWOOD, CA 90028	CONFERENCES	732,909.
NEW YORK MARRIOTT DOWNTOWN 85 WEST STREET, NEW YORK, NY 10006	CONFERENCES	232,667.
AMAZON.COM 85 WEST STREET, LOS ANGELES, CA 90071	WEB HOSTING & TECH EQUIPMENT	225,481.
AMERICAN AIRLINES, 74333 AMON CARTER BLVD, FORT WORTH, TX 76155	AIRFARE	179,616.

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 **7**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) FRANKLIN GUERRERO CHIEF DEVELOPMENT OFFICER	40.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	748,809.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	51,660,626.				
	g Noncash contributions included in lines 1a-1f: \$		176,994.				
	h Total. Add lines 1a-1f		52,409,435.				
	Program Service Revenue	2 a _____	Business Code				
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		435,940.			435,940.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			-48,878.	-48,878.	
	8 a Gross income from fundraising events (not including \$ 748,809. of contributions reported on line 1c). See Part IV, line 18	a	164,900.				
		b Less: direct expenses	b	549,114.			
		c Net income or (loss) from fundraising events					-384,214.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS REVENUE		900099	52,462.	52,462.			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			52,462.				
12 Total revenue. See instructions.			52,464,745.	3,584.	0.	51,726.	

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	25,000.	25,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	33,101,169.	33,101,169.		
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	1,262,243.	706,856.	328,183.	227,204.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,828,834.	1,587,106.	726,427.	515,301.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	110,934.	64,342.	26,624.	19,968.
9 Other employee benefits	491,005.	290,001.	117,985.	83,019.
10 Payroll taxes	308,288.	177,181.	71,450.	59,657.
11 Fees for services (non-employees):				
a Management	656,107.	178,572.	403,075.	74,460.
b Legal	51,025.		51,025.	
c Accounting	49,750.		49,750.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	66,067.		66,067.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	511,344.	104,848.	403,632.	2,864.
12 Advertising and promotion	1,505,536.	1,355,933.	82,985.	66,618.
13 Office expenses	898,441.	290,112.	496,995.	111,334.
14 Information technology				
15 Royalties				
16 Occupancy	545,778.	161,430.	384,348.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,204,760.	1,063,857.	56,942.	83,961.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	596,881.	233,338.	363,543.	
23 Insurance	59,755.	16,951.	42,804.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES & SUBSCRIPTIONS	33,173.	2,897.	24,622.	5,654.
b OVERHEAD ALLOCATION	0.	1,187,671.	-862,229.	-325,442.
c BAD DEBT	-7,894.	0.	-7,894.	0.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	44,298,196.	40,547,264.	2,826,334.	924,598.
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 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)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	2,592,093.	1	5,940,650.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	11,431,630.	3	15,832,146.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	1,383,165.	9	1,633,484.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,804,142.			
	b Less: accumulated depreciation	10b 1,100,499.			
	11 Investments - publicly traded securities	1,406,903.	10c	1,703,643.	
	12 Investments - other securities. See Part IV, line 11	14,958,348.	11	13,719,721.	
	13 Investments - program-related. See Part IV, line 11	1,634,258.	12	3,685,617.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11		14		
16 Total assets. Add lines 1 through 15 (must equal line 34)	33,406,397.	15			
17 Accounts payable and accrued expenses	702,081.	16	42,515,261.		
18 Grants payable	516,522.	17	824,679.		
19 Deferred revenue		18	140,598.		
20 Tax-exempt bond liabilities		19			
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20			
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21			
23 Secured mortgages and notes payable to unrelated third parties		22			
24 Unsecured notes and loans payable to unrelated third parties		23			
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	494,190.	24			
26 Total liabilities. Add lines 17 through 25	1,712,793.	25	488,851.		
27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	1,454,128.		
28 Unrestricted net assets	-1,544,646.	27	-1,354,412.		
29 Temporarily restricted net assets	19,765,056.	28	28,871,863.		
30 Permanently restricted net assets	13,473,194.	29	13,543,682.		
31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
32 Capital stock or trust principal, or current funds		30			
33 Paid-in or capital surplus, or land, building, or equipment fund		31			
34 Retained earnings, endowment, accumulated income, or other funds		32			
35 Total net assets or fund balances	31,693,604.	33	41,061,133.		
36 Total liabilities and net assets/fund balances	33,406,397.	34	42,515,261.		

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	52,464,745.
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,298,196.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,166,549.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,693,604.
5	Net unrealized gains (losses) on investments	5	1,200,980.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	41,061,133.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization: **HISPANIC SCHOLARSHIP FUND** Employer identification number: **52-1051044**

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 or 990-EZ).)
- 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 in 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		
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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	43,794,924.	42,139,045.	42,789,485.	42,583,285.	41,080,129.	212,386,868.
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	43,794,924.	42,139,045.	42,789,485.	42,583,285.	41,080,129.	212,386,868.
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)						4,635,790.
6 Public support. Subtract line 5 from line 4.						207,751,078.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	43,794,924.	42,139,045.	42,789,485.	42,583,285.	41,080,129.	212,386,868.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	480,598.	517,588.	378,451.	186,422.	435,940.	1,998,999.
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.)	141,346.	148,725.	17,222.	2,280.	52,462.	362,035.
11 Total support. Add lines 7 through 10						214,747,902.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	96.74 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	98.93 %
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 (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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 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 in 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 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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

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)? 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).		

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?		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

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

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 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

HISPANIC SCHOLARSHIP FUND

Employer identification number

52-1051044

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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization	Employer identification number
HISPANIC SCHOLARSHIP FUND	52-1051044

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	BILL & MELINDA GATES FOUNDATION PO BOX 23350 SEATTLE, WA 98102-0650	\$ 1,970,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE WALT DISNEY COMPANY 500 S BUENA VISTA ST BURBANK, CA 91521-0001	\$ 1,675,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WELLS FARGO & COMPANY 420 MONTGOMERY ST SAN FRANCISCO, CA 94104-1207	\$ 5,668,506.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	UNITED NEGRO COLLEGE FUND INC 8260 WILLOW OAKS CORPORATE DR STE 400 FAIRFAX, VA 22031-4513	\$ 29,311,298.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HISPANIC SCHOLARSHIP FUND	Employer identification number 52-1051044
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization HISPANIC SCHOLARSHIP FUND	Employer identification number 52-1051044
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

2017

Open to Public Inspection

Name of the organization **HISPANIC SCHOLARSHIP FUND** Employer identification number **52-1051044**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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

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	17,567,843.	16,921,234.	17,812,187.	17,182,913.	16,340,498.
b Contributions	20,943.	12,640.	57,970.		250,000.
c Net investment earnings, gains, and losses	1,567,145.	1,338,668.	-292,397.	1,111,900.	1,162,530.
d Grants or scholarships					
e Other expenditures for facilities and programs	754,885.	704,699.	656,526.	482,626.	570,115.
f Administrative expenses					
g End of year balance	18,401,046.	17,567,843.	16,921,234.	17,812,187.	17,182,913.

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 74.00 %
- c Temporarily restricted endowment 26.00 %

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		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		2,804,142.	1,100,499.	1,703,643.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,703,643.

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) MONEY MARKET FUNDS	154,558.	END-OF-YEAR MARKET VALUE
(B) INTERNATIONAL EQUITIES	3,531,059.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,685,617.	

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

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, col. (B) line 15.) ▶	

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) CAPITAL LEASE OBLIGATIONS	488,851.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	488,851.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	56,118,036.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,200,980.
b	Donated services and use of facilities	2b	2,518,378.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-66,067.
e	Add lines 2a through 2d	2e	3,653,291.
3	Subtract line 2e from line 1	3	52,464,745.
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	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	52,464,745.

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	46,750,507.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,518,378.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,518,378.
3	Subtract line 2e from line 1	3	44,232,129.
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	66,067.
c	Add lines 4a and 4b	4c	66,067.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	44,298,196.

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, LINE 2:

THE FUND AND INSTITUTE ARE A TAX-EXEMPT ORGANIZATION UNDER THE INTERNAL REVENUE CODE, SECTION 501(C)(3).

THE FUND FOLLOWS THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ISSUED BY FASB ASC TOPIC 740. AS OF MARCH 31, 2018, MANAGEMENT EVALUATED THE FUND'S TAX POSITIONS AND CONCLUDED THAT THE FUND HAD MAINTAINED ITS TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE FUND IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY FEDERAL OR STATE AUTHORITIES

Part XIII Supplemental Information (continued)

FOR YEARS BEFORE MARCH 31, 2014 AND 2013, RESPECTIVELY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT FEE EXPENSE -66,067.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEE EXPENSE 66,067.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: **HISPANIC SCHOLARSHIP FUND** Employer identification number: **52-1051044**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		3,533,118.
3 a Sub-total	0	0			3,533,118.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			3,533,118.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

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

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **HISPANIC SCHOLARSHIP FUND** Employer identification number **52-1051044**

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
- 2 a** 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			
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.
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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 (add col. (a) through col. (c))
		ALUMNI HALL OF FAME (event type)	LEA (event type)	NONE (total number)	
Revenue	1 Gross receipts	820,764.	92,945.		913,709.
	2 Less: Contributions	723,265.	25,545.		748,810.
	3 Gross income (line 1 minus line 2)	97,499.	67,400.		164,899.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	22,968.	16,630.		39,598.
	7 Food and beverages	147,554.	85,484.		233,038.
	8 Entertainment	46,675.	78,519.		125,194.
	9 Other direct expenses	65,081.	86,203.		151,284.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				549,114.
11 Net income summary. Subtract line 10 from line 3, column (d)				-384,215.	

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				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Revenue	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.

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**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

2017

**Open to Public
Inspection**

Name of the organization **HISPANIC SCHOLARSHIP FUND** Employer identification number **52-1051044**

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LATINO DONOR COLLABORATIVE 8110 E. CACTUS ROAD SUITE 110 SCOTTSDALE, AZ 85260	27-4281557	501 (C) (3)	25,000.	0.			TO FURTHER THEIR EXEMPT PURPOSE

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

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

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

Schedule I (Form 990) (2017)

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 noncash assistance
SCHOLARSHIPS	3172	33,101,169.	0.		

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

PART I, LINE 2:

HISPANIC SCHOLARSHIP FUND OBTAINS AN ENROLLMENT VERIFICATION FORM TO ENSURE THAT THE AWARDED STUDENT IS ENROLLED IN AN ACCREDITED SCHOOL.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization: **HISPANIC SCHOLARSHIP FUND**
 Employer identification number: **52-1051044**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <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	1b	X
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?	2	X
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed 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	7	X
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	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2017

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 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) FIDEL A. VARGAS PRESIDENT & CEO	(i)	389,314.	0.	0.	0.	0.	389,314.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RICARDO DELEON C.O.O.	(i)	279,500.	0.	0.	0.	0.	279,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JULIE HITE CHIEF MARKETING OFFICER	(i)	196,764.	0.	0.	0.	0.	196,764.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **HISPANIC SCHOLARSHIP FUND** Employer identification number **52-1051044**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>MEALS</u>)	X	10	125,156.FMV	
26 Other ▶ (<u>POSTAGE/ SHIPP</u>)	X	1	26,838.FMV	
27 Other ▶ (<u>AIRLINE VOUCH</u>)	X	1	25,000.FMV	
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) 2017

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

HISPANIC SCHOLARSHIP FUND

Employer identification number

52-1051044

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PUERTO RICO AND UNITED STATES VIRGIN ISLANDS.

FORM 990, PART VI, SECTION B, LINE 11B:

A COMPLETE COPY OF THE FORM 990 WAS FORWARDED TO THE COO. THE COO MADE THE
FORM 990 AVAILABLE FOR THE GOVERNING BOARD AT ITS MOST RECENT MEETING,
PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL CONTRACTS ARE REVIEWED BY OUTSIDE COUNSEL AND INTERNALLY TO DETERMINE
WHETHER THERE ARE CONFLICTS PRIOR TO SIGNING BY THE CEO,CFO OR CIO.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION PURCHASED A SALARY SURVEY TO BENCHMARK COMPENSATION
AGAINST SIMILAR ORGANIZATIONS. THE BOARD APPROVED THE OPERATING BUDGET
WHICH INCLUDED SALARIES FOR ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA,AL,AK,AR,CO,CT,DC,FL,GA,IL,KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OH
OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST AND CAN ALSO BE
FOUND ON OUR WEBSITE. THE CONFLICT OF INTEREST POLICY, FORM 990 AND THE
GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization

HISPANIC SCHOLARSHIP FUND

Employer identification number

52-1051044

FORM 990, PART XII, LINE 2C

THE BOARD OF DIRECTORS SELECTS THE INDEPENDENT AUDITOR AND REVIEWS THE
AUDIT REPORT.

Multiple horizontal lines for additional text entry.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **HISPANIC SCHOLARSHIP FUND** Employer identification number **52-1051044**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HSFT, LLC - 52-1051044 1411 W. 190TH STREET SUITE 700 GARDENA, CA 90248	NO ACTIVITY TO DATE	DELAWARE			HISPANIC SCHOLARSHIP FUND

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HISPANIC SCHOLARSHIP FUND INSTITUTE - 54-2014609, 1411 WEST 190TH STREET, SUITE 700, GARDENA, CA 90248	TO ENGAGE THE PUBLIC SECTOR IN SUPPORT OF LATINO HIGHER EDUCATION	DISTRICT OF COLUMBIA	501 (C) (3)	LINE 7	HISPANIC SCHOLARSHIP FUND	X	

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

Schedule R (Form 990) 2017

SEE PART VII FOR CONTINUATIONS

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:

HSFT, LLC

EIN: 52-1051044

1411 W. 190TH STREET SUITE 700

GARDENA, CA 90248

PRIMARY ACTIVITY: NO ACTIVITY TO DATE

DIRECT CONTROLLING ENTITY: HISPANIC SCHOLARSHIP FUND

2017 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2	CONFERENCE ROOM PROJECTOR SYSTEM	10/01/12	SL	7.00		16	61,595.				61,595.	39,593.		8,799.	48,392.
48	IT HARDWARE	10/31/15	SL	5.00		16	7,433.				7,433.	1,504.		1,062.	2,566.
49	IT HARDWARE	10/31/15	SL	5.00		16	6,425.				6,425.	1,300.		918.	2,218.
	* 990 PAGE 10 TOTAL -						75,453.				75,453.	42,397.		10,779.	53,176.
3	TELEVISIONS	06/30/14	SL	7.00		16	38,326.				38,326.	15,656.		5,475.	21,131.
4	TELEVISIONS	06/30/14	SL	7.00		16	24,174.				24,174.	9,996.		3,453.	13,449.
47	TELEVISIONS	08/31/15	SL	7.00		16	18,471.				18,471.	4,178.		2,639.	6,817.
	* 990 PAGE 10 TOTAL -						80,971.				80,971.	29,830.		11,567.	41,397.
5	MAIN LOBBY SIGNS	06/30/14	SL	7.00		16	1,595.				1,595.	627.		228.	855.
6	MAIN LOBBY SIGNS	06/30/14	SL	7.00		16	1,595.				1,595.	627.		228.	855.
7	OFFICE SIGNAGE	06/30/14	SL	7.00		16	1,672.				1,672.	657.		239.	896.
8	OFFICE SIGNAGE	06/30/14	SL	7.00		16	3,104.				3,104.	1,219.		443.	1,662.
9	CUSTOM BLACKOUT SHADES	06/30/14	SL	7.00		16	18,683.				18,683.	7,340.		2,669.	10,009.
10	CUSTOM BLACKOUT SHADES	06/30/14	SL	7.00		16	19,080.				19,080.	7,496.		2,726.	10,222.
11	STUDIO TECHNOLOGY EQUIPMENT	06/30/14	SL	7.00		16	27,461.				27,461.	10,788.		3,923.	14,711.
12	STUDIO TECHNOLOGY EQUIPMENT	06/30/14	SL	7.00		16	435.				435.	171.		62.	233.
13	OFFICE FURNITURE	06/30/14	SL	7.00		16	5,474.				5,474.	2,151.		782.	2,933.
14	OFFICE FURNITURE	06/30/14	SL	7.00		16	712.				712.	280.		102.	382.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
15	OFFICE FURNITURE	06/30/14	SL	7.00		16	5,549.				5,549.	2,181.		1,807.	3,988.
16	OFFICE FURNITURE	06/30/14	SL	7.00		16	43,158.				43,158.	16,954.		9,665.	26,619.
17	OFFICE FURNITURE	06/30/14	SL	7.00		16	8,632.				8,632.	3,391.		4,733.	8,124.
18	OFFICE FURNITURE	06/30/14	SL	7.00		16	34,527.				34,527.	13,563.		8,432.	21,995.
19	OFFICE FURNITURE	06/30/14	SL	7.00		16	30,404.				30,404.	11,944.		7,843.	19,787.
20	CONFERENCE ROOM FURNITURE	06/30/14	SL	7.00		16	2,128.				2,128.	836.		304.	1,140.
21	CONFERENCE ROOM FURNITURE	06/30/14	SL	7.00		16	2,128.				2,128.	836.		304.	1,140.
22	CONFERENCE ROOM FURNITURE	06/30/14	SL	7.00		16	1,062.				1,062.	418.		152.	570.
23	CONFERENCE ROOM FURNITURE	06/30/14	SL	7.00		16	8,240.				8,240.	3,783.		1,177.	4,960.
24	COLLABORATION FURNITURE	06/30/14	SL	7.00		16	913.				913.	358.		130.	488.
25	COLLABORATION FURNITURE	06/30/14	SL	7.00		16	944.				944.	371.		135.	506.
26	COLLABORATION FURNITURE	06/30/14	SL	7.00		16	11,130.				11,130.	4,919.		1,590.	6,509.
27	COLLABORATION FURNITURE	06/30/14	SL	7.00		16	871.				871.	341.		124.	465.
28	COLLABORATION FURNITURE	06/30/14	SL	7.00		16	1,080.				1,080.	424.		154.	578.
29	COLLABORATION FURNITURE	06/30/14	SL	7.00		16	5,726.				5,726.	2,250.		818.	3,068.
43	CONFERENCE ROOM FURNITURE	06/15/15	SL	7.00		16	11,055.				11,055.	2,895.		1,579.	4,474.
44	CONFERENCE ROOM FURNITURE	08/27/15	SL	7.00		16	3,113.				3,113.	704.		445.	1,149.
45	BOARDROOM FURNITURE	07/01/15	SL	7.00		16	7,873.				7,873.	1,875.		1,125.	3,000.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
46	BOARDROOM FURNITURE	03/31/16	SL	7.00		16	2,246.				2,246.	321.		321.	642.
50	OFFICE FURNITURE	03/31/16	SL	7.00		16	3,141.				3,141.	449.		449.	898.
51	OFFICE FURNITURE	03/31/16	SL	7.00		16	3,141.				3,141.	449.		449.	898.
88	INTERN OFFICE FURNITURE	05/20/16	SL	7.00		16	4,564.				4,564.	543.		652.	1,195.
89	OFFICE FURNITURE	03/15/17	SL	7.00		16	20,276.				20,276.			2,414.	2,414.
129	OFFICE FURNITURE	05/01/17	SL	7.00		16	855.				855.			102.	102.
130	OFFICE FURNITURE	06/08/17	SL	7.00		16	8,644.				8,644.			1,029.	1,029.
	* 990 PAGE 10 TOTAL -						301,211.				301,211.	101,161.		57,335.	158,496.
123	COMPUTER SOFTWARE - HSF.NET	01/01/17	SL	3.00		16	149,031.				149,031.	40,645.		108,386.	149,031.
124	COMPUTER SOFTWARE - HSF.NET	01/01/17	SL	3.00		16	843.				843.	230.		613.	843.
125	COMPUTER SOFTWARE - HSF.NET	01/01/17	SL	3.00		16	2,294.				2,294.	629.		1,665.	2,294.
126	COMPUTER SOFTWARE - HSF.NET	05/06/16	SL	3.00		16	785.				785.	212.		573.	785.
	* 990 PAGE 10 TOTAL -						152,953.				152,953.	41,716.		111,237.	152,953.
1	COMPUTER SOFTWARE	VARIOUS	SL	3.00		16	99,274.				99,274.	99,274.		0.	99,274.
	* 990 PAGE 10 TOTAL -						99,274.				99,274.	99,274.		0.	99,274.
41	LEASEHOLD IMPROVEMENTS	06/30/14	SL	10.00		16	155,520.				155,520.	42,768.		15,552.	58,320.
42	LEASEHOLD IMPROVEMENTS	06/30/14	SL	10.00		16	36,184.				36,184.	9,950.		3,618.	13,568.
85	LEASEHOLD IMPROVEMENTS	03/31/16	SL	10.00		16	11,280.				11,280.	1,128.		1,128.	2,256.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
86	LEASEHOLD IMPROVEMENTS	03/31/16	SL	10.00		16	8,015.				8,015.	802.		802.	1,604.
87	LEASEHOLD IMPROVEMENTS	03/31/16	SL	10.00		16	5,695.				5,695.	570.		570.	1,140.
90	LEASEHOLD IMPROVEMENTS	03/15/17	SL	10.00		16	1,432.				1,432.	143.		143.	286.
164	LEASEHOLD IMPROVEMENTS	04/04/17	SL	10.00		16	10,000.				10,000.			833.	833.
165	LEASEHOLD IMPROVEMENTS	06/01/17	SL	10.00		16	27,765.				27,765.			2,314.	2,314.
166	LEASEHOLD IMPROVEMENTS	07/01/17	SL	10.00		16	7,712.				7,712.			643.	643.
	* 990 PAGE 10 TOTAL -						263,603.				263,603.	55,361.		25,603.	80,964.
109	COMPUTER SOFTWARE - HSF3.0	05/20/16	SL	3.00		16	2,250.				2,250.			750.	750.
110	COMPUTER SOFTWARE - HSF3.0	06/27/16	SL	3.00		16	34,000.				34,000.	5,347.		11,333.	16,680.
111	COMPUTER SOFTWARE - HSF3.0	06/30/16	SL	3.00		16	2,250.				2,250.			750.	750.
112	COMPUTER SOFTWARE - HSF3.0	07/22/16	SL	3.00		16	18,000.				18,000.			6,000.	6,000.
113	COMPUTER SOFTWARE - HSF3.0	08/18/16	SL	3.00		16	6,825.				6,825.			2,275.	2,275.
114	COMPUTER SOFTWARE - HSF3.0	08/26/16	SL	3.00		16	18,000.				18,000.			6,000.	6,000.
115	COMPUTER SOFTWARE - HSF3.0	09/01/16	SL	3.00		16	18,000.				18,000.			6,000.	6,000.
116	COMPUTER SOFTWARE - HSF3.0	10/04/16	SL	3.00		16	50,888.				50,888.			16,963.	16,963.
117	COMPUTER SOFTWARE - HSF3.0	11/01/16	SL	3.00		16	50,950.				50,950.			16,983.	16,983.
118	COMPUTER SOFTWARE - HSF3.0	12/12/16	SL	3.00		16	5,250.				5,250.			1,750.	1,750.
119	COMPUTER SOFTWARE - HSF3.0	01/17/17	SL	3.00		16	750.				750.			250.	250.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
120	COMPUTER SOFTWARE - HSF3.0	02/01/17	SL	3.00		16	45,000.				45,000.			15,000.	15,000.
127	COMPUTER SOFTWARE - HSF3.0	03/31/16	SL	3.00		16	4,500.				4,500.			1,500.	1,500.
	* 990 PAGE 10 TOTAL -						256,663.				256,663.	5,347.		85,554.	90,901.
103	COMPUTER SOFTWARE - TSG.ORG APPLICATION	11/01/16	SL	3.00		16	5,950.				5,950.	1,498.		155.	1,653.
104	COMPUTER SOFTWARE - TSG.ORG APPLICATION	10/04/16	SL	3.00		16	5,888.				5,888.			1,635.	1,635.
105	COMPUTER SOFTWARE - TSG.ORG APPLICATION	02/01/17	SL	3.00		16	45,000.				45,000.			12,500.	12,500.
106	COMPUTER SOFTWARE - TSG.ORG APPLICATION	12/01/16	SL	3.00		16	4,500.				4,500.			1,250.	1,250.
107	COMPUTER SOFTWARE - TSG.ORG APPLICATION	12/12/16	SL	3.00		16	750.				750.			208.	208.
108	COMPUTER SOFTWARE - TSG.ORG APPLICATION	01/17/17	SL	3.00		16	750.				750.			208.	208.
128	COMPUTER SOFTWARE - TSG.ORG APPLICATION	03/15/17	SL	3.00		16	45,000.				45,000.			12,500.	12,500.
131	COMPUTER SOFTWARE - TSG.ORG APPLICATION	04/28/17	SL	3.00		16	14,881.				14,881.			3,826.	3,826.
132	COMPUTER SOFTWARE - TSG.ORG APPLICATION	05/31/17	SL	3.00		16	10,635.				10,635.			2,770.	2,770.
133	COMPUTER SOFTWARE - TSG.ORG APPLICATION	06/30/17	SL	3.00		16	27,397.				27,397.			6,331.	6,331.
134	COMPUTER SOFTWARE - TSG.ORG APPLICATION	07/13/17	SL	3.00		16	4,500.				4,500.			625.	625.
135	COMPUTER SOFTWARE - TSG.ORG APPLICATION	10/01/17	SL	3.00		16	650.				650.			90.	90.
136	COMPUTER SOFTWARE - TSG.ORG APPLICATION	07/31/17	SL	3.00		16	27,569.				27,569.			5,769.	5,769.
137	COMPUTER SOFTWARE - TSG.ORG APPLICATION	08/31/17	SL	3.00		16	42,334.				42,334.			6,386.	6,386.
138	COMPUTER SOFTWARE - TSG.ORG APPLICATION	09/30/17	SL	3.00		16	29,520.				29,520.			4,259.	4,259.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
139	COMPUTER SOFTWARE - TSG.ORG APPLICATION	10/31/17	SL	3.00		16	23,467.				23,467.			1,895.	1,895.
140	COMPUTER SOFTWARE - TSG.ORG APPLICATION	11/30/17	SL	3.00		16	32,029.				32,029.			1,879.	1,879.
141	COMPUTER SOFTWARE - TSG.ORG APPLICATION	12/29/17	SL	3.00		16	37,193.				37,193.			2,414.	2,414.
142	COMPUTER SOFTWARE - TSG.ORG APPLICATION	01/31/18	SL	3.00		16	17,489.				17,489.			486.	486.
143	COMPUTER SOFTWARE - TSG.ORG APPLICATION	03/31/18	SL	3.00		16	114,231.				114,231.			0.	
	* 990 PAGE 10 TOTAL -						489,733.				489,733.	1,498.		65,186.	66,684.
53	COMPUTER SOFTWARE - TSG.ORG WEBSITE	03/31/16	SL	3.00		16	4,500.				4,500.	625.		1,500.	2,125.
94	COMPUTER SOFTWARE - TSG.ORG WEBSITE	05/20/16	SL	3.00		16	2,250.				2,250.	313.		750.	1,063.
95	COMPUTER SOFTWARE - TSG.ORG WEBSITE	06/27/16	SL	3.00		16	136,000.				136,000.	18,889.		45,333.	64,222.
96	COMPUTER SOFTWARE - TSG.ORG WEBSITE	06/30/16	SL	3.00		16	2,250.				2,250.	312.		750.	1,062.
97	COMPUTER SOFTWARE - TSG.ORG WEBSITE	07/22/16	SL	3.00		16	72,000.				72,000.	10,000.		24,000.	34,000.
98	COMPUTER SOFTWARE - TSG.ORG WEBSITE	08/18/16	SL	3.00		16	6,825.				6,825.	948.		2,275.	3,223.
99	COMPUTER SOFTWARE - TSG.ORG WEBSITE	08/26/16	SL	3.00		16	72,000.				72,000.	10,000.		24,000.	34,000.
100	COMPUTER SOFTWARE - TSG.ORG WEBSITE	09/01/16	SL	3.00		16	72,000.				72,000.	10,000.		24,000.	34,000.
101	COMPUTER SOFTWARE - TSG.ORG WEBSITE	10/04/16	SL	3.00		16	45,000.				45,000.	6,250.		15,000.	21,250.
102	COMPUTER SOFTWARE - TSG.ORG WEBSITE	11/01/16	SL	3.00		16	45,000.				45,000.	6,250.		15,000.	21,250.
	* 990 PAGE 10 TOTAL -						457,825.				457,825.	63,587.		152,608.	216,195.
30	SOFTWARE - SECURITY SYSTEM	11/30/14	SL	3.00		16	3,032.				3,032.	2,359.		673.	3,032.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
31	SOFTWARE - SECURITY SYSTEM	11/30/14	SL	3.00		16	1,227.				1,227.	954.		273.	1,227.
32	SOFTWARE - SECURITY SYSTEM	11/30/14	SL	3.00		16	7,064.				7,064.	5,495.		1,569.	7,064.
33	SOFTWARE - SECURITY SYSTEM	11/30/14	SL	3.00		16	5,851.				5,851.	4,550.		1,301.	5,851.
34	SOFTWARE - SECURITY SYSTEM	11/30/14	SL	3.00		16	5,054.				5,054.	3,932.		1,122.	5,054.
	* 990 PAGE 10 TOTAL -						22,228.				22,228.	17,290.		4,938.	22,228.
35	SOFTWARE - VOICE AUDIO SYSTEM	11/30/14	SL	3.00		16	6,836.				6,836.	5,318.		1,518.	6,836.
36	SOFTWARE - VOICE AUDIO SYSTEM	11/30/14	SL	3.00		16	2,189.				2,189.	1,703.		486.	2,189.
37	SOFTWARE - VOICE AUDIO SYSTEM	11/30/14	SL	3.00		16	1,960.				1,960.	1,524.		436.	1,960.
38	SOFTWARE - VOICE AUDIO SYSTEM	11/30/14	SL	3.00		16	5,722.				5,722.	4,450.		1,272.	5,722.
52	AUDIO SOUND SYSTEM SOFTWARE	05/31/15	SL	3.00		16	9,819.				9,819.	6,546.		3,273.	9,819.
	* 990 PAGE 10 TOTAL -						26,526.				26,526.	19,541.		6,985.	26,526.
39	SOFTWARE - ACCOUNTING	11/30/14	SL	3.00		16	5,713.				5,713.	4,443.		1,270.	5,713.
	* 990 PAGE 10 TOTAL -						5,713.				5,713.	4,443.		1,270.	5,713.
81	COMPUTER SOFTWARE - HSF UNIVERSITY	02/29/16	SL	3.00		16	55,000.				55,000.	19,861.		18,333.	38,194.
82	COMPUTER SOFTWARE - HSF UNIVERSITY	03/31/16	SL	3.00		16	3,902.				3,902.	1,301.		1,301.	2,602.
83	COMPUTER SOFTWARE - HSF UNIVERSITY	03/31/16	SL	3.00		16	2,703.				2,703.	901.		901.	1,802.
84	COMPUTER SOFTWARE - HSF UNIVERSITY	03/31/16	SL	3.00		16	337.				337.	112.		112.	224.
	* 990 PAGE 10 TOTAL -						61,942.				61,942.	22,175.		20,647.	42,822.

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
121	COMPUTER SOFTWARE - HSF.NET APPLICATION	02/15/17	SL	3.00		16	1,500.				1,500.			125.	125.
122	COMPUTER SOFTWARE - HSF.NET APPLICATION	03/15/17	SL	3.00		16	51,800.				51,800.			4,317.	4,317.
144	COMPUTER SOFTWARE - HSF.NET APPLICATION	05/11/17	SL	3.00		16	2,875.				2,875.			240.	240.
145	COMPUTER SOFTWARE - HSF.NET APPLICATION	07/13/17	SL	3.00		16	4,500.				4,500.			375.	375.
146	COMPUTER SOFTWARE - HSF.NET APPLICATION	09/08/17	SL	3.00		16	1,225.				1,225.			102.	102.
147	COMPUTER SOFTWARE - HSF.NET APPLICATION	10/01/17	SL	3.00		16	1,700.				1,700.			142.	142.
148	COMPUTER SOFTWARE - HSF.NET APPLICATION	11/01/17	SL	3.00		16	3,675.				3,675.			306.	306.
149	COMPUTER SOFTWARE - HSF.NET APPLICATION	04/28/17	SL	3.00		16	18,960.				18,960.			5,726.	5,726.
150	COMPUTER SOFTWARE - HSF.NET APPLICATION	05/31/17	SL	3.00		16	35,365.				35,365.			8,265.	8,265.
151	COMPUTER SOFTWARE - HSF.NET APPLICATION	06/30/17	SL	3.00		16	27,163.				27,163.			6,279.	6,279.
152	COMPUTER SOFTWARE - HSF.NET APPLICATION	07/31/17	SL	3.00		16	22,751.				22,751.			4,699.	4,699.
153	COMPUTER SOFTWARE - HSF.NET APPLICATION	08/31/17	SL	3.00		16	28,041.				28,041.			4,144.	4,144.
154	COMPUTER SOFTWARE - HSF.NET APPLICATION	09/30/17	SL	3.00		16	29,520.				29,520.			4,259.	4,259.
155	COMPUTER SOFTWARE - HSF.NET APPLICATION	10/31/17	SL	3.00		16	24,574.				24,574.			1,987.	1,987.
156	COMPUTER SOFTWARE - HSF.NET APPLICATION	11/30/17	SL	3.00		16	39,213.				39,213.			1,729.	1,729.
157	COMPUTER SOFTWARE - HSF.NET APPLICATION	12/29/17	SL	3.00		16	40,929.				40,929.			296.	296.
158	COMPUTER SOFTWARE - HSF.NET APPLICATION	01/31/18	SL	3.00		16	55,386.				55,386.			0.	0.
159	COMPUTER SOFTWARE - HSF.NET APPLICATION	03/15/18	SL	3.00		16	49,218.				49,218.			0.	0.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
160	COMPUTER SOFTWARE - HSF.NET APPLICATION	03/30/18	SL	3.00		16	61,083.				61,083.			0.	
	* 990 PAGE 10 TOTAL -						499,478.				499,478.	0.		42,991.	42,991.
161	COMPUTER SOFTWARE - WFALFP	12/29/17	SL	3.00		16	2,243.				2,243.			125.	125.
162	COMPUTER SOFTWARE - WFALFP	03/15/18	SL	3.00		16	3,000.				3,000.			0.	
163	COMPUTER SOFTWARE - WFALFP	03/30/18	SL	3.00		16	5,333.				5,333.			56.	56.
	* 990 PAGE 10 TOTAL -						10,576.				10,576.	0.		181.	181.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,804,149.				2,804,149.	503,620.		596,881.	1,100,501.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						1,910,524.			0.	1,910,524.	503,620.			1,020,120.
	ACQUISITIONS						893,625.			0.	893,625.	0.			80,381.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						2,804,149.			0.	2,804,149.	503,620.			1,100,501.
	ENDING ACCUM DEPR											1,100,501.			
	ENDING BOOK VALUE											1,703,648.			

Depreciation and Amortization
 (Including Information on Listed Property) 990

▶ Attach to your tax return.
 ▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return HISPANIC SCHOLARSHIP FUND	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 52-1051044
---	--	---

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	510,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,030,000.
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 2016 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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 2018. 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.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	596,881.

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 2017	17	
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 2017 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 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 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 instr.	22	596,881.
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	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main rows (30-36) and 12 columns for vehicle use metrics (a-f) and availability (Yes/No).

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 5 rows (37-41) and 2 columns (Yes/No) for employer questions.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2017 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2017 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. HISPANIC SCHOLARSHIP FUND	Employer identification number (EIN) or 52-1051044
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1411 WEST 190TH STREET, NO. 700	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GARDENA, CA 90248	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

FIDEL A. VARGAS

• The books are in the care of ▶ **1411 WEST 190TH STREET, SUITE 700 - GARDENA, CA 90248**
Telephone No. ▶ **(310) 579-9216** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **FEBRUARY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
▶ tax year beginning **APR 1, 2017**, and ending **MAR 31, 2018**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

California Exempt Organization Annual Information Return

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) 04/01/2017, and ending (mm/dd/yyyy) 03/31/2018

Corporation/Organization name HISPANIC SCHOLARSHIP FUND California corporation number 0777806

Additional information. See instructions. FEIN 52-1051044

Street address (suite or room) 1411 WEST 190TH STREET, NO. 700 City GARDENA State CA ZIP code 90248

Foreign country name Foreign province/state/country Foreign postal code

Foreign country name Foreign province/state/country Foreign postal code

Foreign country name Foreign province/state/country Foreign postal code

Form with sections A through P containing various checkboxes and questions regarding tax status, filing type, and organizational details.

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 17 rows detailing Receipts and Revenues (lines 1-8), Expenses (lines 9-10), and Filing Fee (lines 11-17). Includes amounts in dollars and cents.

Sign Here section containing signature of officer (ROBERT GABON), Title (CEO), Date (10/26/18), and Firm's name (JLK ROSENBERGER, LLP) with address (801 N BRAND BLVD., SUITE 550, GLENDALE, CA 91203).

May the FTB discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

728951 12-06-17

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	164,900.00	
	2	Interest	•	2	435,940.00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 3 •	6	8,445,002.00	
	7	Other income	SEE STATEMENT 4 •	7	52,462.00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	9,098,304.00	
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 5 •	9	33,126,169.00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 6 •	11	1,262,242.00	
	12	Other salaries and wages	•	12	2,828,834.00	
	Expenses and Disbursements	13	Interest	•	13	00
		14	Taxes	•	14	308,288.00
		15	Rents	•	15	545,778.00
		16	Depreciation and depletion (See instructions)	•	16	596,882.00
		17	Other Expenses and Disbursements	SEE STATEMENT 7 •	17	6,179,117.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	44,847,310.00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		2,592,093.		• 5,940,650.
2	Net accounts receivable				•
3	Net notes receivable				•
4	Inventories				•
5	Federal and state government obligations				•
6	Investments in other bonds				•
7	Investments in stock				•
8	Mortgage loans				•
9	Other investments STMT 8		16,592,606.		• 17,405,338.
10 a	Depreciable assets	1,910,521.		2,804,142.	
b	Less accumulated depreciation	(503,618.)	1,406,903.	(1,100,499.)	1,703,643.
11	Land				•
12	Other assets STMT 9		12,814,795.		• 17,465,630.
13	Total assets		33,406,397.		42,515,261.
Liabilities and net worth					
14	Accounts payable		702,081.		• 824,679.
15	Contributions, gifts, or grants payable		516,522.		• 140,598.
16	Bonds and notes payable				•
17	Mortgages payable				•
18	Other liabilities STMT 10		494,190.		488,851.
19	Capital stock or principal fund				•
20	Paid-in or capital surplus. Attach reconciliation				•
21	Retained earnings or income fund		31,693,604.		• 41,061,133.
22	Total liabilities and net worth		33,406,397.		42,515,261.

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	• 8,166,549.	7	Income recorded on books this year not included in this return	•
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year	•	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	8,166,549.
6	Total. Add line 1 through line 5	8,166,549.			

CA 199 CASH CONTRIBUTIONS STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ALDI INCORPORATED	1200 N. KIRK ROAD BATAVIA, IL 60510	02/28/18	25,000.
AMERICAN EXPRESS CHARITABLE FOUNDATION	P.O. BOX 3409 PRINCETON, NJ 08543-3409	09/22/17	10,154.
ALTRIA GROUP, INC.	6601 W BROAD ST RICHMOND, VA 23230-1723	11/30/17	331,149.
AMERICAN EXPRESS EMPLOYEE GIVING	200 VESEY STREET FLOOR 48 NEW YORK, NY 10285-0001	03/29/18	38,084.
BOSTON CONSULTING GROUP	31 EXCHANGE PL BOSTON, MA 02109/2802	12/15/17	100,000.
ANHEUSER-BUSCH COS. INC. AND DISTRIBUTORS	1 BUSCH PL. SAINT LOUIS, MO 63118-1849	03/09/18	500,000.
CALIFORNIA COMMUNITY FOUNDATION	445 S. FIGUEROA ST STE 400 LOS ANGELES, CA 90071-1638	04/26/17	5,000.
BANK OF AMERICA CORPORATION	100 N. TYRON STREET CHARLOTTE, NC 28255	06/21/17	160,000.
BILL & MELINDA GATES FOUNDATION	PO BOX 23350 SEATTLE, WA 98102-0650	11/16/17	1,970,800.
CARNIVAL CRUISE LINES	3655 NW 87TH AVE DORAL, FL 33178-2418	02/09/18	50,000.
ANGEL MORALES	2150 BROADWAY APT 98 NEW YORK, NY 10023-8259	10/03/17	10,000.
AT&T FOUNDATION	208 S. AKARD STREET DALLAS, TX 75202-4206	08/08/17	5,000.
CITY OF CHICAGO	121 N. LA SALLE STREET CHICAGO, IL 60602-1202	03/29/18	27,557.
CAPSTONE LAW APC	1840 CENTURY PARK EAST SUITE 1000 LOS ANGELES, CA 90067	07/25/17	5,000.
LOS ANGELES DEPT OF WATER & POWER	P.O. BOX 51212 LOS ANGELES, CA 90051-5512	09/07/17	6,316.

HISPANIC SCHOLARSHIP FUND			52-1051044
COCA-COLA COMPANY-GLOBAL HQ	1 COCA COLA PLAZA NW ATLANTA, GA 30313-2420	10/13/17	10,000.
COCA-COLA FOUNDATION	1 COCA COLA PLZ NW ATLANTA, GA 30313-2420	09/20/17	250,000.
CLASSIE MIXON (LIFEBRIDGE TRUST)	100 BRIGHT MEADOW BLVD #M327 ENFIELD, CT 06082-1981	02/26/18	10,300.
CLEARLAKE CAPITAL GROUP	233 WILSHIRE BLVD #800 SANTA MONICA, CA 90401	10/31/17	5,000.
THE WALT DISNEY COMPANY	500 S BUENA VISTA ST BURBANK, CA 91521-0001	10/31/17	1,675,000.
TIME WARNER INC	1 TIME WARNER CTR FL 11 NEW YORK, NY 10019-8015	05/10/17	325,000.
UNION BANK N.A.	445 S. FIGUEROA ST STE 400 LOS ANGELES, CA 90071-1602	01/31/18	40,000.
EXXON MOBIL FOUNDATION	5959 LAS COLINAS BLVD IRVING, TX 75039-4202	10/13/17	118,620.
FEDEX CORPORATION	942 SOUTH SHADY GROVE ROAD MEMPHIS, TN 38120	06/05/17	195,000.
FIDEL VARGAS	12855 RUNWAY ROAD APT 2415 PLAYA VISTA, CA 90094-2686	12/31/17	10,000.
FORD MOTOR COMPANY	1 AMERICAN RD RM 334 DEARBORN, MI 48126-2701	05/01/17	115,000.
FREDDIE MAC FOUNDATION	8250 JONES BRANCH DR MCLEAN, VA 22102-3107	07/06/17	300,000.
UNIVISION TELEVISION GROUP INC	5999 CENTER DRIVE LOS ANGELES, CA 90045-8901	05/25/17	325,000.
UPS FOUNDATION	55 GLENLAKE PKWY ATLANTA, GA 30328-3474	06/13/17	200,000.
COLLEGE BOARD	250 VERSEY STREET NEW YORK, NY 10281	01/23/18	50,000.
GE AVIATION	1 NEUMANN WAY CINCINNATI, OH 45215-1915	09/14/17	25,846.
GENE CAMARENA	11906 E CENTRAL AVE WICHITA, KS 67206-2815	05/25/17	200,000.
GE FOUNDATION	3135 EASTON TURNPIKE FAIRFIELD, CT 06828-0002	06/13/17	31,524.

HISPANIC SCHOLARSHIP FUND			52-1051044
GENERAL MOTORS COMPANY	300 RENAISSANCE CTR. DETROIT, MI 48243-1402	05/05/17	45,000.
GILBERT & JACKI CISNEROS FOUNDATION	55 WALLS DRIVE 3RD FLOOR FAIRFIELD, CT 06824-5163	10/13/17	50,000.
GERSON GUZMAN	79 W. 12TH STREET APT 13G NEW YORK, NY 10011-8510	01/03/18	10,000.
JAMES MCNAMARA	2000 PONCE DE LEON BLVD. CORAL GABLES, FL 33134-4422	12/11/17	150,000.
JEFFREY ABRAMSON	2000 TOWER OAKS BLVD ROCKVILLE, MD 20852-4282	10/13/17	15,000.
JCDRP FAMILY FOUNDATION	1650 MARKET STREET, SUITE 1200 PHILADELPHIA, PA 19103	12/21/17	20,000.
KIMBERLY CASIANO	C/O 1411 W. 190TH STREET # 700 GARDENA, CA 90248	12/21/17	7,500.
JOSE BRIONES	590 MADISON AVE NEW YORK, NY 10022-2524	09/27/17	15,000.
COMCAST CORPORATION	1 COMCAST CENTER PHILADELPHIA, PA 19103-2838	10/18/17	5,000.
WALMART FOUNDATION	702 SW 8TH ST BENTONVILLE, AR 72716-6209	08/01/17	688,137.
D.E. SHAW GROUP	1166 AVENUE OF THE AMERICAS, FLOOR 5 NEW YORK, NY 10036-6726	10/25/17	15,000.
WELLS FARGO & COMPANY	420 MONTGOMERY ST SAN FRANCISCO, CA 94104-1207	04/03/17	5,668,506.
DANIEL ACOSTA	11220 CROSSDALE AVENUE NORWALK , CA 90650	12/31/17	10,000.
UNITED NEGRO COLLEGE FUND INC	8260 WILLOW OAKS CORPORATE DR STE 400 FAIRFAX, VA 22031-4513	11/29/17	29,311,298.
DELTA AIR LINES FOUNDATION	P.O. BOX 20706 ATLANTA, GA 30320-6001	08/16/17	150,000.
MACYS CORPORATE SERVICES INC	7 WEST SEVENTH STREET CINCINNATI, OH 45202	05/24/17	100,000.
MUTUAL OF AMERICA LIFE INSURANCE COMPANY	320 PARK AVENUE NEW YORK, NY 10022	02/28/18	7,500.
DORIS AND DONALD FISHER FOUNDATION	1 MARITIME PLAZA, SUITE 1550 SAN FRANCISCO, CA 94111	11/30/17	10,000.

HISPANIC SCHOLARSHIP FUND			52-1051044
DRR ADVISORS	550 W. VAN BUREN STREET CHICAGO, IL 60607	03/20/18	5,000.
RUSSELL REYNOLDS	1700 NEW YORK AVENUE, NW WASHINGTON, DC 20006	10/31/17	10,000.
ELIZABETH OLIVER-FARROW	3107 BROOKLAWN TERRACE CHEVY CHASE, MD 20815	03/19/18	15,150.
ESTEE LAUDER COMPANIES	767 5TH AVENUE NEW YORK, NY 10153-0023	11/02/17	20,000.
RICHARD EATON FOUNDATION, INC.	8401 CONNECTICUT AVE STE 103 CHEVY CHASE, MD 20815-5824	01/25/17	10,000.
ROBERT HALF INTERNATIONAL INC.	2884 SAND HILL RD STE 200 MENLO PARK, CA 94025-7072	02/28/18	11,500.
TARGET CORPORATION	1000 NICOLLET MALL MINNEAPOLIS, MN 55403	08/14/17	1,015,000.
MORGAN STANLEY FOUNDATION	1633 BROADWAY FL 20 NEW YORK, NY 10019-6708	05/04/17	75,000.
SYNCHRONY FINANCIAL	777 LONG RIDGE ROAD STAMFORD, CT 06902	12/21/17	5,000.
NISSAN NORTH AMERICA INC	1 NISSAN WAY FRANKLIN, TN 37067-6367	01/31/18	100,000.
PEDRO URQUIDI	P.O. BOX 660675 #31073 DALLAS, TX 75266	04/04/17	11,000.
ESTER WATSON (LIFEBRIDGE TRUST)	100 BRIGHT MEADOW BLVD #M327 ENFIELD, CT 06082-1981	10/13/17	10,441.
PROCTER & GAMBLE COMPANY	1 PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202-3315	03/19/18	400,000.
FLUOR FOUNDATION	6700 LAS COLINAS BLVD IRVING, TX 75039	10/31/17	10,000.
GILBERT CISNEROS JR.	55 WALLS DRIVE 3RD FLOOR FAIRFIELD, CT 06824-5163	05/10/17	50,000.
GOLDMAN SACHS & CO.	200 WEST STREET NEW YORK, NY 10282	03/12/18	50,000.
HBO	1100 AVENUE OF THE AMERICAS NEW YORK, NY 10036-6712	10/04/17	15,000.
JM FAMILY ENTERPRISES INC	111 JIM MORAN BLVD DEERFIELD BEACH , FL 33442-1701	06/20/17	7,500.

HISPANIC SCHOLARSHIP FUND			52-1051044
JOHNSON & JOHNSON FAMILY OF COMPANIES	1 JOHNSON AND JOHNSON PLAZA NEW BRUNSWICK , NJ 08933-0001	08/30/17	50,000.
KATHERINE BRITTAIN BRADLEY	2211 30TH STEET NW WASHINGTON, DC 20008-2703	08/29/17	10,000.
LISA GARCIA QUIROZ	ONE TIME WARNER CENTER, 11TH FLOOR NEW YORK, NY 10019-8016	02/07/18	10,000.
LOCAL INDEPENDENT CHARITIES OF AMERICA	21 TAMAL VISTA BLVD, SUITE 209 CORTE MADERA, CA 94925-1147	12/15/17	67,332.
LOWES COMPANIES, INC.	1000 LOWES BLVD MOORESVILLE, NC 28117-8520	05/11/17	500,000.
LUIS A MIRANDA	105 PAYSON AVENUE NEW YORK, NY 10034	12/31/17	5,000.
MADOFF VICTIM FUND	P,O. BOX 6310 SYRACUSE, NY 13217	03/17/18	20,942.
MARCOS TORRES	200 VESEY STREET FLOOR 8 NEW YORK, NY 10281	10/23/17	5,000.
MARIA ELENA SALINAS	9405 NW 41ST STREET DORAL, FL 33178-2301	01/31/18	20,000.
MARK BRUCE DAVIS	799 CRANDON BLVD PH-1 KEY BISCAYNE, FL 33149-2553	12/31/17	10,000.
MARRIOTT INTERNATIONAL INC	10400 FERNWOOD ROAD BETHESDA , MD 20817	11/20/17	15,000.
MCMASTER-CARR SUPPLY CO	P.O. BOX 680 ELMHURST, IL 60126-0680	12/31/17	10,000.
META LILIENTHAL SCHOLARSHIP FUND	1520 UNIVERITY AVENUE PALO ALTO, CA 94301-3139	12/31/17	15,000.
MGM RESORTS INTERNATIONAL	3600 LAS VEGAS BLVD SOUTH LAS VEGAS , NV 89109-4303	01/11/18	10,000.
MICHAEL BALLADON	7224 AYNSLEY LANE MCLEAN, VA 22102-2919	09/15/17	5,000.
MICHAEL TORRES	555 12TH STREET, SUITE 2100 OAKLAND, CA 94607-3625	12/31/17	10,000.
MONSANTO FUND	800 N. LINDBERGH BLVD SAINT LOUIS, MO 63167-1000	09/27/17	125,000.
NATIONAL BASKETBALL ASSOCIATION	645 FIFTH AVENUE, 17TH FLOOR NEW YORK, NY 10022	09/11/17	25,000.

HISPANIC SCHOLARSHIP FUND			52-1051044
NELY GALAN	578 WASHINGTON BLVD #816 MARINA DEL REY, CA 90292	12/31/17	10,000.
NEW YORK POST	NVP HOLDINGS PRINCETON, NJ 08543-0300	06/13/17	10,000.
NORTHERN ARIZONA UNIVERSITY	4400 CUTLER AVENUE NE FLAGSTAFF, AZ 86011-4132	09/07/17	10,000.
ORLANDO COLON	119 NORTH 4TH STREET BROOKLYN , NY 11249	03/29/18	5,000.
PAYLESS SHOESOURCE	3231 SE 6TH AVENUE TOPEKA, KS 66607-2260	11/30/17	9,389.
PEDRO GARCIA	298 HICKS STREET BROOKLYN, NY 11201	12/31/17	11,750.
PENNANT PARK	590 MADISON AVE NEW YORK, NY 10022-2524	07/24/17	10,000.
PHILLIP HYUN	7591 COASTAL VIEW DRIVE LOS ANGELES, CA 90045	12/31/17	10,000.
ROSELINDE TORRES	67 BENSON RD RIDGEFIELD , CT 06877-1121	08/29/17	10,000.
SOUTHERN CALIFORNIA EDISON	2244 WALNUT GROVE AVENUE ROSEMEAD , CA 91770-3714	12/27/17	35,000.
SOUTHERN CALIFORNIA GAS COMPANY	555 W. 5TH STREET LOS ANGELES, CA 90013-1010	09/15/17	10,000.
STATE OF CALIFORNIA	STATE CAPITOL ROOM 1114 SACRAMENTO , CA 95814	08/04/17	24,979.
STRADA EDUCATION NETWORK	P.O. BOX 6028 INDIANAPOLIS, IN 46206-6028	06/23/17	200,000.
TOYOTA MOTOR SALES USA	19001 S. WESTERN AVENUE TORRANCE, CA 90501	02/07/18	1,000,000.
UNIVERSITY OF ARIZONA FOUNDATION	P.O. BOX 210109 TUCSON, AZ 85721-0100	11/21/17	5,000.
VANGUARD CHARITABLE ENDOWMENT PROGRAM	P.O. BOX 3075 SOUTHEASTERN, PA 19398-3075	12/31/17	5,000.
VIAMCOM INC	1515 BROADWAY NEW YORK, NY 10035-8901	10/24/17	15,000.
WALTER DOLHARE	5411 GORHAM DRIVE CHARLOTTE, NC 28226	05/05/17	10,000.

HISPANIC SCHOLARSHIP FUND

52-1051044

WORLD BANK COMMUNITY 1818 H STREET NW SUITE 800
CONNECTIONS FUND WASHINGTON, DC 20433-0002

05/24/17

6,452.

TOTAL INCLUDED ON LINE 3

47,539,726.

CA 199 NONCASH CONTRIBUTIONS STATEMENT 2
 INCLUDED ON PART I, LINE 3

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
FEDEX CORPORATION	942 SOUTH SHADY GROVE ROAD MEMPHIS, TN 38120		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
POSTAGE AND SHIPPING COSTS	03/31/18	26,838.	26,838.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
NEW YORK UNIVERSITY	C/O 1411 W. 190TH STREET # 700 GARDENA, CA 90248		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
EVENT FOOD	02/01/18	16,012.	16,012.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
LOYOLA MARYMOUNT	1 LMU DRIVE LOS ANGELES, CA 90045		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
EVENT FOOD	02/01/18	16,278.	16,278.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
UNIVERSITY OF CHICAGO	C/O 1411 W. 190TH STREET # 700 GARDENA, CA 90248		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
EVENT FOOD	02/01/18	35,049.	35,049.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
UNIVERSITY OF PENNSYLVANIA	C/O 1411 W. 190TH STREET # 700 GARDENA, CA 90248		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
EVENT MEALS	02/01/18	8,268.	8,268.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
ARIZONA STATE UNIVERSITY	C/O 1411 W. 190TH STREET # 700 GARDENA, CA 90248		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
EVENT MEALS	01/15/18	6,813.	6,813.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
TIME WARNER INC	1 TIME WARNER CTR FL 11 NEW YORK, NY 10019-8015		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
EVENT MEALS	12/15/17	27,346.	27,346.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
THE WALT DISNEY COMPANY	500 S BUENA VISTA ST BURBANK, CA 91521-0001		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
EVENT MEALS	12/15/17	10,200.	10,200.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
DELTA AIR LINES FOUNDATION	C/O 1411 W. 190TH STREET # 700 GARDENA, CA 90248		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
AIRLINE VOUCHERS	10/15/17	25,000.	25,000.

TOTAL INCLUDED ON LINE 3	<u>171,804.</u>
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CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
SALE OF INVESTMENTS SHORT TERM	05/01/17	03/15/18	PURCHASED		
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE	
	888,190.	0.	0.	899,774.	
<hr/>					
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
SALE OF INVESTMENTS LONG TERM	01/15/17	03/01/18	PURCHASED		
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE	
	7,605,690.	0.	0.	7,545,228.	
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TOTAL TO FORM 199, PAGE 2, LN 6	8,493,880.	0.	0.	8,445,002.	

CA 199 OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
MISCELLANEOUS REVENUE	52,462.
TOTAL TO FORM 199, PART II, LINE 7	52,462.

CA 199 CASH CONTRIBUTIONS, GIFTS, GRANTS STATEMENT 5
AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION: SCHOLARSHIPS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VARIOUS	C/O 1411 W. 190TH STREET #700 - GARDENA, CA 90248	NONE	33,101,169.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LATINO DONOR COLLABORATIVE	8110 E. CACTUS ROAD SUITE 110 - SCOTTSDALE, AZ 85260	NONE	25,000.

TOTAL FOR THIS ACTIVITY 33,126,169.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 33,126,169.

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	6
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
WALTER DOLHARE 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	BOARD MEMBER 1.00	0.	
NELY GALAN 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	BOARD MEMBER 1.00	0.	
DANIEL J. ACOSTA, JR. 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	BOARD MEMBER 1.00	0.	
LINDA BAGLEY 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	BOARD MEMBER 1.00	0.	
MARIA ELENA SALINAS 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	BOARD MEMBER 1.00	0.	
ANGEL MORALES 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	BOARD MEMBER 1.00	0.	
DEAN WILLIAM R. FITZSIMMONS 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	BOARD MEMBER 1.00	0.	
ELIZABETH OLIVER-FARROW 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	BOARD MEMBER 1.00	0.	
KIMBERLY CASIANO 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	BOARD MEMBER 1.00	0.	
FIDEL A. VARGAS 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	PRESIDENT & CEO 40.00	389,314.	
GENE CAMARENA 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	VICE CHAIR/BOARD MEMBER 1.00	0.	

HISPANIC SCHOLARSHIP FUND

52-1051044

LISA GARCIA-QUIROZ 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	CHAIR/BOARD MEMBER 1.00	0.
MICHAEL L. BENDER 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	BOARD MEMBER 1.00	0.
ADAM RODRIGUEZ 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	BOARD MEMBER 1.00	0.
EDGAR SANDOVAL 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	MARKETING/BOARD MEMBER 1.00	0.
JUAN GALARRAGA 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	BOARD MEMBER 1.00	0.
DIANA NATALICIO 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	BOARD MEMBER 1.00	0.
IDA NIETO 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	BOARD MEMBER 1.00	0.
JAMES MCNAMARA 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	IMMEDIATE PAST CHAIR/BOARD 1.00	0.
BEA PEREZ 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	BOARD MEMBER 1.00	0.
GINA RODRIGUEZ 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	BOARD MEMBER 1.00	0.
PHILLIP HYUN 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	TECHNOLOGY-BOARD MEMBER 1.00	0.
ANTHONY SALCIDO 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	TREASURER 1.00	0.
GREGORY MARTIN 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	CHIEF TECHNOLOGY OFFICER 1.00	28,942.

HISPANIC SCHOLARSHIP FUND		52-1051044
RICARDO DELEON 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	C.O.O. 40.00	281,231.
JULIE HITE 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	CHIEF MARKETING OFFICER 40.00	198,080.
FRANKLIN GUERRERO 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	CHIEF DEVELOPMENT OFFICER 40.00	30,043.
VICTORIA HARDY 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	SENIOR VICE PRESIDENT, FINA 40.00	127,962.
RUTH CASTILLO 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	V.P. CAREER SERVICES 40.00	105,314.
TAMMY SCHLEGEL 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	SENIOR BUSINESS ANALYST 40.00	101,356.
TOTAL TO FORM 199, PART II, LINE 11		1,262,242.

CA 199	OTHER EXPENSES	STATEMENT	7
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DESCRIPTION	AMOUNT
DUES & SUBSCRIPTIONS	33,173.
OVERHEAD ALLOCATION	0.
BAD DEBT	-7,894.
DIRECT EXPENSES OF FUNDRAISING EVENTS	549,114.
PENSION PLAN CONTRIBUTIONS	110,934.
OTHER EMPLOYEE BENEFITS	491,005.
MANAGEMENT FEES	656,107.
LEGAL FEES	51,025.
ACCOUNTING FEES	49,750.
INVESTMENT MANAGEMENT FEES	66,067.
OTHER PROFESSIONAL FEES	511,344.
ADVERTISING AND PROMOTION	1,505,536.
OFFICE EXPENSES	898,441.
CONFERENCES AND CONVENTIONS	1,204,760.
INSURANCE	59,755.
TOTAL TO FORM 199, PART II, LINE 17	6,179,117.

CA 199	OTHER INVESTMENTS	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
MONEY MARKET FUNDS	449,880.	154,558.	
ALTERNATE INVESTMENTS	936,123.	0.	
INTERNATIONAL EQUITIES	248,255.	3,531,059.	
OTHER PUBLICLY TRADED SECURITIES	14,958,348.	13,719,721.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	16,592,606.	17,405,338.	

CA 199	OTHER ASSETS	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	11,431,630.	15,832,146.	
PREPAID EXPENSES AND DEFERRED CHARGES	1,383,165.	1,633,484.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	12,814,795.	17,465,630.	

CA 199	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
CAPITAL LEASE OBLIGATIONS	494,190.	488,851.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	494,190.	488,851.	

CA 199	FUND BALANCES	STATEMENT	11
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	-1,544,646.	-1,354,412.	
TEMPORARILY RESTRICTED ASSETS	19,765,056.	28,871,863.	
PERMANENTLY RESTRICTED ASSETS	13,473,194.	13,543,682.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	31,693,604.	41,061,133.	

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 52-1051044

Corporation name

California corporation number

HISPANIC SCHOLARSHIP FUND

0777806

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	\$25,000
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	12	2,804,149.	503,620.				
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	596,881.

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	596,881.
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	596,881.
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g)	20					
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	21					
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22					

CA 3885		DEPRECIATION				STATEMENT	12
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1	COMPUTER SOFTWARE						
	VARIOUS	99,274.	99,274.	SL	3.00	0.	
2	CONFERENCE ROOM PROJECTOR SYSTEM						
	10/01/12	61,595.	39,593.	SL	7.00	8,799.	
3	TELEVISIONS						
	06/30/14	38,326.	15,656.	SL	7.00	5,475.	
4	TELEVISIONS						
	06/30/14	24,174.	9,996.	SL	7.00	3,453.	
5	MAIN LOBBY SIGNS						
	06/30/14	1,595.	627.	SL	7.00	228.	
6	MAIN LOBBY SIGNS						
	06/30/14	1,595.	627.	SL	7.00	228.	
7	OFFICE SIGNAGE						
	06/30/14	1,672.	657.	SL	7.00	239.	
8	OFFICE SIGNAGE						
	06/30/14	3,104.	1,219.	SL	7.00	443.	
9	CUSTOM BLACKOUT SHADES						
	06/30/14	18,683.	7,340.	SL	7.00	2,669.	
10	CUSTOM BLACKOUT SHADES						
	06/30/14	19,080.	7,496.	SL	7.00	2,726.	
11	STUDIO TECHNOLOGY EQUIPMENT						
	06/30/14	27,461.	10,788.	SL	7.00	3,923.	
12	STUDIO TECHNOLOGY EQUIPMENT						
	06/30/14	435.	171.	SL	7.00	62.	
13	OFFICE FURNITURE						
	06/30/14	5,474.	2,151.	SL	7.00	782.	
14	OFFICE FURNITURE						
	06/30/14	712.	280.	SL	7.00	102.	
15	OFFICE FURNITURE						
	06/30/14	5,549.	2,181.	SL	7.00	1,807.	
16	OFFICE FURNITURE						
	06/30/14	43,158.	16,954.	SL	7.00	9,665.	
17	OFFICE FURNITURE						
	06/30/14	8,632.	3,391.	SL	7.00	4,733.	
18	OFFICE FURNITURE						
	06/30/14	34,527.	13,563.	SL	7.00	8,432.	
19	OFFICE FURNITURE						
	06/30/14	30,404.	11,944.	SL	7.00	7,843.	
20	CONFERENCE ROOM FURNITURE						
	06/30/14	2,128.	836.	SL	7.00	304.	
21	CONFERENCE ROOM FURNITURE						
	06/30/14	2,128.	836.	SL	7.00	304.	
22	CONFERENCE ROOM FURNITURE						
	06/30/14	1,062.	418.	SL	7.00	152.	
23	CONFERENCE ROOM FURNITURE						
	06/30/14	8,240.	3,783.	SL	7.00	1,177.	

24	COLLABORATION FURNITURE					
	06/30/14	913.	358.	SL	7.00	130.
25	COLLABORATION FURNITURE					
	06/30/14	944.	371.	SL	7.00	135.
26	COLLABORATION FURNITURE					
	06/30/14	11,130.	4,919.	SL	7.00	1,590.
27	COLLABORATION FURNITURE					
	06/30/14	871.	341.	SL	7.00	124.
28	COLLABORATION FURNITURE					
	06/30/14	1,080.	424.	SL	7.00	154.
29	COLLABORATION FURNITURE					
	06/30/14	5,726.	2,250.	SL	7.00	818.
30	SOFTWARE - SECURITY SYSTEM					
	11/30/14	3,032.	2,359.	SL	3.00	673.
31	SOFTWARE - SECURITY SYSTEM					
	11/30/14	1,227.	954.	SL	3.00	273.
32	SOFTWARE - SECURITY SYSTEM					
	11/30/14	7,064.	5,495.	SL	3.00	1,569.
33	SOFTWARE - SECURITY SYSTEM					
	11/30/14	5,851.	4,550.	SL	3.00	1,301.
34	SOFTWARE - SECURITY SYSTEM					
	11/30/14	5,054.	3,932.	SL	3.00	1,122.
35	SOFTWARE - VOICE AUDIO SYSTEM					
	11/30/14	6,836.	5,318.	SL	3.00	1,518.
36	SOFTWARE - VOICE AUDIO SYSTEM					
	11/30/14	2,189.	1,703.	SL	3.00	486.
37	SOFTWARE - VOICE AUDIO SYSTEM					
	11/30/14	1,960.	1,524.	SL	3.00	436.
38	SOFTWARE - VOICE AUDIO SYSTEM					
	11/30/14	5,722.	4,450.	SL	3.00	1,272.
39	SOFTWARE - ACCOUNTING					
	11/30/14	5,713.	4,443.	SL	3.00	1,270.
41	LEASEHOLD IMPROVEMENTS					
	06/30/14	155,520.	42,768.	SL	10.00	15,552.
42	LEASEHOLD IMPROVEMENTS					
	06/30/14	36,184.	9,950.	SL	10.00	3,618.
43	CONFERENCE ROOM FURNITURE					
	06/15/15	11,055.	2,895.	SL	7.00	1,579.
44	CONFERENCE ROOM FURNITURE					
	08/27/15	3,113.	704.	SL	7.00	445.
45	BOARDROOM FURNITURE					
	07/01/15	7,873.	1,875.	SL	7.00	1,125.
46	BOARDROOM FURNITURE					
	03/31/16	2,246.	321.	SL	7.00	321.
47	TELEVISIONS					
	08/31/15	18,471.	4,178.	SL	7.00	2,639.
48	IT HARDWARE					
	10/31/15	7,433.	1,504.	SL	5.00	1,062.
49	IT HARDWARE					
	10/31/15	6,425.	1,300.	SL	5.00	918.
50	OFFICE FURNITURE					
	03/31/16	3,141.	449.	SL	7.00	449.
51	OFFICE FURNITURE					
	03/31/16	3,141.	449.	SL	7.00	449.

52	AUDIO SOUND SYSTEM SOFTWARE						
	05/31/15	9,819.	6,546.	SL	3.00	3,273.	
53	COMPUTER SOFTWARE - TSG.ORG WEBSITE						
	03/31/16	4,500.	625.	SL	3.00	1,500.	
81	COMPUTER SOFTWARE - HSF UNIVERSITY						
	02/29/16	55,000.	19,861.	SL	3.00	18,333.	
82	COMPUTER SOFTWARE - HSF UNIVERSITY						
	03/31/16	3,902.	1,301.	SL	3.00	1,301.	
83	COMPUTER SOFTWARE - HSF UNIVERSITY						
	03/31/16	2,703.	901.	SL	3.00	901.	
84	COMPUTER SOFTWARE - HSF UNIVERSITY						
	03/31/16	337.	112.	SL	3.00	112.	
85	LEASEHOLD IMPROVEMENTS						
	03/31/16	11,280.	1,128.	SL	10.00	1,128.	
86	LEASEHOLD IMPROVEMENTS						
	03/31/16	8,015.	802.	SL	10.00	802.	
87	LEASEHOLD IMPROVEMENTS						
	03/31/16	5,695.	570.	SL	10.00	570.	
88	INTERN OFFICE FURNITURE						
	05/20/16	4,564.	543.	SL	7.00	652.	
89	OFFICE FURNITURE						
	03/15/17	20,276.		SL	7.00	2,414.	
90	LEASEHOLD IMPROVEMENTS						
	03/15/17	1,432.	143.	SL	10.00	143.	
94	COMPUTER SOFTWARE - TSG.ORG WEBSITE						
	05/20/16	2,250.	313.	SL	3.00	750.	
95	COMPUTER SOFTWARE - TSG.ORG WEBSITE						
	06/27/16	136,000.	18,889.	SL	3.00	45,333.	
96	COMPUTER SOFTWARE - TSG.ORG WEBSITE						
	06/30/16	2,250.	312.	SL	3.00	750.	
97	COMPUTER SOFTWARE - TSG.ORG WEBSITE						
	07/22/16	72,000.	10,000.	SL	3.00	24,000.	
98	COMPUTER SOFTWARE - TSG.ORG WEBSITE						
	08/18/16	6,825.	948.	SL	3.00	2,275.	
99	COMPUTER SOFTWARE - TSG.ORG WEBSITE						
	08/26/16	72,000.	10,000.	SL	3.00	24,000.	
100	COMPUTER SOFTWARE - TSG.ORG WEBSITE						
	09/01/16	72,000.	10,000.	SL	3.00	24,000.	
101	COMPUTER SOFTWARE - TSG.ORG WEBSITE						
	10/04/16	45,000.	6,250.	SL	3.00	15,000.	
102	COMPUTER SOFTWARE - TSG.ORG WEBSITE						
	11/01/16	45,000.	6,250.	SL	3.00	15,000.	
103	COMPUTER SOFTWARE - TSG.ORG APPLICATION						
	11/01/16	5,950.	1,498.	SL	3.00	155.	
104	COMPUTER SOFTWARE - TSG.ORG APPLICATION						
	10/04/16	5,888.		SL	3.00	1,635.	
105	COMPUTER SOFTWARE - TSG.ORG APPLICATION						
	02/01/17	45,000.		SL	3.00	12,500.	
106	COMPUTER SOFTWARE - TSG.ORG APPLICATION						
	12/01/16	4,500.		SL	3.00	1,250.	
107	COMPUTER SOFTWARE - TSG.ORG APPLICATION						
	12/12/16	750.		SL	3.00	208.	
108	COMPUTER SOFTWARE - TSG.ORG APPLICATION						
	01/17/17	750.		SL	3.00	208.	

109	COMPUTER SOFTWARE - HSF3.0					
	05/20/16	2,250.		SL	3.00	750.
110	COMPUTER SOFTWARE - HSF3.0					
	06/27/16	34,000.	5,347.	SL	3.00	11,333.
111	COMPUTER SOFTWARE - HSF3.0					
	06/30/16	2,250.		SL	3.00	750.
112	COMPUTER SOFTWARE - HSF3.0					
	07/22/16	18,000.		SL	3.00	6,000.
113	COMPUTER SOFTWARE - HSF3.0					
	08/18/16	6,825.		SL	3.00	2,275.
114	COMPUTER SOFTWARE - HSF3.0					
	08/26/16	18,000.		SL	3.00	6,000.
115	COMPUTER SOFTWARE - HSF3.0					
	09/01/16	18,000.		SL	3.00	6,000.
116	COMPUTER SOFTWARE - HSF3.0					
	10/04/16	50,888.		SL	3.00	16,963.
117	COMPUTER SOFTWARE - HSF3.0					
	11/01/16	50,950.		SL	3.00	16,983.
118	COMPUTER SOFTWARE - HSF3.0					
	12/12/16	5,250.		SL	3.00	1,750.
119	COMPUTER SOFTWARE - HSF3.0					
	01/17/17	750.		SL	3.00	250.
120	COMPUTER SOFTWARE - HSF3.0					
	02/01/17	45,000.		SL	3.00	15,000.
121	COMPUTER SOFTWARE - HSF.NET APPLICATION					
	02/15/17	1,500.		SL	3.00	125.
122	COMPUTER SOFTWARE - HSF.NET APPLICATION					
	03/15/17	51,800.		SL	3.00	4,317.
123	COMPUTER SOFTWARE - HSF.NET					
	01/01/17	149,031.	40,645.	SL	3.00	108,386.
124	COMPUTER SOFTWARE - HSF.NET					
	01/01/17	843.	230.	SL	3.00	613.
125	COMPUTER SOFTWARE - HSF.NET					
	01/01/17	2,294.	629.	SL	3.00	1,665.
126	COMPUTER SOFTWARE - HSF.NET					
	05/06/16	785.	212.	SL	3.00	573.
127	COMPUTER SOFTWARE - HSF3.0					
	03/31/16	4,500.		SL	3.00	1,500.
128	COMPUTER SOFTWARE - TSG.ORG APPLICATION					
	03/15/17	45,000.		SL	3.00	12,500.
129	OFFICE FURNITURE					
	05/01/17	855.		SL	7.00	102.
130	OFFICE FURNITURE					
	06/08/17	8,644.		SL	7.00	1,029.
131	COMPUTER SOFTWARE - TSG.ORG APPLICATION					
	04/28/17	14,881.		SL	3.00	3,826.
132	COMPUTER SOFTWARE - TSG.ORG APPLICATION					
	05/31/17	10,635.		SL	3.00	2,770.
133	COMPUTER SOFTWARE - TSG.ORG APPLICATION					
	06/30/17	27,397.		SL	3.00	6,331.
134	COMPUTER SOFTWARE - TSG.ORG APPLICATION					
	07/13/17	4,500.		SL	3.00	625.
135	COMPUTER SOFTWARE - TSG.ORG APPLICATION					
	10/01/17	650.		SL	3.00	90.

136	COMPUTER SOFTWARE - TSG.ORG APPLICATION	07/31/17	27,569.	SL	3.00	5,769.
137	COMPUTER SOFTWARE - TSG.ORG APPLICATION	08/31/17	42,334.	SL	3.00	6,386.
138	COMPUTER SOFTWARE - TSG.ORG APPLICATION	09/30/17	29,520.	SL	3.00	4,259.
139	COMPUTER SOFTWARE - TSG.ORG APPLICATION	10/31/17	23,467.	SL	3.00	1,895.
140	COMPUTER SOFTWARE - TSG.ORG APPLICATION	11/30/17	32,029.	SL	3.00	1,879.
141	COMPUTER SOFTWARE - TSG.ORG APPLICATION	12/29/17	37,193.	SL	3.00	2,414.
142	COMPUTER SOFTWARE - TSG.ORG APPLICATION	01/31/18	17,489.	SL	3.00	486.
143	COMPUTER SOFTWARE - TSG.ORG APPLICATION	03/31/18	114,231.	SL	3.00	0.
144	COMPUTER SOFTWARE - HSF.NET APPLICATION	05/11/17	2,875.	SL	3.00	240.
145	COMPUTER SOFTWARE - HSF.NET APPLICATION	07/13/17	4,500.	SL	3.00	375.
146	COMPUTER SOFTWARE - HSF.NET APPLICATION	09/08/17	1,225.	SL	3.00	102.
147	COMPUTER SOFTWARE - HSF.NET APPLICATION	10/01/17	1,700.	SL	3.00	142.
148	COMPUTER SOFTWARE - HSF.NET APPLICATION	11/01/17	3,675.	SL	3.00	306.
149	COMPUTER SOFTWARE - HSF.NET APPLICATION	04/28/17	18,960.	SL	3.00	5,726.
150	COMPUTER SOFTWARE - HSF.NET APPLICATION	05/31/17	35,365.	SL	3.00	8,265.
151	COMPUTER SOFTWARE - HSF.NET APPLICATION	06/30/17	27,163.	SL	3.00	6,279.
152	COMPUTER SOFTWARE - HSF.NET APPLICATION	07/31/17	22,751.	SL	3.00	4,699.
153	COMPUTER SOFTWARE - HSF.NET APPLICATION	08/31/17	28,041.	SL	3.00	4,144.
154	COMPUTER SOFTWARE - HSF.NET APPLICATION	09/30/17	29,520.	SL	3.00	4,259.
155	COMPUTER SOFTWARE - HSF.NET APPLICATION	10/31/17	24,574.	SL	3.00	1,987.
156	COMPUTER SOFTWARE - HSF.NET APPLICATION	11/30/17	39,213.	SL	3.00	1,729.
157	COMPUTER SOFTWARE - HSF.NET APPLICATION	12/29/17	40,929.	SL	3.00	296.
158	COMPUTER SOFTWARE - HSF.NET APPLICATION	01/31/18	55,386.	SL	3.00	0.
159	COMPUTER SOFTWARE - HSF.NET APPLICATION	03/15/18	49,218.	SL	3.00	0.
160	COMPUTER SOFTWARE - HSF.NET APPLICATION	03/30/18	61,083.	SL	3.00	0.
161	COMPUTER SOFTWARE - WFALFP	12/29/17	2,243.	SL	3.00	125.
162	COMPUTER SOFTWARE - WFALFP	03/15/18	3,000.	SL	3.00	0.

HISPANIC SCHOLARSHIP FUND

52-1051044

163	COMPUTER SOFTWARE - WFALFP					
	03/30/18	5,333.	SL	3.00	56.	
164	LEASEHOLD IMPROVEMENTS					
	04/04/17	10,000.	SL	10.00	833.	
165	LEASEHOLD IMPROVEMENTS					
	06/01/17	27,765.	SL	10.00	2,314.	
166	LEASEHOLD IMPROVEMENTS					
	07/01/17	7,712.	SL	10.00	643.	
TOTAL TO FORM 3885		2,804,149.	503,620.		596,881.	

TAXABLE YEAR
2017

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
HISPANIC SCHOLARSHIP FUND	52-1051044

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	61,507,739.00
2 Total gross income (Form 199, line 8)	2	53,013,859.00
3 Total expenses and disbursements (Form 199, line 9)	3	44,847,310.00

Part II Settle Your Account Electronically for Taxable Year 2017

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2017 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements to be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here _____ _____ **CEO**

Signature of officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO ERO's- signature	JLK ROSENBERGER, LLP	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P00178995
Must Sign Firm's name (or yours if self-employed) and address	JLK ROSENBERGER, LLP 801 N BRAND BLVD., SUITE 550 GLENDALE, CA				FEIN 27-1532099 ZIP code 91203

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign Firm's name (or yours if self-employed) and address			FEIN ZIP code

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 (916) 210-6400

WEB SITE ADDRESS:
www.ag.ca.gov/charities/

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Section 12586 and 12587, California Government Code
 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 18386 HISPANIC SCHOLARSHIP FUND <small>Name of Organization</small> 1411 WEST 190TH STREET, NO. 700 <small>Address (Number and Street)</small> GARDENA, CA 90248 <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>0777806</u> Federal Employer I.D. No. <u>52-1051044</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Receipts	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 04/01/2017 ending 03/31/2018) list:
 Gross annual revenue \$ 52,464,745. Total assets \$ 42,515,261.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (310) 579-9216

Organization's e-mail address INFO@HSF.NET

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.

FIDEL A. VARGAS	CEO	
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>
		<small>Date</small>