

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning APR 1, 2015, and ending MAR 31, 2016

# 2015

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

**HISPANIC SCHOLARSHIP FUND**

**52-1051044**

Name and title of officer

**FIDEL A. VARGAS**

**CEO**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here	▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b>	<u>44,839,607.</u>
<b>2a</b> Form 990-EZ check here	▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b>	_____
<b>3a</b> Form 1120-POL check here	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b>	_____
<b>4a</b> Form 990-PF check here	▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b>	_____
<b>5a</b> Form 8868 check here	▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b>	_____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize JLK ROSENBERGER, LLP to enter my PIN 95089  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

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

**30663895089**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ JLK ROSENBERGER, LLP Date ▶ 11/08/16

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**

EXTENDED TO NOVEMBER 15, 2016

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

**2015**  
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.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning **APR 1, 2015** and ending **MAR 31, 2016**

<b>B</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	<b>C</b> Name of organization <b>HISPANIC SCHOLARSHIP FUND</b>		<b>D</b> Employer identification number <b>52-1051044</b>
	Doing business as		<b>E</b> Telephone number <b>(310) 579-9216</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>46,103,681.</b>
	<b>1411 WEST 190TH STREET</b>	<b>700</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>GARDENA, CA 90248</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>FERNANDO ALMODOVAR</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> 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		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <b>WWW.HSF.NET</b>		<b>L</b> Year of formation: <b>1975</b> <b>M</b> State of legal domicile: <b>DC</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>HISPANIC SCHOLARSHIP FUND AWARDS SCHOLARSHIPS TO OUTSTANDING HISPANIC STUDENTS IN THE UNITED STATES,</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>26</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>26</b>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>68</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>623</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>42,139,045.</b>	<b>44,690,835.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>517,588.</b>	<b>378,451.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-289,311.</b>	<b>-229,679.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>42,367,322.</b>	<b>44,839,607.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>35,163,715.</b>	<b>37,540,689.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>4,511,864.</b>	<b>4,565,645.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>579,143.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>5,188,968.</b>	<b>4,641,775.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>44,864,547.</b>	<b>46,748,109.</b>
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-2,497,225.</b>	<b>-1,908,502.</b>
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>35,306,217.</b>	<b>32,674,805.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,453,671.</b>	<b>1,331,740.</b>
		<b>33,852,546.</b>	<b>31,343,065.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>FIDEL A. VARGAS, CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ROBERT GABON</b>	Preparer's signature <b>ROBERT GABON</b>	Date <b>11/08/16</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00178995</b>
	Firm's name ▶ <b>JLK ROSENBERGER, LLP</b>	Firm's EIN ▶ <b>27-1532099</b>		Phone no. (818) 334-8623	
	Firm's address ▶ <b>801 N BRAND BLVD., SUITE 550 GLENDALE, CA 91203</b>				

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 [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 38,931,911. including grants of \$ 37,540,689. ) (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 \$ 2,162,884. 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 \$ 2,162,884. 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 43,257,679.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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	
<b>9</b> 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
<b>10</b> 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	
<b>11</b> 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.		
<b>a</b> 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>b</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	
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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	
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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	
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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	
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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	
<b>22</b> 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	
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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	
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</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
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> 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

Main table with columns for question ID, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions and numerical inputs.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (26); 1b Enter the number of voting members included in line 1a, above, who are independent (26); 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); 7b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (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); 16b 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?

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 [X] 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

**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) MARGARITA FLORES BOARD MEMBER	1.00	X					0.	0.	0.	
(2) NELY GALAN BOARD MEMBER	1.00	X					0.	0.	0.	
(3) CHEECH MARIN 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) VIOLETA VERA SEIDELL BOARD MEMBER	1.00	X					0.	0.	0.	
(8) ELIZABETH OLIVER-FARROW BOARD MEMBER	1.00	X					0.	0.	0.	
(9) KIMBERLY CASINAO BOARD MEMBER	1.00	X					0.	0.	0.	
(10) FIDEL A. VARGAS PRESIDENT & CEO	40.00	X		X			397,891.	0.	0.	
(11) GENE CAMARENA CHAIR AUDIT	1.00	X					0.	0.	0.	
(12) LISA GARCIA-QUIROZ VICE CHAIR	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 BOARD MEMBER	1.00	X					0.	0.	0.	
(16) JUAN GALARRAGA BOARD MEMBER	1.00	X					0.	0.	0.	
(17) THOMAS A. ROUPE 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) ANTHONY SALCIDO TREASURER	1.00	X		X				0.	0.	0.
(19) JAMES MCNAMARA CHAIR	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) WATLER DOLHARE BOARD MEMBER	1.00	X						0.	0.	0.
(23) DEAN WILLIAM R. FITZSIMMONS BOARD MEMBER	1.00	X						0.	0.	0.
(24) PHILLIP HYUN BOARD MEMBER	1.00	X						0.	0.	0.
(25) DIANA NATALICIO BOARD MEMBER	1.00	X						0.	0.	0.
(26) IDA NIETO BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								397,891.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								813,469.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,211,360.	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 **7**

	Yes	No
3 Did the organization list any <b>former</b> 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
ROCHSYSTEMS, 11654 PLAZA AMERICA DRIVE #319, RESTON, VA 20190	TECHNICAL SUPPORT	886,491.
LEFT PLUS RIGHT LLC, 7305 HANCOCK VILLAGE DRIVE # 120, CHESTERFIELD, VA 23832	SOFTWARE CONSULTING	461,929.
CREATIVE MARKETING CONCEPTS, 233 SANSOME STREET, SUITE 300, SAN FRANCISCO, CA 94104	MARKETING SERVICES	187,698.

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

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) FERNANDO ALMODOVAR C.F.O	40.00			X				214,540.	0.	0.
(28) MARCELA ESCOBAR-BAILEY CHIEF DIGITAL OFFICER	40.00			X				233,772.	0.	0.
(29) JASMINE REZAI SENIOR VP OF STRATEGIC INI	40.00				X			185,247.	0.	0.
(30) JUANA PACHECO DIRECTOR OF CORPORATE DEVE	40.00				X			179,910.	0.	0.
Total to Part VII, Section A, line 1c .....								813,469.		

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	1,269,673.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	43,421,162.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		11,302.				
	<b>h Total.</b> Add lines 1a-1f .....		44,690,835.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		355,436.			355,436.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....			23,015.	23,015.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,269,673. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	150,000.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	396,901.			
		<b>c</b> Net income or (loss) from fundraising events .....		-246,901.			-246,901.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS REVENUE .....		900099	17,222.	17,222.			
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			17,222.				
<b>12 Total revenue.</b> See instructions. ....			44,839,607.	40,237.	0.	108,535.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	50,000.	50,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	37,490,689.	37,490,689.		
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	1,509,355.	633,929.	630,306.	245,120.
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	2,188,273.	1,017,294.	841,883.	329,096.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	95,368.	44,823.	40,055.	10,490.
9 Other employee benefits	505,041.	237,972.	210,392.	56,677.
10 Payroll taxes	267,608.	132,358.	97,103.	38,147.
11 Fees for services (non-employees):				
a Management	909,308.	156,321.	752,536.	451.
b Legal	6,184.		6,184.	
c Accounting	55,000.	8,800.	45,650.	550.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	54,647.		54,647.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	241,113.	109,393.	131,720.	
12 Advertising and promotion	880,390.	686,469.	150,508.	43,413.
13 Office expenses	710,620.	294,783.	367,080.	48,757.
14 Information technology				
15 Royalties				
16 Occupancy	537,888.	193,131.	344,757.	
17 Travel	598,424.	463,441.	66,384.	68,599.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	71,540.	2,324.	68,091.	1,125.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	413,507.	21,861.	391,646.	
23 Insurance	53,825.		53,825.	
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 <b>DUES &amp; SUBSCRIPTIONS</b>	107,819.	2,372.	99,260.	6,187.
b <b>BAD DEBT</b>	1,510.	6.	1,504.	
c <b>OVERHEAD ALLOCATION</b>	0.	1,711,713.	-1,442,244.	-269,469.
d				
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	46,748,109.	43,257,679.	2,911,287.	579,143.
26 <b>Joint costs.</b> 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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,299,395.	<b>1</b>	2,288,897.
	<b>2</b> Savings and temporary cash investments .....	46,976.	<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	6,904,809.	<b>3</b>	8,301,147.
	<b>4</b> Accounts receivable, net .....	458,553.	<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	831,642.	<b>9</b>	1,262,986.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,275,510.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 586,772.	1,186,082.	<b>10c</b> 1,688,738.
	<b>11</b> Investments - publicly traded securities .....	20,903,027.	<b>11</b>	17,158,517.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,675,733.	<b>12</b>	1,974,520.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	35,306,217.	<b>16</b>	32,674,805.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	803,141.	<b>17</b>	735,040.
	<b>18</b> Grants payable .....	186,931.	<b>18</b>	111,905.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	463,599.	<b>25</b>	484,795.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,453,671.	<b>26</b>	1,331,740.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	185,902.	<b>27</b>	-641,465.
	<b>28</b> Temporarily restricted net assets .....	20,220,543.	<b>28</b>	18,480,459.
	<b>29</b> Permanently restricted net assets .....	13,446,101.	<b>29</b>	13,504,071.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	33,852,546.	<b>33</b>	31,343,065.
	<b>34</b> Total liabilities and net assets/fund balances .....	35,306,217.	<b>34</b>	32,674,805.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	44,839,607.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	46,748,109.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,908,502.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	33,852,546.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-600,979.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	31,343,065.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.			
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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			
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?	X	
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			
<b>2c</b>	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3a</b>	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>3b</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	X	

Form 990 (2015)



**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	51,425,107.	40,549,946.	43,794,924.	42,139,045.	44,690,835.	222,599,857.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	51,425,107.	40,549,946.	43,794,924.	42,139,045.	44,690,835.	222,599,857.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						222,599,857.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	51,425,107.	40,549,946.	43,794,924.	42,139,045.	44,690,835.	222,599,857.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	460,391.	262,272.	480,598.	517,588.	378,451.	2,099,300.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1,326,923.	149,570.	141,346.	148,725.	17,222.	1,783,786.
<b>11 Total support.</b> Add lines 7 through 10						226,482,943.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.29 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	97.78 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2014.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>2</b> 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 <b>Part VI</b> 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
<b>1</b> 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 <b>Part VI</b> 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
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> 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>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> 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. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>		(A) Prior Year	Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

**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.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not 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) (2015)

<b>Name of organization</b>  HISPANIC SCHOLARSHIP FUND	<b>Employer identification number</b>  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	TOYOTA MOTOR SALES USA  19001 S WESTERN AVE  TORRANCE, CA 90501-1106	\$ 1,015,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UNITED NEGRO COLLEGE FUND INC  8260 WILLOW OAKS CORPORATE DR STE 400  FAIRFAX, VA 22031-4513	\$ 30,695,010.	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.)
	_____  _____  _____	\$ _____	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  <b>HISPANIC SCHOLARSHIP FUND</b>	Employer identification number  <b>52-1051044</b>
--	---

**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  <b>HISPANIC SCHOLARSHIP FUND</b>	Employer identification number  <b>52-1051044</b>
--	---

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

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

**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 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)? .....

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 .....

**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	17,812,187.	17,182,913.	16,340,498.	15,586,203.	14,931,273.
b Contributions	57,970.		250,000.	5,000.	1,186,520.
c Net investment earnings, gains, and losses	-292,397.	1,111,900.	1,162,530.	1,066,510.	102,521.
d Grants or scholarships					
e Other expenditures for facilities and programs	656,526.	482,626.	570,115.	317,215.	634,111.
f Administrative expenses					
g End of year balance	16,921,234.	17,812,187.	17,182,913.	16,340,498.	15,586,203.

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  80.00 %
- c Temporarily restricted endowment  20.00 %

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		2,275,510.	586,772.	1,688,738.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,688,738.

**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	696,969.	END-OF-YEAR MARKET VALUE
(B) ALTERNATE INVESTMENTS	1,059,243.	END-OF-YEAR MARKET VALUE
(C) INTERNATIONAL EQUITIES	218,308.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>1,974,520.</b>	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
<b>Total.</b> (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	484,795.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>484,795.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	46,634,058.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-600,979.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	2,450,077.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-54,647.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		1,794,451.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	44,839,607.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	44,839,607.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	49,143,539.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	2,450,077.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		2,450,077.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	46,693,462.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	54,647.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		54,647.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	46,748,109.

**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, 2016, 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, 2012 AND 2011, RESPECTIVELY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT FEE EXPENSE -54,647.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEE EXPENSE 54,647.









**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; do not 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; do not file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2015

**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.

Multiple horizontal lines for supplemental information.



**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
		ALUMNI HALL OF FAME (event type)	LEA (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....	1,083,811.	335,862.		1,419,673.
	<b>2</b> Less: Contributions .....	963,811.	305,862.		1,269,673.
	<b>3</b> Gross income (line 1 minus line 2) .....	120,000.	30,000.		150,000.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	186,934.	30,846.		217,780.
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....	14,732.	19,453.		34,185.
	<b>9</b> Other direct expenses .....	110,175.	34,761.		144,936.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				396,901.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-246,901.	

**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	<b>1</b> Gross revenue .....				
	<b>2</b> Cash prizes .....				
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
Revenue	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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: \_\_\_\_\_







**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.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LATINO DONOR COLLABORATIVE C/O 1411 WEST 190TH STREET #700 GARDENA, CA 90248	27-4281557	501 (C) (3)	50,000.	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) (2015)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	5004	37,432,161.	0.		
HONORARIA	47	58,528.	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

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**2015**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

HISPANIC SCHOLARSHIP FUND

Employer identification number

52-1051044

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- 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? .....
- b** Any related organization? .....
- If "Yes" to 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? .....
- b** Any related organization? .....
- 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 non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

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

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

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

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

Schedule J (Form 990) 2015

**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 are not 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)	397,891.	0.	0.	0.	0.	397,891.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FERNANDO ALMODOVAR C.F.O	(i)	214,540.	0.	0.	0.	0.	214,540.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARCELA ESCOBAR-BAILEY CHIEF DIGITAL OFFICER	(i)	233,772.	0.	0.	0.	0.	233,772.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JASMINE REZAI SENIOR VP OF STRATEGIC INI	(i)	185,247.	0.	0.	0.	0.	185,247.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JUANA PACHECO DIRECTOR OF CORPORATE DEVE	(i)	179,910.	0.	0.	0.	0.	179,910.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

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 11:

A COMPLETE COPY OF THE FORM 990 WAS FORWARDED TO THE CEO. THE CEO 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.



**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.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

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	0.	0.	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) 2015

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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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 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

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
2	CONFERENCE ROOM PROJECTOR SYSTEM	100112	SL	7.00	16	61,595.			61,595.	21,995.		8,799.
3	TELEVISIONS	063014	SL	7.00	16	38,326.			38,326.	4,106.		6,075.
4	TELEVISIONS	063014	SL	7.00	16	24,174.			24,174.	2,590.		3,953.
5	MAIN LOBBY SIGNS	063014	SL	7.00	16	1,595.			1,595.	171.		228.
6	MAIN LOBBY SIGNS	063014	SL	7.00	16	1,595.			1,595.	171.		228.
7	OFFICE SIGNAGE	063014	SL	7.00	16	1,672.			1,672.	179.		239.
8	OFFICE SIGNAGE	063014	SL	7.00	16	3,104.			3,104.	333.		443.
9	CUSTOM BLACKOUT SHADES	063014	SL	7.00	16	18,683.			18,683.	2,002.		2,669.
10	CUSTOM BLACKOUT SHADES	063014	SL	7.00	16	19,080.			19,080.	2,044.		2,726.
11	STUDIO TECHNOLOGY EQUIPMENT	063014	SL	7.00	16	27,461.			27,461.	2,942.		3,923.
12	STUDIO TECHNOLOGY EQUIPMENT	063014	SL	7.00	16	435.			435.	47.		62.
13	OFFICE FURNITURE	063014	SL	7.00	16	5,474.			5,474.	587.		782.
14	OFFICE FURNITURE	063014	SL	7.00	16	712.			712.	76.		102.
15	OFFICE FURNITURE	063014	SL	7.00	16	5,549.			5,549.	595.		793.
16	OFFICE FURNITURE	063014	SL	7.00	16	43,158.			43,158.	4,624.		6,165.
17	OFFICE FURNITURE	063014	SL	7.00	16	8,632.			8,632.	925.		1,233.
18	OFFICE FURNITURE	063014	SL	7.00	16	34,527.			34,527.	3,699.		4,932.
19	OFFICE FURNITURE	063014	SL	7.00	16	30,404.			30,404.	3,258.		4,343.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
20	CONFERENCE ROOM FURNITURE	063014	SL	7.00	16	2,128.			2,128.	228.		304.
21	CONFERENCE ROOM FURNITURE	063014	SL	7.00	16	2,128.			2,128.	228.		304.
22	CONFERENCE ROOM FURNITURE	063014	SL	7.00	16	1,062.			1,062.	114.		152.
23	CONFERENCE ROOM FURNITURE	063014	SL	7.00	16	8,240.			8,240.	883.		1,723.
24	COLLABORATION FURNITURE	063014	SL	7.00	16	913.			913.	98.		130.
25	COLLABORATION FURNITURE	063014	SL	7.00	16	944.			944.	101.		135.
26	COLLABORATION FURNITURE	063014	SL	7.00	16	11,130.			11,130.	1,193.		2,136.
27	COLLABORATION FURNITURE	063014	SL	7.00	16	871.			871.	93.		124.
28	COLLABORATION FURNITURE	063014	SL	7.00	16	1,080.			1,080.	116.		154.
29	COLLABORATION FURNITURE	063014	SL	7.00	16	5,726.			5,726.	614.		818.
43	CONFERENCE ROOM FURNITURE	061515	SL	7.00	16	11,055.			11,055.			1,316.
44	CONFERENCE ROOM FURNITURE	082715	SL	7.00	16	3,113.			3,113.			259.
45	BOARDROOM FURNITURE	070115	SL	7.00	16	7,873.			7,873.			750.
46	BOARDROOM FURNITURE	033116	SL	7.00	16	2,246.			2,246.			0.
47	TELEVISIONS	083115	SL	7.00	16	18,471.			18,471.			1,539.
48	IT HARDWARE	103115	SL	5.00	16	7,433.			7,433.			442.
49	IT HARDWARE	103115	SL	5.00	16	6,425.			6,425.			382.
50	OFFICE FURNITURE	033116	SL	7.00	16	3,141.			3,141.			0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
51	OFFICE FURNITURE	033116	SL	7.00	16	3,141.			3,141.			0.
	* 990 PAGE 10 TOTAL					423,296.		0.	423,296.	54,012.	0.	58,363.
1	COMPUTER SOFTWARE	VARIES	SSL	3.00	16	99,274.			99,274.	99,274.		0.
30	SOFTWARE - SECURITY SYSTEM	113014	SL	3.00	16	3,032.			3,032.	337.		1,011.
31	SOFTWARE - SECURITY SYSTEM	113014	SL	3.00	16	1,227.			1,227.	136.		409.
32	SOFTWARE - SECURITY SYSTEM	113014	SL	3.00	16	7,064.			7,064.	785.		2,355.
33	SOFTWARE - SECURITY SYSTEM	113014	SL	3.00	16	5,851.			5,851.	650.		1,950.
34	SOFTWARE - SECURITY SYSTEM	113014	SL	3.00	16	5,054.			5,054.	562.		1,685.
35	SOFTWARE - VOICE AUDIO SYSTEM	113014	SL	3.00	16	6,836.			6,836.	760.		2,279.
36	SOFTWARE - VOICE AUDIO SYSTEM	113014	SL	3.00	16	2,189.			2,189.	243.		730.
37	SOFTWARE - VOICE AUDIO SYSTEM	113014	SL	3.00	16	1,960.			1,960.	218.		653.
38	SOFTWARE - VOICE AUDIO SYSTEM	113014	SL	3.00	16	5,722.			5,722.	636.		1,907.
39	SOFTWARE - ACCOUNTING	113014	SL	3.00	16	5,713.			5,713.	635.		1,904.
40	COMPUTER SOFTWARE	011515	SL	3.00	16	229,688.			229,688.	15,759.		90,251.
52	AUDIO SOUND SYSTEM SOFTWARE	053115	SL	3.00	16	9,819.			9,819.			3,273.
53	COMPUTER SOFTWARE - HSF.NET	033116	SL	3.00	16	9,000.			9,000.			0.
54	COMPUTER SOFTWARE - HSF.NET	063015	SL	3.00	16	26,319.			26,319.			6,581.
55	COMPUTER SOFTWARE - HSF.NET	063015	SL	3.00	16	26,774.			26,774.			6,692.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
56	COMPUTER SOFTWARE HSF.NET	073115	SL	3.00	16	11,525.			11,525.			2,562.
57	COMPUTER SOFTWARE HSF.NET	083115	SL	3.00	16	5,884.			5,884.			1,961.
58	COMPUTER SOFTWARE HSF.NET	083115	SL	3.00	16	17,951.			17,951.			3,490.
59	COMPUTER SOFTWARE HSF.NET	093015	SL	3.00	16	19,441.			19,441.			3,240.
60	COMPUTER SOFTWARE HSF.NET	103115	SL	3.00	16	4,403.			4,403.			612.
61	COMPUTER SOFTWARE HSF.NET	113015	SL	3.00	16	29,600.			29,600.			3,288.
62	COMPUTER SOFTWARE HSF.NET	113015	SL	3.00	16	17,644.			17,644.			1,960.
63	COMPUTER SOFTWARE HSF.NET	113015	SL	3.00	16	25,590.			25,590.			2,843.
64	COMPUTER SOFTWARE HSF.NET	013116	SL	3.00	16	33,789.			33,789.			1,877.
65	COMPUTER SOFTWARE HSF.NET	022916	SL	3.00	16	24,579.			24,579.			683.
66	COMPUTER SOFTWARE HSF.NET	033116	SL	3.00	16	49,273.			49,273.			0.
67	COMPUTER SOFTWARE HSF.NET	032016	SL	3.00	16	5,289.			5,289.			0.
68	COMPUTER SOFTWARE	040115	SL	3.00	16	150,200.			150,200.			69,323.
69	COMPUTER SOFTWARE	040115	SL	3.00	16	14,500.			14,500.			6,692.
70	COMPUTER SOFTWARE	063015	SL	3.00	16	16,875.			16,875.			6,329.
71	COMPUTER SOFTWARE	063015	SL	3.00	16	30,000.			30,000.			11,250.
72	COMPUTER SOFTWARE	073115	SL	3.00	16	30,000.			30,000.			10,909.
73	COMPUTER SOFTWARE	093015	SL	3.00	16	52,500.			52,500.			15,000.



Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
74	COMPUTER SOFTWARE	103115	SL	3.00	16	60,000.			60,000.			15,789.
75	COMPUTER SOFTWARE	103115	SL	3.00	16	90,000.			90,000.			23,684.
76	COMPUTER SOFTWARE	113015	SL	3.00	16	30,000.			30,000.			6,316.
77	COMPUTER SOFTWARE	013116	SL	3.00	16	75,000.			75,000.			9,375.
78	COMPUTER SOFTWARE	013116	SL	3.00	16	3,713.			3,713.			464.
79	COMPUTER SOFTWARE MENTOR MATCH	033116	SL	3.00	16	229,056.			229,056.			0.
80	COMPUTER SOFTWARE MENTOR MATCH	033116	SL	3.00	16	101,250.			101,250.			0.
81	COMPUTER SOFTWARE HSF UNIVERSITY	022916	SL	3.00	16	55,000.			55,000.			1,528.
82	COMPUTER SOFTWARE HSF UNIVERSITY	033116	SL	3.00	16	3,902.			3,902.			0.
83	COMPUTER SOFTWARE HSF UNIVERSITY	033116	SL	3.00	16	2,703.			2,703.			0.
84	COMPUTER SOFTWARE HSF UNIVERSITY	033116	SL	3.00	16	337.			337.			0.
	* 990 PAGE 10 TOTAL											
	-					1,635,526.		0.	1,635,526.	119,995.	0.	320,855.
41	LEASEHOLD IMPROVEMENTS	063014	SL	10.00	16	155,520.			155,520.	11,664.		15,552.
42	LEASEHOLD IMPROVEMENTS	063014	SL	10.00	16	36,184.			36,184.	2,714.		3,618.
85	LEASEHOLD IMPROVEMENTS	033116	SL	10.00	16	11,280.			11,280.			0.
86	LEASEHOLD IMPROVEMENTS	033116	SL	10.00	16	8,015.			8,015.			0.
87	LEASEHOLD IMPROVEMENTS	033116	SL	10.00	16	5,695.			5,695.			0.
	* 990 PAGE 10 TOTAL											
	-					216,694.		0.	216,694.	14,378.	0.	19,170.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* GRAND TOTAL 990 PAGE 10 DEPR					2,275,516.		0.	2,275,516.	188,385.	0.	398,388.
	CURRENT ACTIVITY											
	BEGINNING BALANCE					925,712.		0.	925,712.	188,385.		
	ACQUISITIONS					1,349,804.		0.	1,349,804.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					2,275,516.		0.	2,275,516.	188,385.		
	ENDING ACCUM DEPR									586,773.		
	ENDING BOOK VALUE									1,688,743.		

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

990

OMB No. 1545-0172

**2015**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Attachment  
Sequence No. **179**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**HISPANIC SCHOLARSHIP FUND**

**FORM 990 PAGE 10**

**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	500,000.
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	2,000,000.
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 2014 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 do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not 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	398,388.

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	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 2015 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 2015 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	398,388.
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 are not 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," do not 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 2015 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2015 tax year 43

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

# Application for 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](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)** . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (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	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>HISPANIC SCHOLARSHIP FUND</b>	Employer identification number (EIN) or <b>52-1051044</b>
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. <b>1411 WEST 190TH STREET, NO. 700</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>GARDENA, CA 90248</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

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 3-month (6 months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2016**, 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, 2015**, and ending **MAR 31, 2016**.

**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

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	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.

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HISPANIC SCHOLARSHIP FUND

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
2	CONFERENCE ROOM PROJECTOR SYSTEM	100112	SL	7.00	16	61,595.			61,595.	21,995.		8,799.
3	TELEVISIONS	063014	SL	7.00	16	38,326.			38,326.	4,106.		6,075.
4	TELEVISIONS	063014	SL	7.00	16	24,174.			24,174.	2,590.		3,953.
5	MAIN LOBBY SIGNS	063014	SL	7.00	16	1,595.			1,595.	171.		228.
6	MAIN LOBBY SIGNS	063014	SL	7.00	16	1,595.			1,595.	171.		228.
7	OFFICE SIGNAGE	063014	SL	7.00	16	1,672.			1,672.	179.		239.
8	OFFICE SIGNAGE	063014	SL	7.00	16	3,104.			3,104.	333.		443.
9	CUSTOM BLACKOUT SHADES	063014	SL	7.00	16	18,683.			18,683.	2,002.		2,669.
10	CUSTOM BLACKOUT SHADES	063014	SL	7.00	16	19,080.			19,080.	2,044.		2,726.
11	STUDIO TECHNOLOGY EQUIPMENT	063014	SL	7.00	16	27,461.			27,461.	2,942.		3,923.
12	STUDIO TECHNOLOGY EQUIPMENT	063014	SL	7.00	16	435.			435.	47.		62.
13	OFFICE FURNITURE	063014	SL	7.00	16	5,474.			5,474.	587.		782.
14	OFFICE FURNITURE	063014	SL	7.00	16	712.			712.	76.		102.
15	OFFICE FURNITURE	063014	SL	7.00	16	5,549.			5,549.	595.		793.
16	OFFICE FURNITURE	063014	SL	7.00	16	43,158.			43,158.	4,624.		6,165.
17	OFFICE FURNITURE	063014	SL	7.00	16	8,632.			8,632.	925.		1,233.
18	OFFICE FURNITURE	063014	SL	7.00	16	34,527.			34,527.	3,699.		4,932.
19	OFFICE FURNITURE	063014	SL	7.00	16	30,404.			30,404.	3,258.		4,343.

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HISPANIC SCHOLARSHIP FUND

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
20	CONFERENCE ROOM FURNITURE	063014	SL	7.00	16	2,128.			2,128.	228.		304.
21	CONFERENCE ROOM FURNITURE	063014	SL	7.00	16	2,128.			2,128.	228.		304.
22	CONFERENCE ROOM FURNITURE	063014	SL	7.00	16	1,062.			1,062.	114.		152.
23	CONFERENCE ROOM FURNITURE	063014	SL	7.00	16	8,240.			8,240.	883.		1,723.
24	COLLABORATION FURNITURE	063014	SL	7.00	16	913.			913.	98.		130.
25	COLLABORATION FURNITURE	063014	SL	7.00	16	944.			944.	101.		135.
26	COLLABORATION FURNITURE	063014	SL	7.00	16	11,130.			11,130.	1,193.		2,136.
27	COLLABORATION FURNITURE	063014	SL	7.00	16	871.			871.	93.		124.
28	COLLABORATION FURNITURE	063014	SL	7.00	16	1,080.			1,080.	116.		154.
29	COLLABORATION FURNITURE	063014	SL	7.00	16	5,726.			5,726.	614.		818.
43	CONFERENCE ROOM FURNITURE	061515	SL	7.00	16	11,055.			11,055.			1,316.
44	CONFERENCE ROOM FURNITURE	082715	SL	7.00	16	3,113.			3,113.			259.
45	BOARDROOM FURNITURE	070115	SL	7.00	16	7,873.			7,873.			750.
46	BOARDROOM FURNITURE	033116	SL	7.00	16	2,246.			2,246.			0.
47	TELEVISIONS	083115	SL	7.00	16	18,471.			18,471.			1,539.
48	IT HARDWARE	103115	SL	5.00	16	7,433.			7,433.			442.
49	IT HARDWARE	103115	SL	5.00	16	6,425.			6,425.			382.
50	OFFICE FURNITURE	033116	SL	7.00	16	3,141.			3,141.			0.

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HISPANIC SCHOLARSHIP FUND

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
51	OFFICE FURNITURE	033116	SL	7.00	16	3,141.			3,141.			0.
	* 990 PAGE 10 TOTAL											
	-					423,296.		0.	423,296.	54,012.	0.	58,363.
1	COMPUTER SOFTWARE	VARIES	SSL	3.00	16	99,274.			99,274.	99,274.		0.
30	SOFTWARE - SECURITY SYSTEM	113014	SL	3.00	16	3,032.			3,032.	337.		1,011.
31	SOFTWARE - SECURITY SYSTEM	113014	SL	3.00	16	1,227.			1,227.	136.		409.
32	SOFTWARE - SECURITY SYSTEM	113014	SL	3.00	16	7,064.			7,064.	785.		2,355.
33	SOFTWARE - SECURITY SYSTEM	113014	SL	3.00	16	5,851.			5,851.	650.		1,950.
34	SOFTWARE - SECURITY SYSTEM	113014	SL	3.00	16	5,054.			5,054.	562.		1,685.
35	SOFTWARE - VOICE AUDIO SYSTEM	113014	SL	3.00	16	6,836.			6,836.	760.		2,279.
36	SOFTWARE - VOICE AUDIO SYSTEM	113014	SL	3.00	16	2,189.			2,189.	243.		730.
37	SOFTWARE - VOICE AUDIO SYSTEM	113014	SL	3.00	16	1,960.			1,960.	218.		653.
38	SOFTWARE - VOICE AUDIO SYSTEM	113014	SL	3.00	16	5,722.			5,722.	636.		1,907.
39	SOFTWARE - ACCOUNTING	113014	SL	3.00	16	5,713.			5,713.	635.		1,904.
40	COMPUTER SOFTWARE AUDIO SOUND SYSTEM	011515	SL	3.00	16	229,688.			229,688.	15,759.		90,251.
52	SOFTWARE	053115	SL	3.00	16	9,819.			9,819.			3,273.
53	COMPUTER SOFTWARE - HSF.NET	033116	SL	3.00	16	9,000.			9,000.			0.
54	COMPUTER SOFTWARE - HSF.NET	063015	SL	3.00	16	26,319.			26,319.			6,581.
55	COMPUTER SOFTWARE - HSF.NET	063015	SL	3.00	16	26,774.			26,774.			6,692.



2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HISPANIC SCHOLARSHIP FUND

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
56	COMPUTER SOFTWARE HSF.NET	073115	SL	3.00	16	11,525.			11,525.			2,562.
57	COMPUTER SOFTWARE HSF.NET	083115	SL	3.00	16	5,884.			5,884.			1,961.
58	COMPUTER SOFTWARE HSF.NET	083115	SL	3.00	16	17,951.			17,951.			3,490.
59	COMPUTER SOFTWARE HSF.NET	093015	SL	3.00	16	19,441.			19,441.			3,240.
60	COMPUTER SOFTWARE HSF.NET	103115	SL	3.00	16	4,403.			4,403.			612.
61	COMPUTER SOFTWARE HSF.NET	113015	SL	3.00	16	29,600.			29,600.			3,288.
62	COMPUTER SOFTWARE HSF.NET	113015	SL	3.00	16	17,644.			17,644.			1,960.
63	COMPUTER SOFTWARE HSF.NET	113015	SL	3.00	16	25,590.			25,590.			2,843.
64	COMPUTER SOFTWARE HSF.NET	013116	SL	3.00	16	33,789.			33,789.			1,877.
65	COMPUTER SOFTWARE HSF.NET	022916	SL	3.00	16	24,579.			24,579.			683.
66	COMPUTER SOFTWARE HSF.NET	033116	SL	3.00	16	49,273.			49,273.			0.
67	COMPUTER SOFTWARE HSF.NET	032016	SL	3.00	16	5,289.			5,289.			0.
68	COMPUTER SOFTWARE	040115	SL	3.00	16	150,200.			150,200.			69,323.
69	COMPUTER SOFTWARE	040115	SL	3.00	16	14,500.			14,500.			6,692.
70	COMPUTER SOFTWARE	063015	SL	3.00	16	16,875.			16,875.			6,329.
71	COMPUTER SOFTWARE	063015	SL	3.00	16	30,000.			30,000.			11,250.
72	COMPUTER SOFTWARE	073115	SL	3.00	16	30,000.			30,000.			10,909.
73	COMPUTER SOFTWARE	093015	SL	3.00	16	52,500.			52,500.			15,000.

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HISPANIC SCHOLARSHIP FUND

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
74	COMPUTER SOFTWARE	103115	SL	3.00	16	60,000.			60,000.			15,789.
75	COMPUTER SOFTWARE	103115	SL	3.00	16	90,000.			90,000.			23,684.
76	COMPUTER SOFTWARE	113015	SL	3.00	16	30,000.			30,000.			6,316.
77	COMPUTER SOFTWARE	013116	SL	3.00	16	75,000.			75,000.			9,375.
78	COMPUTER SOFTWARE	013116	SL	3.00	16	3,713.			3,713.			464.
79	COMPUTER SOFTWARE - MENTOR MATCH	033116	SL	3.00	16	229,056.			229,056.			0.
80	COMPUTER SOFTWARE - MENTOR MATCH	033116	SL	3.00	16	101,250.			101,250.			0.
81	COMPUTER SOFTWARE - HSF UNIVERSITY	022916	SL	3.00	16	55,000.			55,000.			1,528.
82	COMPUTER SOFTWARE - HSF UNIVERSITY	033116	SL	3.00	16	3,902.			3,902.			0.
83	COMPUTER SOFTWARE - HSF UNIVERSITY	033116	SL	3.00	16	2,703.			2,703.			0.
84	COMPUTER SOFTWARE - HSF UNIVERSITY	033116	SL	3.00	16	337.			337.			0.
	* 990 PAGE 10 TOTAL					1,635,526.		0.	1,635,526.	119,995.	0.	320,855.
41	LEASEHOLD IMPROVEMENTS	063014	SL	10.00	16	155,520.			155,520.	11,664.		15,552.
42	LEASEHOLD IMPROVEMENTS	063014	SL	10.00	16	36,184.			36,184.	2,714.		3,618.
85	LEASEHOLD IMPROVEMENTS	033116	SL	10.00	16	11,280.			11,280.			0.
86	LEASEHOLD IMPROVEMENTS	033116	SL	10.00	16	8,015.			8,015.			0.
87	LEASEHOLD IMPROVEMENTS	033116	SL	10.00	16	5,695.			5,695.			0.
	* 990 PAGE 10 TOTAL					216,694.		0.	216,694.	14,378.	0.	19,170.



TAXABLE YEAR  
**2015**

**California Exempt Organization  
Annual Information Return**

528941 11-25-15  
FORM

**199**

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) **04/01/2015**, and ending (mm/dd/yyyy) **03/31/2016**

Corporation/Organization name <b>HISPANIC SCHOLARSHIP FUND</b>		California corporation number <b>0777806</b>	
Additional information. See instructions.		FEIN <b>52-1051044</b>	
Street address (suite or room) <b>1411 WEST 190TH STREET, NO. 700</b>		PMB no.	
City <b>GARDENA</b>	State <b>CA</b>	ZIP code <b>90248</b>	
Foreign country name	Foreign province/state/county	Foreign postal code	

<b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>J</b> If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>K</b> Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If "Yes," enter the gross receipts from nonmember sources \$ _____
<b>D</b> Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____	<b>L</b> If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input checked="" type="checkbox"/>
<b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	<b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series	<b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>H</b> Is this organization in a group exemption? If "Yes," what is the parent's name? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>P</b> Is a federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____
<b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,412,846.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received	3	44,690,835.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	46,103,681.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	867,173.00
	7	Total costs. Add line 5 and line 6	7	867,173.00
	8	Total gross income. Subtract line 7 from line 4	8	45,236,508.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	47,145,010.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-1,908,502.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	N/A 00
	16	Penalties and Interest. See General Instruction J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title <b>CEO</b>	Date	Telephone
	Preparer's signature	<b>ROBERT GABON</b>	<b>11/08/16</b>	PTIN <b>P00178995</b>
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address	Telephone		
	<b>JLK ROSENBERGER, LLP</b> <b>801 N BRAND BLVD., SUITE 550</b> <b>GLENDALE, CA 91203</b>	<b>27-1532099</b> <b>(818) 334-8623</b>		

May the FTB discuss this return with the preparer shown above? See instructions  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.

528951 11-25-15

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	150,000.00	
	2	Interest	•	2	355,436.00	
	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	890,188.00	
	7	Other income	SEE STATEMENT 4 •	7	17,222.00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	1,412,846.00	
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 5 •	9	37,540,689.00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 6 •	11	1,509,355.00	
	12	Other salaries and wages	•	12	2,188,273.00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13	71,540.00
		14	Taxes	•	14	267,608.00
		15	Rents	•	15	537,888.00
		16	Depreciation and depletion (See instructions)	•	16	413,507.00
		17	Other Expenses and Disbursements	SEE STATEMENT 7 •	17	4,616,150.00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	47,145,010.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		2,346,371.		• 2,288,897.
2 Net accounts receivable		458,553.		•
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		23,578,760.		• 19,133,037.
10 a Depreciable assets	1,374,466.		2,275,510.	
b Less accumulated depreciation	( 188,384. )	1,186,082.	( 586,772. )	1,688,738.
11 Land				•
12 Other assets STMT 9		7,736,451.		• 9,564,133.
13 <b>Total assets</b>		35,306,217.		32,674,805.
<b>Liabilities and net worth</b>				
14 Accounts payable		803,141.		• 735,040.
15 Contributions, gifts, or grants payable		186,931.		• 111,905.
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities STMT 10		463,599.		484,795.
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		33,852,546.		• 31,343,065.
22 <b>Total liabilities and net worth</b>		35,306,217.		32,674,805.

**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	• -1,908,502.	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	-1,908,502.
6 Total. Add line 1 through line 5	-1,908,502.		

FORM 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
AARP	601 E ST NW WASHINGTON, DC 20049-0001	03/31/16	15,000.
ADELANTE CAPITAL MANAGEMENT	555 12TH ST STE 2100 OAKLAND, CA 94607-3625	03/31/16	10,000.
ALTRIA GROUP, INC.	6601 W BROAD ST RICHMOND, VA 23230-1723	03/31/16	280,010.
AMERICAN EXPRESS EMPLOYEE GIVING	200 VESEY STREET FLOOR 48 NEW YORK, NY 10285-0001	03/31/16	66,700.
ANGEL & CASSEY MORALES	2150 BROADWAY APT 9B NEW YORK, NY 10023-8259	09/25/15	10,000.
ANHEUSER-BUSCH COS. INC. AND DISTRIBUTORS	1 BUSCH PL. SAINT LOUIS, MO 63118-1849	12/10/15	115,000.
ARTHUR PENN	590 MADISON AVENUE NEW YORK, NY 10128	12/24/15	15,000.
BANK OF AMERICA CORPORATION	100 N. TYRON STREET CHARLOTTE, NC 28255	09/23/15	150,000.
BILL & MELINDA GATES FOUNDATION	PO BOX 23350 SEATTLE, WA 98102-0650	11/10/15	886,200.
CARNIVAL CRUISE LINES	3655 NW 87TH AVE DORAL, FL 33178-2418	06/02/15	50,000.
CAROLYN RAYBACK	17933 SW FREDERICK LN SHERWOOD, OR 97140-7800	12/10/15	10,000.
CINTAS CORPORATION	6800 CINTAS BLVD MASON, OH 45040-9151	09/01/15	5,000.
CITY OF CHICAGO	121 N LA SALLE ST CHICAGO, IL 60602-1202	04/02/15	22,330.
CITY OF LOS ANGELES	200 N SPRING ST STE 220 LOS ANGELES, CA 90012-3238	03/24/16	6,864.
CLAIRE A. BATEN	30 CHURCH STREET PATERSON, NJ 07505	12/21/15	10,000.

HISPANIC SCHOLARSHIP FUND			52-1051044
COCA-COLA COMPANY-GLOBAL HQ	1 COCA COLA PLAZA NW ATLANTA, GA 30313-2420	08/06/15	347,500.
COCA-COLA FOUNDATION	1 COCA COLA PLZ NW ATLANTA, GA 30313-2420	10/02/15	250,000.
CRACKER BARREL OLD COUNTRY STORE	305 HARTMANN DR. LEBANON, TN 37087	08/07/15	25,000.
DELTA AIR LINES FOUNDATION	PO BOX 20706 ATLANTA, GA 30320-6001	09/16/15	150,000.
DORENE DOMINGUEZ	4540 DUCKHORN DR STE 300 SACRAMENTO, CA 95834-2597	09/17/15	10,000.
EDWARD TAM	C/O 1411 WEST 190TH STREET STE 700 GARDENA, CA 90248	10/21/15	5,000.
ELIZABETH OLIVER-FARROW	1750 K STREET, NW SUITE 700 WASHINGTON, DC 20006-2304	04/20/15	12,000.
EXXON MOBIL FOUNDATION	5959 LAS COLINAS BLVD IRVING, TX 75039-4202	09/14/15	136,025.
FEDEX CORPORATION	942 SOUTH SHADY GROVE ROAD MEMPHIS, TN 38120	05/29/15	200,000.
FIDEL VARGAS	12835 VIA VAN CLEAVE BALDWIN PARK, CA 91706-5730	03/31/16	9,674.
FORD MOTOR COMPANY	1 AMERICAN RD RM 334 DEARBORN, MI 48126-2701	06/25/15	115,000.
FREDDIE MAC FOUNDATION	8250 JONES BRANCH DR MCLEAN, VA 22102-3107	07/20/15	100,000.
GE AVIATION	1 NEUMANN WAY CINCINNATI, OH 45215-1915	07/27/15	25,000.
GE CAPITAL SOLUTIONS	C/O 1411 WEST 190TH STREET STE 700 GARDENA, CA 90248	12/04/15	11,110.
GE FOUNDATION	3135 EASTON TURNPIKE FAIRFIELD, CT 06828-0002	05/15/15	46,210.
GE HISPANIC FORUM-SUMMIT	4200 WILDWOOD PKWY ATLANTA, GA 30339-8402	11/30/15	30,000.
GENE CAMARENA	11906 E CENTRAL AVE WICHITA, KS 67206-2815	07/22/15	150,000.
GENERAL MILLS FOUNDATION	1 GENERAL MILLS BLVD MINNEAPOLIS, MN 55426-1347	04/24/15	100,000.

HISPANIC SCHOLARSHIP FUND			52-1051044
GENERAL MOTORS COMPANY	300 RENAISSANCE CTR. DETROIT, MI 48243-1402	08/31/15	50,000.
GILBERT & JACKI CISNEROS FOUNDATION	11 CURRENTS NEWPORT COAST, CA 92657-1087	07/22/15	15,000.
GRAHAM HOLDINGS	1300 NORTH 17TH STREET ARLINGTON, VA 22209	01/04/16	5,000.
JAMES MCNAMARA	2000 PONCE DE LEON BLVD. CORAL GABLES, FL 33134-4422	12/21/15	227,000.
JEFFREY ABRAMSON	2000 TOWER OAKS BLVD ROCKVILLE, MD 20852-4282	10/27/15	15,000.
JOHNSON & JOHNSON FAMILY OF COMPANIES	1 JOHNSON AND JOHNSON PLZ NEW BRUNSWICK, NJ 08933-0001	01/08/16	201,000.
JORGE PEREZ	614 W. FIELDSTONE CT. ANDOVER, KS 67002	04/10/15	5,025.
JOSE BRIONES	590 MADISON AVE NEW YORK, NY 10022-2524	08/27/15	25,000.
JOSE RESENDIZ	2082 WILLOWBROOK LANE PERIS, CA 92571	01/04/16	5,000.
JPMORGAN CHASE & CO.	270 PARK AVE NEW YORK, NY 10017-2014	01/25/16	29,303.
JUAN CUESTA	4036 OVERBROOK LANE HOUSTON, TX 77027	10/07/15	5,000.
LISA QUIROZ-GARCIA	1 TIME WARNER CTR FL 11 NEW YORK, NY 10019-8015	01/04/16	10,000.
LOCAL INDEPENDENT CHARITIES OF AMERICA	21 TAMAL VISTA BLVD STE 209 CORTE MADERA, CA 94925-1147	04/15/15	109,861.
LOS ANGELES UNIFIED SCHOOL DISTRICT	333 S. BEAUDRY AVE LOS ANGELES, CA 90017	03/30/16	23,395.
LUMINA FOUNDATION FOR EDUCATION	30 S MERIDIAN ST STE 700 INDIANAPOLIS, IN 46204-3568	05/29/15	5,000.
MACYS CORPORATE SERVICES INC	7 WEST SEVENTH STREET CINCINNATI, OH 45202	01/21/16	75,000.
MARIA ELENA SALINAS	9405 NW 41ST ST DORAL, FL 33178-2301	09/11/15	10,000.
MARK AND IRENE HERNANDEZ ROBERTS	4332 TERAVIDA CLUB DR., UNIT 7 ROUND ROCK, TX 78665-1376	08/21/15	5,000.



HISPANIC SCHOLARSHIP FUND			52-1051044
MARRIOTT INTERNATIONAL INC	10400 FERNWOOD RD BETHESDA, MD 20817-1102	03/17/16	35,000.
MCMASTER-CARR SUPPLY COMPANY	PO BOX 680 ELMHURST, IL 60126-0680	01/04/16	10,000.
META LILIENTHAL SCHOLARSHIP FUND	1520 UNIVERSITY AVE PALO ALTO, CA 94301-3139	12/24/15	10,000.
METLIFE FOUNDATION	1095 AVENUE OF THE AMERICAS FL 40 NEW YORK, NY 10036-6726	12/15/15	30,000.
METROPOLITAN TRANSPORTATION AUTHORITY	1 GATEWAY PLZ LOS ANGELES, CA 90012-3745	03/24/16	6,165.
MONICA RIVERA	2915 EASY WAY CARMICHAEL, CA 95608-4307	12/21/15	10,000.
MONSANTO FUND	800 N LINDBERGH BLVD SAINT LOUIS, MO 63167-1000	01/29/16	125,000.
MORGAN STANLEY FOUNDATION	1633 BROADWAY FL 20 NEW YORK, NY 10019-6708	11/24/15	25,000.
NATIONAL BASKETBALL ASSOCIATION	645 FIFTH AVENUE 17TH FL NEW YORK, NY 10022	10/09/15	10,000.
NBC 4 SOUTHERN CALIFORNIA	100 UNIVERSAL CITY PLAZA, BLDG. 2120 UNIVERSAL CITY, CA 91608	03/17/16	5,000.
NELY GALAN	523 VICTORIA AVE VENICE, CA 90291-4832	12/10/15	10,000.
NIELSEN	6255 W SUNSET BLVD FL 19 LOS ANGELES, CA 90028-7420	02/18/16	25,000.
NISSAN NORTH AMERICA INC	1 NISSAN WAY FRANKLIN, TN 37067-6367	03/02/16	100,000.
PAYLESS SHOESOURCE	C/O 1411 WEST 190TH STREET STE 700 GARDENA, CA 90248	09/18/15	14,528.
PEDRO GARCIA	45 MAIN ST STE 715 BROOKLYN, NY 11201-1075	08/31/15	5,750.
PRATT HOLDINGS, USA	510 MEADOWLAND COURT ROSWELL, GA 30075	07/21/15	25,000.
PROCTER & GAMBLE COMPANY	1 PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202-3315	11/30/15	30,000.
REGAL ENTERTAINMENT GROUP	7132 REGAL LANE KNOXVILLE, TN 37918	02/19/16	25,000.

HISPANIC SCHOLARSHIP FUND			52-1051044
REMY MARTIN	1290 AVENUE OF THE AMERICAS FL. 10 NEW YORK, NY 10104	02/23/16	175,000.
RICHARD EATON FOUNDATION, INC.	8401 CONNECTICUT AVE STE 103 CHEVY CHASE, MD 20815-5824	11/20/15	10,000.
ROBERT HALF INTERNATIONAL INC.	2884 SAND HILL RD STE 200 MENLO PARK, CA 94025-7072	03/24/16	23,000.
SABRINA COLE	100 BRIDGHT MEADOW BLVD. ENFIELD, CT 06082	12/15/15	11,504.
RBC CAPITAL MARKETS LLC	ROYAL BANK PLAZA TORONTO, ONTARIO, CANADA	10/27/15	10,000.
TARGET CORPORATION	1000 NICOLLET MALL MINNEAPOLIS, MN 55403	11/30/15	340,000.
TERESA LEONIRIO	100 BRIGHT MEADOW BLVD. ENFIELD, CT 06082	12/15/15	12,048.
THE BANK OF NEW YORK MELLON	1 WALL ST NEW YORK, NY 10005-2500	10/16/15	5,000.
THE WALT DISNEY COMPANY	500 S BUENA VISTA ST BURBANK, CA 91521-0001	03/07/16	25,000.
TOYOTA MOTOR SALES USA	19001 S WESTERN AVE TORRANCE, CA 90501-1106	01/21/16	1,015,150.
UNITED NEGRO COLLEGE FUND INC	8260 WILLOW OAKS CORPORATE DR STE 400 FAIRFAX, VA 22031-4513	03/21/16	30,695,010.
UNITED WAY OF GREATER LOS ANGELES	1150 S. OLIVE STREET, SUITE T500 LOS ANGELES, CA 90015	03/21/16	26,240.
UPS FOUNDATION	55 GLENLAKE PKWY ATLANTA, GA 30328-3474	01/07/16	175,075.
WALMART FOUNDATION	702 SW 8TH ST BENTONVILLE, AR 72716-6209	03/18/16	662,228.
WALTER DOLHARE	5411 GORHAM DRIVE CHARLOTTE, NC 28226	05/08/15	5,000.
WELLS FARGO & COMPANY	420 MONTGOMERY ST SAN FRANCISCO, CA 94104-1207	02/25/16	54,296.
WORLD BANK COMMUNITY CONNECTIONS FUND	1818 H ST NW STE 800 WASHINGTON, DC 20433-0002	01/29/16	6,504.
WRIGLEY FOUNDATION	410 N MICHIGAN AVE CHICAGO, IL 60611-4213	04/20/15	20,000.

HISPANIC SCHOLARSHIP FUND

52-1051044

YUM! BRANDS INC	1441 GARDINER LN LOUISVILLE, KY 40213-1914	01/21/16	5,000.
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TOTAL INCLUDED ON LINE 3			<u>37,972,705.</u>
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FORM 199

NONCASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 2

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

SOLOMON D. TRUJILLO

8400 E. CRESCENT PKWY #600 GREENWOOD  
VILLAGE, CO 80111-2842

PROPERTY DESCRIPTION

DATE OF GIFT

TOTAL AMOUNT

FMV OF GIFT

AIRLINE VOUCHERS

04/28/15

6,041.

6,041.

TOTAL INCLUDED ON LINE 3

6,041.





HISPANIC SCHOLARSHIP FUND

52-1051044

VIOLETA VERA SEIDELL 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 CASINAO 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	391,001.
GENE CAMARENA 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	CHAIR AUDIT 1.00	0.
LISA GARCIA-QUIROZ 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	VICE CHAIR 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	BOARD MEMBER 1.00	0.
JUAN GALARRAGA 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	BOARD MEMBER 1.00	0.
THOMAS A. ROUPE 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	BOARD MEMBER 1.00	0.
ANTHONY SALCIDO 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	TREASURER 1.00	0.
JAMES MCNAMARA 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	CHAIR 1.00	0.

HISPANIC SCHOLARSHIP FUND

52-1051044

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.
WATLER DOLHARE 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.
PHILLIP HYUN 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.
FERNANDO ALMODOVAR 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	C.F.O 40.00	235,013.
MARCELA ESCOBAR-BAILEY 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	CHIEF DIGITAL OFFICER 40.00	251,079.
JASMINE REZAI 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	SENIOR VP OF STRATEGIC INI 40.00	188,681.
VICTORIA HARDY 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	CONTROLLER 40.00	133,161.
JUANA PACHECO 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	DIRECTOR OF CORPORATE DEVE 40.00	167,177.
YVONNE BERUMENT 1411 WEST 190TH STREET, NO. 700 GARDENA, CA 90248	VP OF SCHOLARSHIPS & SCHOL 40.00	143,243.

TOTAL TO FORM 199, PART II, LINE 11

1,509,355.



FORM 199	OTHER EXPENSES	STATEMENT	7
DESCRIPTION		AMOUNT	
DUES & SUBSCRIPTIONS		107,819.	
BAD DEBT		1,510.	
OVERHEAD ALLOCATION		0.	
DIRECT EXPENSES OF FUNDRAISING EVENTS		396,901.	
PENSION PLAN CONTRIBUTIONS		95,368.	
OTHER EMPLOYEE BENEFITS		505,041.	
MANAGEMENT FEES		909,308.	
LEGAL FEES		6,184.	
ACCOUNTING FEES		55,000.	
INVESTMENT MANAGEMENT FEES		54,647.	
OTHER PROFESSIONAL FEES		241,113.	
ADVERTISING AND PROMOTION		880,390.	
OFFICE EXPENSES		710,620.	
TRAVEL		598,424.	
INSURANCE		53,825.	
TOTAL TO FORM 199, PART II, LINE 17		4,616,150.	

FORM 199	OTHER INVESTMENTS	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
MONEY MARKET FUNDS	1,206,021.	696,969.	
ALTERNATE INVESTMENTS	1,201,298.	1,059,243.	
INTERNATIONAL EQUITIES	268,414.	218,308.	
OTHER PUBLICLY TRADED SECURITIES	20,903,027.	17,158,517.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	23,578,760.	19,133,037.	

FORM 199	OTHER ASSETS	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	6,904,809.	8,301,147.	
PREPAID EXPENSES AND DEFERRED CHARGES	831,642.	1,262,986.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	7,736,451.	9,564,133.	

FORM 199	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
CAPITAL LEASE OBLIGATIONS	463,599.	484,795.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	463,599.	484,795.	

FORM 199	FUND BALANCES	STATEMENT	11
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	185,902.	-641,465.	
TEMPORARILY RESTRICTED ASSETS	20,220,543.	18,480,459.	
PERMANENTLY RESTRICTED ASSETS	13,446,101.	13,504,071.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	33,852,546.	31,343,065.	

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

Table with 5 rows for election details and 13 rows for property details (a-c), including lines 1-13.

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

Table with 8 columns (a-h) for depreciation details, including lines 14-15 and a summary row.

Part III Summary

Summary table with 2 rows (16-18) for total depreciation and adjustments.

Part IV Amortization

Table with 7 columns (a-g) for amortization details, including lines 19-22.

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.	21,995.	SL	7.00	8,799.	
3 TELEVISIONS	06/30/14	38,326.	4,106.	SL	7.00	6,075.	
4 TELEVISIONS	06/30/14	24,174.	2,590.	SL	7.00	3,953.	
5 MAIN LOBBY SIGNS	06/30/14	1,595.	171.	SL	7.00	228.	
6 MAIN LOBBY SIGNS	06/30/14	1,595.	171.	SL	7.00	228.	
7 OFFICE SIGNAGE	06/30/14	1,672.	179.	SL	7.00	239.	
8 OFFICE SIGNAGE	06/30/14	3,104.	333.	SL	7.00	443.	
9 CUSTOM BLACKOUT SHADES	06/30/14	18,683.	2,002.	SL	7.00	2,669.	
10 CUSTOM BLACKOUT SHADES	06/30/14	19,080.	2,044.	SL	7.00	2,726.	
11 STUDIO TECHNOLOGY EQUIPMENT	06/30/14	27,461.	2,942.	SL	7.00	3,923.	
12 STUDIO TECHNOLOGY EQUIPMENT	06/30/14	435.	47.	SL	7.00	62.	
13 OFFICE FURNITURE	06/30/14	5,474.	587.	SL	7.00	782.	
14 OFFICE FURNITURE	06/30/14	712.	76.	SL	7.00	102.	
15 OFFICE FURNITURE	06/30/14	5,549.	595.	SL	7.00	793.	
16 OFFICE FURNITURE	06/30/14	43,158.	4,624.	SL	7.00	6,165.	
17 OFFICE FURNITURE	06/30/14	8,632.	925.	SL	7.00	1,233.	
18 OFFICE FURNITURE	06/30/14	34,527.	3,699.	SL	7.00	4,932.	
19 OFFICE FURNITURE	06/30/14	30,404.	3,258.	SL	7.00	4,343.	
20 CONFERENCE ROOM FURNITURE	06/30/14	2,128.	228.	SL	7.00	304.	
21 CONFERENCE ROOM FURNITURE	06/30/14	2,128.	228.	SL	7.00	304.	
22 CONFERENCE ROOM FURNITURE	06/30/14	1,062.	114.	SL	7.00	152.	
23 CONFERENCE ROOM FURNITURE	06/30/14	8,240.	883.	SL	7.00	1,723.	

24	COLLABORATION FURNITURE					
	06/30/14	913.	98.	SL	7.00	130.
25	COLLABORATION FURNITURE					
	06/30/14	944.	101.	SL	7.00	135.
26	COLLABORATION FURNITURE					
	06/30/14	11,130.	1,193.	SL	7.00	2,136.
27	COLLABORATION FURNITURE					
	06/30/14	871.	93.	SL	7.00	124.
28	COLLABORATION FURNITURE					
	06/30/14	1,080.	116.	SL	7.00	154.
29	COLLABORATION FURNITURE					
	06/30/14	5,726.	614.	SL	7.00	818.
30	SOFTWARE - SECURITY SYSTEM					
	11/30/14	3,032.	337.	SL	3.00	1,011.
31	SOFTWARE - SECURITY SYSTEM					
	11/30/14	1,227.	136.	SL	3.00	409.
32	SOFTWARE - SECURITY SYSTEM					
	11/30/14	7,064.	785.	SL	3.00	2,355.
33	SOFTWARE - SECURITY SYSTEM					
	11/30/14	5,851.	650.	SL	3.00	1,950.
34	SOFTWARE - SECURITY SYSTEM					
	11/30/14	5,054.	562.	SL	3.00	1,685.
35	SOFTWARE - VOICE AUDIO SYSTEM					
	11/30/14	6,836.	760.	SL	3.00	2,279.
36	SOFTWARE - VOICE AUDIO SYSTEM					
	11/30/14	2,189.	243.	SL	3.00	730.
37	SOFTWARE - VOICE AUDIO SYSTEM					
	11/30/14	1,960.	218.	SL	3.00	653.
38	SOFTWARE - VOICE AUDIO SYSTEM					
	11/30/14	5,722.	636.	SL	3.00	1,907.
39	SOFTWARE - ACCOUNTING					
	11/30/14	5,713.	635.	SL	3.00	1,904.
40	COMPUTER SOFTWARE					
	01/15/15	229,688.	15,759.	SL	3.00	90,251.
41	LEASEHOLD IMPROVEMENTS					
	06/30/14	155,520.	11,664.	SL	10.00	15,552.
42	LEASEHOLD IMPROVEMENTS					
	06/30/14	36,184.	2,714.	SL	10.00	3,618.
43	CONFERENCE ROOM FURNITURE					
	06/15/15	11,055.		SL	7.00	1,316.
44	CONFERENCE ROOM FURNITURE					
	08/27/15	3,113.		SL	7.00	259.
45	BOARDROOM FURNITURE					
	07/01/15	7,873.		SL	7.00	750.
46	BOARDROOM FURNITURE					
	03/31/16	2,246.		SL	7.00	0.
47	TELEVISIONS					
	08/31/15	18,471.		SL	7.00	1,539.
48	IT HARDWARE					
	10/31/15	7,433.		SL	5.00	442.
49	IT HARDWARE					
	10/31/15	6,425.		SL	5.00	382.
50	OFFICE FURNITURE					
	03/31/16	3,141.		SL	7.00	0.

51	OFFICE FURNITURE				
	03/31/16	3,141.	SL	7.00	0.
52	AUDIO SOUND SYSTEM SOFTWARE				
	05/31/15	9,819.	SL	3.00	3,273.
53	COMPUTER SOFTWARE - HSF.NET				
	03/31/16	9,000.	SL	3.00	0.
54	COMPUTER SOFTWARE - HSF.NET				
	06/30/15	26,319.	SL	3.00	6,581.
55	COMPUTER SOFTWARE - HSF.NET				
	06/30/15	26,774.	SL	3.00	6,692.
56	COMPUTER SOFTWARE - HSF.NET				
	07/31/15	11,525.	SL	3.00	2,562.
57	COMPUTER SOFTWARE - HSF.NET				
	08/31/15	5,884.	SL	3.00	1,961.
58	COMPUTER SOFTWARE - HSF.NET				
	08/31/15	17,951.	SL	3.00	3,490.
59	COMPUTER SOFTWARE - HSF.NET				
	09/30/15	19,441.	SL	3.00	3,240.
60	COMPUTER SOFTWARE - HSF.NET				
	10/31/15	4,403.	SL	3.00	612.
61	COMPUTER SOFTWARE - HSF.NET				
	11/30/15	29,600.	SL	3.00	3,288.
62	COMPUTER SOFTWARE - HSF.NET				
	11/30/15	17,644.	SL	3.00	1,960.
63	COMPUTER SOFTWARE - HSF.NET				
	11/30/15	25,590.	SL	3.00	2,843.
64	COMPUTER SOFTWARE - HSF.NET				
	01/31/16	33,789.	SL	3.00	1,877.
65	COMPUTER SOFTWARE - HSF.NET				
	02/29/16	24,579.	SL	3.00	683.
66	COMPUTER SOFTWARE - HSF.NET				
	03/31/16	49,273.	SL	3.00	0.
67	COMPUTER SOFTWARE - HSF.NET				
	03/20/16	5,289.	SL	3.00	0.
68	COMPUTER SOFTWARE				
	04/01/15	150,200.	SL	3.00	69,323.
69	COMPUTER SOFTWARE				
	04/01/15	14,500.	SL	3.00	6,692.
70	COMPUTER SOFTWARE				
	06/30/15	16,875.	SL	3.00	6,329.
71	COMPUTER SOFTWARE				
	06/30/15	30,000.	SL	3.00	11,250.
72	COMPUTER SOFTWARE				
	07/31/15	30,000.	SL	3.00	10,909.
73	COMPUTER SOFTWARE				
	09/30/15	52,500.	SL	3.00	15,000.
74	COMPUTER SOFTWARE				
	10/31/15	60,000.	SL	3.00	15,789.
75	COMPUTER SOFTWARE				
	10/31/15	90,000.	SL	3.00	23,684.
76	COMPUTER SOFTWARE				
	11/30/15	30,000.	SL	3.00	6,316.
77	COMPUTER SOFTWARE				
	01/31/16	75,000.	SL	3.00	9,375.

HISPANIC SCHOLARSHIP FUND

52-1051044

78	COMPUTER SOFTWARE					
	01/31/16	3,713.	SL	3.00	464.	
79	COMPUTER SOFTWARE - MENTOR MATCH					
	03/31/16	229,056.	SL	3.00	0.	
80	COMPUTER SOFTWARE - MENTOR MATCH					
	03/31/16	101,250.	SL	3.00	0.	
81	COMPUTER SOFTWARE - HSF UNIVERSITY					
	02/29/16	55,000.	SL	3.00	1,528.	
82	COMPUTER SOFTWARE - HSF UNIVERSITY					
	03/31/16	3,902.	SL	3.00	0.	
83	COMPUTER SOFTWARE - HSF UNIVERSITY					
	03/31/16	2,703.	SL	3.00	0.	
84	COMPUTER SOFTWARE - HSF UNIVERSITY					
	03/31/16	337.	SL	3.00	0.	
85	LEASEHOLD IMPROVEMENTS					
	03/31/16	11,280.	SL	10.00	0.	
86	LEASEHOLD IMPROVEMENTS					
	03/31/16	8,015.	SL	10.00	0.	
87	LEASEHOLD IMPROVEMENTS					
	03/31/16	5,695.	SL	10.00	0.	
TOTAL DEPR TO FORM 3885		2,275,516.	188,385.		398,388.	

TAXABLE YEAR  
**2015**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>HISPANIC SCHOLARSHIP FUND</b>	<b>52-1051044</b>

**Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	<b>46,103,681.00</b>
2 Total gross income (Form 199, line 8)	2	<b>45,236,508.00</b>
3 Total expenses and disbursements (Form 199, line 9)	3	<b>47,145,010.00</b>

**Part II Settle Your Account Electronically for Taxable Year 2015**

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 2015 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, 2015 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.

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

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.

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



MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

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

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

Failure to submit this report annually no later than four months and fifteen days 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 <u>18386</u>  <b>HISPANIC SCHOLARSHIP FUND</b> <small>Name of Organization</small>  <u>1411 WEST 190TH STREET, NO. 700</u> <small>Address (Number and Street)</small>  <u>GARDENA, CA 90248</u> <small>City or Town, State and ZIP Code</small>	<b>Check if:</b> <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 Annual Revenue	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 04/01/2015 ending 03/31/2016) list:  
 Gross annual revenue \$ 44,839,607. Total assets \$ 32,674,805.

**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 sheet 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, was 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 revenues?		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, it is true, correct and complete.

**FIDEL A. VARGAS**

**CEO**

Signature of authorized officer

Printed Name

Title

Date