Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

A F	or the	2023 calendar year, or tax year beginning and e	ending	_	
	heck if pplicable	C Name of organization		D Employer identific	cation number
	Addres	HISPANIC FAMILY FOUNDATION, INC.			
	Name change	Doing business as		46-41814	68
	Initial return Final return/	3955 NOLENSVILLE PK 1	Room/suite . 19	E Telephone number 615-383-4	
	termin- ated	3		G Gross receipts \$	345,525.
	Ameno return	NASHVILLE, IN 372II		H(a) Is this a group re	
	Application pendin	F Name and address of principal officer: DIANE UANDAKTISH		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or e: HISPANICFAMILYFOUNDATION.COM	r 527	1	list. See instructions
	Vebsit	organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	n number 1 State of legal domicile: TN
		Summary	L Year	or formation. ZUI4 N	1 State of legal doffliche, 11
		Briefly describe the organization's mission or most significant activities: ASSIM	ILATI	ON OF HISPAN	NIC PERSONS
)Ce		INTO THE SURROUNDING COMMUNITY			
Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	3
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			3
Activities &		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			6
ĭĖ		Total number of volunteers (estimate if necessary)			200
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b Prior Year	Current Year
Revenue		Contributions and greats (Port VIII line 1b)		285,325.	297,267.
	l	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		43,517.	41,764.
	l	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,382.	5,402.
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		361,224.	344,433.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		60,838.	72,327.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		127,917.	130,227.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe	b ·		0.		
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		148,634.	130,226.
	ı	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		337,389.	332,780.
_ c		Revenue less expenses. Subtract line 18 from line 12	Po	23,835.	11,653. End of Year
Net Assets or Fund Balances	00	Tabel accests (Dout V. King 10)	БС	ginning of Current Year 49,073.	81,372.
Asse Bala	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		290,197.	218,607.
Vet/	22	Net assets or fund balances. Subtract line 21 from line 20		-241,124.	-137,235.
Pa	rt II	Signature Block			23772331
		ties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.	
Sigr	า	Signature of officer		Date	
Her	е	DIANE JANBAKHSH, EXECUTIVE DIRECTOR			
		Type or print name and title	l F	Sata I =	DTIN.
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Paid		KEN YOUNGSTEAD KEN YOUNGSTEAD		1/02/24 self-employe	
	arer	Firm's name KRAFTCPAS PLLC		Firm's EIN 6	2-0713250
use	Only	Firm's address 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228		Dhana na 61	5-242-7351
Max	tha IF	S discuss this return with the preparer shown above? See instructions		I Priorie no. O 1	
iviay	uie it	Lo discuss this return with the preparer shown above? See instructions			X Yes No

Pa	Till Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO IMPROVE THE QUALITY OF LIFE FOR HISPANIC FAMILIES IN MIDDLE	
	TENNESSEE, WORKING THROUGH THE PLATFORMS OF ECONOMIC, EDUCATION	,
	SOCIAL SERVICES, ADVOCACY, AND CULTURE TO PROVIDE PROGRAMS THAT	
	STRENGTHEN THE NASHVILLE HISPANIC COMMUNITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		X Yes No
	If "Yes." describe these new services on Schedule O.	103 140
2	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3		res _A_ 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 e	·
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	<u>25,693.</u>)
	BAILA PROGRAM - AFTER SCHOOL DANCE, MUSIC, AND ART PROGRAM FOR U	
	PRIVILEGED KIDS. DANCE CLASSES INCLUDE: BALLET, FOLKLORE, AND KU	JNGFU.
	MUSIC INSTRUMENTS INCLUDE THE GUITAR, UKELELE, AND PIANO.	
41:	(Code:) (Expenses \$ 98,259 • including grants of \$) (Revenue \$	15,780.)
4b	(Code:) (Expenses \$98, 259. including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$)	
	LANGUAGE IS ENGLISH. THIS PROGRAM ALSO PROVIDES ADULT COMPUTER (
	ROBOT CLASSES FOR KIDS, RADIO COMMUNITY OUTREACH, A BANK EDUCAT:	LON
	PROGRAM, AND A HIGH SCHOOL EQUIVALENT DIPLOMA (HISET).	
4c	(Code:) (Expenses \$ 73,695. including grants of \$ 13,166.) (Revenue \$	291.)
	HEALTH PROGRAM - PROVIDES GOVERNMENT INSURANCE EDUCATION AND	
	ENROLLMENT, WIC PROGRAM EDUCATION AND ENROLLMENT, MENTAL HEALTH	
	PROGRAM, SEXUAL ASSAULT EDUCATION AND THERAPY, AND A COVID PANDI	EMIC
	RESPONSE ASSISTANCE.	
4d	1 3	,
	(Expenses \$ 51,490 • including grants of \$ 59,162 •) (Revenue \$)
<u>4e</u>	Total program service expenses 297,139.	_ 000 /
		Form 990 (2023)

Form 990 (2023) HISPANIC FAMILY FOUNDATION, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	Schedule D, Part III	- °		122
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u></u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	– "		
.0		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	⊢ °		 ^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_V
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Form **990** (2023)

Form	1990 (2023) HISPANIC FAMILY FOUNDATION, INC. 46-41	<u> 31468</u>	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		ı	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		- v	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	X	\vdash
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes." <i>complete</i>			
		23		x
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		125
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. —		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes, " complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
04	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	20		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	. 32		<u> </u>
33	, , , , , , , , , , , , , , , , , , , ,	33	х	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	. 33	1	
04	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	05		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	. 38	X	
Pa	rt 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	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	8		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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(gambling) winnings to prize winners?

1c X Form 990 (2023)

Form 990 (2023) HISPANIC FAMILY FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	(5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	Х		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	ity over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		X	
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccour	its (FBAR).				
				5a		X	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					, .	
	any contributions that were not tax deductible as charitable contributions?			6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gitts	١.,			
_	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).	a dooo	arouidad to the power?	7.	Х		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a 7b	X		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uirod	10	- 22		
C				7c		x	
А	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	70			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		•	7e		Х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X	
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained						
	sponsoring organization have excess business holdings at any time during the year?			8			
9	9 Sponsoring organizations maintaining donor advised funds.						
а	a Did the sponsoring organization make any taxable distributions under section 4966?						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:		ı				
	Gross income from members or shareholders	11a		_			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b		-			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	1	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1	-			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			120			
а	Note: See the instructions for additional information the organization must report on Schedule O.			13a			
h	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b	1				
С	Enter the amount of reserves on hand	13c					
			<u>'</u>	14a		Х	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner						
	excess parachute payment(s) during the year?			15		Х	
	If "Yes," see the instructions and file Form 4720, Schedule N.		•				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		Х	
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	S				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.						

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Form **990** (2023)

HISPANIC FAMILY FOUNDATION, INC. 46-4181468 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 3 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 3 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure TNList the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Another's website __ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

Form **990** (2023)

State the name, address, and telephone number of the person who possesses the organization's books and records

DIANE JANBAKHSH - 615-562-2222

3955 NOLENSVILLE PK, 119, NASHVILLE.

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	Positio (do not check more				ition		Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of	
	week	_	cer ar	ia a a	irecto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations (W-2/1099-MISC/	compensation from the
	hours for related	eord	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	Institutional trustee		yee	m per		1099-NEC)	1000 (420)	and related
	below	idual	ution	<u></u>	oldm	sst co	er			organizations
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former			
(1) DIANE JANBAKSH	40.00									
EXECUTIVE DIRECTOR				X				0.	0.	0.
(2) MARK JANBAKHSH	10.00									
PRESIDENT				Х				0.	0.	0.
(3) HOWARD GENTRY	1.00									
DIRECTOR		Х						0.	0.	0.
(4) THOMAS MCSWEENY	1.00	l								
DIRECTOR	1	X						0.	0.	0.
(5) GEORGE URIBE	1.00									
DIRECTOR		X						0.	0.	0.
		-								
	-									
		-								
		-								
		-								
	<u> </u>									
		1								
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		1								
										000

Form 990 (2023)

	1990 (2023) HISPANIC	FAMILY	FC	UN	ΙDΑ	ΤI	ON	,	INC.	46-418	1468	Pa	ıge 8
Pa	t VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week (list any	box	not c	ss per				(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Est am	(F) imated ount co other pensat	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	orga and	om the inization relate nization	on ed
								2					
					L								
1b c d	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0.	0 0			0. 0.
2	Total number of individuals (including but no compensation from the organization					_) wh	o re	eceived more than \$100,	000 of reportable			0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so										3	Yes	No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	m of reportabl ,000? If "Yes,	e co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and dule	oth <i>J f</i>	ner compensation from toor such individual	he organization	4		X
	rendered to the organization? If "Yes," comparison B. Independent Contractors										5		Х
1	Complete this table for your five highest cor the organization. Report compensation for t										sation fro	m	
	(A) Name and business	_		ONE		11110			(B) Description of s		(C) Compen		ı
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	d to t	thos 0		ted	above) who received mo	ore than			
									<u> </u>		Form 9	90 (2	:023)

HISPANIC FAMILY FOUNDATION, INC. 46-4181468 Page 9 Form 990 (2023) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 1b **b** Membership dues 4,260. c Fundraising events 1c d Related organizations 1d 6,400. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 286,607. similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 297,267. h Total. Add lines 1a-1f **Business Code** 25,693. 25,693. 2 a BAILA INCOME 624100 Program Service Revenue b EDUCATION 624100 15,780. 15,780. c HEALTH INCOME 624100 291. 291. f All other program service revenue 41,764. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6,242. 6 a Gross rents 0. **b** Less: rental expenses ... 6,242. c Rental income or (loss) 6,242. 6,242. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$4,260. ofcontributions reported on line 1c). See 252 Part IV, line 18

10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 344,433. 41,764.

-840.

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Form 990 (2023)

-840.

12 Total revenue. See instructions

b Less: direct expenses

c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses

c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns

9b

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 (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 72,327. 72,327. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 109,607. 107,415. 2,192. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 20,208. 20,620. 412. 10 Payroll taxes Fees for services (nonemployees): Management 3,202. 3,202. Legal 2,400. 2,400. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 16,115. 6,666. 9,449. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 14,563. 14,563. Office expenses 13 Information technology 14 15 Royalties 28,350. 31,489. 3,139. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 1,235. 1,235. 22 Depreciation, depletion, and amortization 2,251. 2,251 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 58,971. 58,971. COMMUNITY EVENT PROGRAM All other expenses 332,780. 297,139. 35,641. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form **990** (2023)

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			15,554.	1	47,356.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net	1,123.	4	1,123		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	bed in se	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			16,456.	8	16,456
¥	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	58,447.	13,790.	10c	4,287
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	2,150.	15	12,150		
	16	Total assets. Add lines 1 through 15 (must e			49,073.	16	81,372
	17	Accounts payable and accrued expenses	-255.	17	-255		
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part I	/ of Schedule D		21	
es	22	Loans and other payables to any current or for					
≝		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t	-			22	
-	23	Secured mortgages and notes payable to un			00.000	23	22 22
	24	Unsecured notes and loans payable to unrela			29,800.	24	29,800
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-2	4). Complete Part X	260 652		100 000
		of Schedule D			260,652.	25	189,062
	26	Total liabilities. Add lines 17 through 25	<u></u>	77	290,197.	26	218,607
_s		Organizations that follow FASB ASC 958, o	check he	re X			
Š		and complete lines 27, 28, 32, and 33.			041 104		127 225
aar	27				-241,124.	27	-137,235
Ä	28					28	
Ĭ		Organizations that do not follow FASB ASC	C 958, cl	neck here			
卢		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fun				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			041 104	31	127 025
Š	32	Total net assets or fund balances			-241,124.	32	-137,235.
	33	Total liabilities and net assets/fund balances			49,073.	33	81,372.

Form 990 (2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

	HISP	ANIC FAMILY	Y FOUNDATION	, INC.	•		4	6-4181468			
Part I	Reason for Public (ee instructions.					
The organ	ization is not a private found										
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)							
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).					
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(ii	i). Enter	the hospital's name,			
	city, and state:										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the	general į	oublic described in			
	section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8 🗌	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)							
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a la	nd-grant	college			
	or university or a non-land-g	grant college of agrice	ulture (see instructions).	Enter the i	name, city	, and state of th	e college	or			
	university:										
10	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership	fees, and	d gross receipts from			
	activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its s	support f	rom gross investment			
	income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orgar	nization a	ıfter June 30, 1975.			
	See section 509(a)(2). (Con	•									
11 📙	An organization organized a	•									
12	An organization organized a	· ·	•			· · · · · · · · · · · · · · · · · · ·					
	more publicly supported or	-						Check the box on			
	lines 12a through 12d that	* *					-				
a		· · · · · · · · · · · · · · · · · · ·			-						
	the supported organization			majority o	the direc	tors or trustees	of the su	ipporting			
	organization. You must o	-									
b		•					•	-			
	control or management o			ame perso	ns that co	ntroi or manage	tne supp	оотеа			
	organization(s). You mus	-		in connect	م طائند موند	and franctionally	intograta	od with			
C	Type III functionally inte its supported organization	-				•	integrate	ed with,			
d 🗆	Type III non-functionally		·				d organi	zation(s)			
u	that is not functionally int						-				
	requirement (see instructi	•	•	•		•	ii atteriti	7011033			
e \square	Check this box if the orga	,	•	•			Type III				
	functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. , , ,				
f Ente	er the number of supported o	• •	, 3	5 5							
g Pro	vide the following informatior	about the supporte	d organization(s).								
((i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of m	•	(vi) Amount of other			
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see inst	ructions)	support (see instructions)			
Total											

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	136,025.	108,824.	203,432.	285,325.	297,266.	1030872.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	136,025.	108,824.	203,432.	285,325.	297,266.	1030872.
5	The portion of total contributions						_
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						18,171.
6	Public support. Subtract line 5 from line 4.						1012701.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	136,025.	108,824.	203,432.	285,325.	297,266.	1030872.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			8,426.	5,286.	6,242.	19,954.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		5,209.		566.		5,775.
11	Total support. Add lines 7 through 10						1056601.
	Gross receipts from related activities,	· · · · · · · · · · · · · · · · · · ·				12	148,481.
13	First 5 years. If the Form 990 is for the	-		· · · · · · · · · · · · · · · · · · ·			
<u></u>	organization, check this box and stop						
	ction C. Computation of Publi						0F 0F
	Public support percentage for 2023 (I					14	95.85 % 84.48 %
	Public support percentage from 2022					15	
16a	33 1/3% support test - 2023. If the contains the same life and support test - 2023.	-					T
L	stop here. The organization qualifies		•		line 15 in 22 1/20/		
D	33 1/3% support test - 2022. If the c						
17~	and stop here. The organization qual 10% -facts-and-circumstances test	•					
1/8	and if the organization meets the fact						
	meets the facts-and-circumstances te					_	
h	10% -facts-and-circumstances test	•	•			7a and line 15 is :	
IJ	more, and if the organization meets the						1070 OI
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-		• • •		
<u></u>	The organization	a.a . rot or look a l		., ,	, 55. (1115 507 41		(Form 990) 2023

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sed	etion A. Public Support	siow, picase comp	nete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>				1	
14	First 5 years. If the Form 990 is for th	J			•	(/ (/)	· —
S	check this box and stop here						
	etion C. Computation of Publi					1.5	
	Public support percentage for 2023 (I		•	.,,		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves		•			16	%
	•			an 10 ani (A)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2			on line 14 and line		18	% 7 is not
198	33 1/3% support tests - 2023. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 19a	a or 19b check th	is box and see in	structions	1 1

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3c		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
40		
10a		
10b		
100		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instruction	ı <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2 a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c		· ·	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	· ·	
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting orga	anization (see
	instructions).	9	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	•

Schedule A (Form 990) 2023

	rt V Type III Non-Functionally Integrated 509	LY FOUNDATION, (a)(3) Supporting Orga			b-4181468 Page
Sect	ion D - Distributions	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(oonen		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-			T	
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
_	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				
					h a dula A (Farma 000) 000

Schedule A (Form 990) 2023

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
TN LANGUAGE CENTER	21,567.	435.
ADVANCE FINANCIAL FOUNDATION	30,000.	8,868.
AMAZON	30,000.	8,868.
	,	
Total Excess Contributions to Schedule A, Part II, Line 5		18,171.

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

HISPANIC FAMILY FOUNDATION 46-4181468 INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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** X 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

HISPANIC FAMILY FOUNDATION, INC.

46-4181468

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is peopled	4101400
		· 	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NATIONAL ALLIANCE FOR HISPANIC HEALTH 1501 16TH ST NW WASHINGTON, DC 20036	\$ 94,875.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NASHVILLE PREDATORS 501 BROADWAY NASHVILLE, TN 37203	\$ 9,897.	Person X Payroll
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4 TN ARTS COMMISSION 401 DR MARTIN L KING JR BLVD NASHVILLE, TN 37243	\$ 6,680.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 COMMUNITY FOUNDATION OF MIDDLE TN 3421 BELMONT BLVD NASHVILLE, TN 37215	\$ 15,093.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 TN IMMIGRANT & REFUGEE COALITION RIGHTS 3310 EZELL RD NASHVILLE, TN 37211	\$ 10,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	FIRST LADY OF TN & TN SERVES 312 ROSA L PARKS AVENUE	\$ 10,000.	Person Payroll Noncash X (Complete Part II for
323452 12-26	NASHVILLE, TN 37243		noncash contributions.) Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

HISPANIC FAMILY FOUNDATION, INC.

46-4181468

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
7	ADVANCE FINANCIAL FOUNDATION 100 OCEANSIDE DR NASHVILLE, TN 37204	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)

Name of organization

Employer identification number

HISPANIC FAMILY FOUNDATION, INC.

46-4181468

Description of noncash property given See instructions Date rec	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if ac	dditional space is needed.	
(a) (b) (c) FMV (or estimate) (c) FMV (or estimate) (d) Date rec (a) No. Trom Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date rec (e) FMV (or estimate) (See instructions.) (d) Date rec (e) FMV (or estimate) (See instructions.) (for estimate) (See instructions.) (g) Date rec (g) Date rec (g) Date rec (g) FMV (or estimate) (See instructions.) (g) Date rec (g) FMV (or estimate) (See instructions.) (g) Date rec (g) FMV (or estimate) (See instructions.) (g) Date rec (g) FMV (or estimate) (See instructions.) (g) Date rec (g) FMV (or estimate) (See instructions.) (g) Date rec (g) FMV (or estimate) (G) Date rec (g) FMV (or estimate) (G) Date rec (g) FMV (or estimate) (G) Date rec (g) Date re	No. from		FMV (or estimate)	(d) Date received
(a)		50 BABY STROLLERS		
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	No. from		FMV (or estimate)	(d) Date received
			\$	

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** HISPANIC FAMILY FOUNDATION, INC. 46-4181468 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

HISPANIC FAMILY FOUNDATION, INC.

Employer identification number 46-4181468

Schedule D (Form 990) 2023

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		unds or Accounts. Complete if the
	organization answered Tes OffForm 990, Factiv, iii	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bener advised famas	(S) Funds and other accounts
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	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor o		•
	• •		
Pai			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preserva	tion of a historically important land area
	Protection of natural habitat	Preserva	tion of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated	by the organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing cor	servation easements during the year
•	, who are or experience in our real in the intering, in opening, have	amig of violations, and officing cor	solvation easemente daring the year
8	Does each conservation easement reported on line 2d above	e 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		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial s	tatements that describes the
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections of		or Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	,	
	of art, historical treasures, or other similar assets held for pub	,	·
_	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95	· · · · · · · · · · · · · · · · · · ·	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research i	n furtherance of public service,
	provide the following amounts relating to these items.		•
	(i) Revenue included on Form 990, Part VIII, line 1		
_			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical tre		nanciai gain, provide
_	the following amounts required to be reported under FASB A		¢
a	Revenue included on Form 990, Part VIII, line 1		
IJ	Assets included in Form 990, Part X		Φ

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

Sche Par		Organizations Maintaining C	collections of Ar				Othe	r Simi		S (contin		age Z
3	Usina	the organization's acquisition, accessi								(00	<u></u>	
	_	ction items (check all that apply).	,	,	,	3		3				
а		Public exhibition	c	d 🔲 L	oan or exc	hange progra	ım					
b		Scholarly research	6			0 1 0						
С		Preservation for future generations										
4		de a description of the organization's co	ollections and explain	n how the	v further th	ne organizatio	n's exer	mpt pur	pose in Part	XIII.		
5		g the year, did the organization solicit o										
		sold to raise funds rather than to be ma				*				Yes		No
Par	t IV	Escrow and Custodial Arran	gements Comple	ete if the o	rganization	answered "\	es" on	Form 99	90, Part IV, I	ine 9, or		
		reported an amount on Form 990, Pa										
1a	Is the	organization an agent, trustee, custodi	an, or other intermed	diary for c	ontribution	s or other as	sets not	include	ed			
	on Fo	rm 990, Part X?								Yes		No
b		s," explain the arrangement in Part XIII										
										Amount		
С	Begin	ning balance						10				
		ions during the year							t			
		butions during the year							•			
f	Endin	g balance						<u>1</u> 1	f			
2a	Did th	ne organization include an amount on F	orm 990, Part X, line	21, for es	scrow or cu	ustodial accou	unt liabil	lity?		Yes		No
		s," explain the arrangement in Part XIII.										
Par	t V	Endowment Funds Complete if		swered "Y	es" on For					1		
			(a) Current year	(b) Pr	ior year	(c) Two year	s back	(d) Thre	ee years back	(e) Four	years	back_
1a	Begin	ining of year balance										
		ibutions			<u> </u>							
		vestment earnings, gains, and losses										
d	Grant	s or scholarships										
е	Other	expenditures for facilities										
	-	rograms										
		nistrative expenses										
g		of year balance			—							
2		de the estimated percentage of the curr		e (line 1g,	column (a))) held as:						
а		d designated or quasi-endowment		_%								
b		anent endowment										
С			%									
_		ercentages on lines 2a, 2b, and 2c sho	•									
За		nere endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administer	ed for th	ne		Г	Yes	N ₀
	•	ization by:									165	No
	.,									3a(i)	\dashv	
										3a(ii)	\dashv	
b		s" on line 3a(ii), are the related organiza								3b		
Par		ibe in Part XIII the intended uses of the Land, Buildings, and Equipm		wment tu	nas.							
. ui	- • •	Complete if the organization answere) Part IV	line 11a S	see Form 990	Part Y	line 1∩				
		Description of property	(a) Cost or o	' i		or other		ccumul		(d) Book	C Value	
		Description of property	basis (investr			(other)		preciati		(w) Door	value	-
10	Land		- ` ` 	/	345.0	(/		,	-			
		ngs										
		ehold improvements										
		ment	I		6	2,734.		58 -	447.		1,28	37.
	Other					_,		/		-		- · •
		lines 1a through 1e (Column (d) must o		V line 10	o column	(D))					1.28	37.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 HISPANIC FAM	ILY FOUNDATI	ON, INC.	46-4181468 Page
Complete if the organization answered "Yes" of	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 o	r end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o		_	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, line 15.	
<u>```</u>	Description		(b) Book value
(1) OTHER ASSETS			12,150
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		12,150
Part X Other Liabilities			
Complete if the organization answered "Yes" or	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	
(a) Description of liability			(h) Book value

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO PM REALTY	-21,000.
(3) DUE TO FUZENET	205,765.
(4) DUE TO Z-BAR	2,500.
(5) PAYROLL LIABILITES	1,797.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	189,062.

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

Schedule D (Form 990) 2023

Par	t XI	Reconciliation of Revenue per Audited Financial State	ements With Rever	nue per Return	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total re	evenue, gains, and other support per audited financial statements		1	
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net un	realized gains (losses) on investments	2a		
b	Donate	ed services and use of facilities	2b		
С	Recov	eries of prior year grants	2c		
d	Other ((Describe in Part XIII.)	2d		
е		nes 2a through 2d			
3		act line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		ment expenses not included on Form 990, Part VIII, line 7b			
b	Other ((Describe in Part XIII.)	4b		
С	Add lin	nes 4a and 4b		l l	
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	Lauranta With France	5	
Pai		Reconciliation of Expenses per Audited Financial Sta	-	enses per Return	
		Complete if the organization answered "Yes" on Form 990, Part IV, line			
1		expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1		
а		ed services and use of facilities			
b		ear adjustments			
С.	Other I				
d		(Describe in Part XIII.)			
e		nes 2a through 2d		l l	
3		act line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	142		
а		ment expenses not included on Form 990, Part VIII, line 7b			
h	Othor				
b		(Describe in Part XIII.)		40	
С	Add lin	nes 4a and 4b		l l	
c 5	Add lin	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18		l l	
c 5 Pa i	Add lir Total e rt XIII	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information)	5	l.
c 5 Pa l Provi	Add lin Total e rt XIII de the d	nes 4a and 4b expenses. Add lines 3 and 4c. <i>This must equal Form</i> 990. <i>Part I. line</i> 18 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	5	l,
c 5 Pa l Provi	Add lin Total e rt XIII de the d	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information	Part IV, lines 1b and 2b	5	l,
c 5 Pa l Provi	Add lin Total e rt XIII de the d	nes 4a and 4b expenses. Add lines 3 and 4c. <i>This must equal Form</i> 990. <i>Part I. line</i> 18 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	5	l,
c 5 Pa l Provi	Add lin Total e rt XIII de the d	nes 4a and 4b expenses. Add lines 3 and 4c. <i>This must equal Form</i> 990. <i>Part I. line</i> 18 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	5	١,
c 5 Pa l Provi	Add lin Total e rt XIII de the d	nes 4a and 4b expenses. Add lines 3 and 4c. <i>This must equal Form</i> 990. <i>Part I. line</i> 18 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	5	l,
c 5 Pa l Provi	Add lin Total e rt XIII de the d	nes 4a and 4b expenses. Add lines 3 and 4c. <i>This must equal Form</i> 990. <i>Part I. line</i> 18 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	5	l,
c 5 Pa l Provi	Add lin Total e rt XIII de the d	nes 4a and 4b expenses. Add lines 3 and 4c. <i>This must equal Form</i> 990. <i>Part I. line</i> 18 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	5	l,
c 5 Pa l Provi	Add lin Total e rt XIII de the d	nes 4a and 4b expenses. Add lines 3 and 4c. <i>This must equal Form</i> 990. <i>Part I. line</i> 18 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	5	,
c 5 Pa l Provi	Add lin Total e rt XIII de the d	nes 4a and 4b expenses. Add lines 3 and 4c. <i>This must equal Form</i> 990. <i>Part I. line</i> 18 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	5	l,
c 5 Pa l Provi	Add lin Total e rt XIII de the d	nes 4a and 4b expenses. Add lines 3 and 4c. <i>This must equal Form</i> 990. <i>Part I. line</i> 18 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	5	Ι,
c 5 Pa l Provi	Add lin Total e rt XIII de the d	nes 4a and 4b expenses. Add lines 3 and 4c. <i>This must equal Form</i> 990. <i>Part I. line</i> 18 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	5	l,
c 5 Pa l Provi	Add lin Total e rt XIII de the d	nes 4a and 4b expenses. Add lines 3 and 4c. <i>This must equal Form</i> 990. <i>Part I. line</i> 18 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	5	,
c 5 Pa l Provi	Add lin Total e rt XIII de the d	nes 4a and 4b expenses. Add lines 3 and 4c. <i>This must equal Form</i> 990. <i>Part I. line</i> 18 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	5	l,
c 5 Pa l Provi	Add lin Total e rt XIII de the d	nes 4a and 4b expenses. Add lines 3 and 4c. <i>This must equal Form</i> 990. <i>Part I. line</i> 18 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	5	l,
c 5 Pa l Provi	Add lin Total e rt XIII de the d	nes 4a and 4b expenses. Add lines 3 and 4c. <i>This must equal Form</i> 990. <i>Part I. line</i> 18 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	5	l,
c 5 Pa l Provi	Add lin Total e rt XIII de the d	nes 4a and 4b expenses. Add lines 3 and 4c. <i>This must equal Form</i> 990. <i>Part I. line</i> 18 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	5	l,
c 5 Pa l Provi	Add lin Total e rt XIII de the d	nes 4a and 4b expenses. Add lines 3 and 4c. <i>This must equal Form</i> 990. <i>Part I. line</i> 18 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	5	l,
c 5 Pa l Provi	Add lin Total e rt XIII de the d	nes 4a and 4b expenses. Add lines 3 and 4c. <i>This must equal Form</i> 990. <i>Part I. line</i> 18 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	5	l,
c 5 Pa l Provi	Add lin Total e rt XIII de the d	nes 4a and 4b expenses. Add lines 3 and 4c. <i>This must equal Form</i> 990. <i>Part I. line</i> 18 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	5	l,
c 5 Pa l Provi	Add lin Total e rt XIII de the d	nes 4a and 4b expenses. Add lines 3 and 4c. <i>This must equal Form</i> 990. <i>Part I. line</i> 18 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	5	l,
c 5 Pa l Provi	Add lin Total e rt XIII de the d	nes 4a and 4b expenses. Add lines 3 and 4c. <i>This must equal Form</i> 990. <i>Part I. line</i> 18 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	5	l,
c 5 Pa l Provi	Add lin Total e rt XIII de the d	nes 4a and 4b expenses. Add lines 3 and 4c. <i>This must equal Form</i> 990. <i>Part I. line</i> 18 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	5	ļ,
c 5 Pa l Provi	Add lin Total e rt XIII de the d	nes 4a and 4b expenses. Add lines 3 and 4c. <i>This must equal Form</i> 990. <i>Part I. line</i> 18 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	5	l,

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

HISPANIC	FAMILY FO	UNDATION, I	NC.				46-4181468
Part I General Information on Grants a	and Assistance					·	
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part I	V, line 21, for any
recipient that received more than		be duplicated if additi	onal space is need	ed.	(c) Mathemaliae		
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) a Enter total number of other organization 	-		e line 1 table				

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

Schedule I (Form 990) 2023

Schedule	I (Form 990) 2023 HISPANIC FAMILY	FOUNDAT.	LON, INC.			40-4101400	Page 2							
Part III	Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	nts and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.												
	(a) Type of grant or assistance	1 ' '	` '	` <i>'</i>		(f) Description of noncash as	sistance							
						ASSISTANCE TO SURVIVOR O	?							

DECEMBER TORNADO FOR FAMILY FUNERAL EXPENSES DISASTER RELIEF - TORNADO 44,090. 0. DONATED AMOUNT PAYMENTS FOR HOUSING AND GOODS FOR THOSE IMPACTED BY FIRE OR NATURAL DISASTER IN THE DISASTER RELIEF 108 15,072. 0. PURCHASE PRICE COMMUNITY LITTLE SROUTS PROGRAM FOR SINGLE MOTHERS 260 13,165, 0. PURCHASE PRICE DIAPERS AND STROLLERS

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 FAMILY FOUNDATION WORKS VERY CLOSELY WITH RELIEF ORGANIZATIONS IN NASHVILLE TO SERVE THE IMMIGRANT COMMUNITIES. HHF IS PART OF THE NASHVILLE VOAD AND ARE THE ONLY ORGANIZATION IN NASHVILLE THAT RESPONDS TO NATURAL DISASTERS. PEOPLE IN NEED ARE REFERRED TO HHF BY UNITED WAY AND OEM AND HHF GRANTS DESIGNATED FUNDS ACCORDING TO THE SOCIAL WORKERS' AND AGENTS' RECOMMENDATIONS.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HISPANIC FAMILY FOUNDATION, INC.

Employer identification number 46-4181468

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: HISPANIC FAMILY FOUNDATION RAISED MONEY TO PROVIDE AIDE FOR SURVIVORS OF NATURAL DISASTERS, INCLUDING FIRES AND TORNADOES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: DISASTER RELIEF - HFF DELIVERS EMERGENCY ASSISTANCE TO SURVIVORS OF OFFERING ESSENTIAL SUPPORT AND SUPPLIES. NATURAL DISASTERS, COMMITTED TO AIDING IN THE RECOVERY PROCESS, WE STRIVE TO EMPOWER DISASTER SURVIVORS AND HELP REBUILD THEIR LIVES. INCLUDING GRANTS OF \$ 59,162. EXPENSES \$ 51,490. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE MARK AND DIANNE JANBAKSH ARE MARRIED. FORM 990, PART VI, SECTION B, LINE 11B: THE EXECUTIVE DIRECTOR PROVIDES THE BOARD WITH A COPY OF THE RETURN FOR THEIR REVIEW FOR COMMENTS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS WERE REQUIRED TO COMPLETE CONFLICT OF INTEREST STATEMENTS AT LEAST ANNUALLY, AND SUBMIT TO THE BOARD. FORM 990, PART VI, SECTION C, LINE 19: ORGANIZATIONAL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization HISPANIC FAMILY FOUNDATION, INC.	Employer identification number 46-4181468
PRIOR YEAR PAYROLL TAX ADJUSTMENT	82,359.
ACCUMULATED DEPRECIATION CATCH UP ADJUSTMENT	-11,447.
TOTAL TO FORM 990, PART XI, LINE 9	70,912.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

HISPANIC FAMIL	Y FOUNDATION, INC.					46-4	11814		mber
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes"	on Form 990, Part IV, line 33	3.						
(a)	(b)	(c)	(d)		(e)		(1	F)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)		me En	id-of-year asse	ets	Direct co	ontrolling	l
TWAIN INVESTMENT FUND 148 SMLLC - 32-0477418									
3955 NOLENSVILLE PIKE SUITE 119						HISPAI	NIC FAM	ILY	
NASHVILLE, TN 37211	INVESTMENT	MISSOURI		0.		0.FOUND	ATION		
	_								
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34, b	ecause it	had one or m	ore related	tax-exem	npt	
(a)	(b)	(c)	(d)	(6	e)	(f)		(g Section 5	3)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section			Direct contr entity	-	Section 5 contr enti	olled
				501(c)(3))			Yes	No
	-								
	-								

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2023

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.

organization a data de de para los ingrandes de la para los ingrandes d												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	al or Pe	ercentage wnership
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	itions?	amount in box 20 of Schedule K-1 (Form 1065)	partr	er? O\	wnersnip
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	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	(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 Sec 512(k contr ent	tion b)(13) rolled tity?
		country)						Yes	No
								!	
-									
								<u> </u> !	<u> </u>
								!	
								!	
								\vdash	
	-								

Schedule R (Form 990) 2023

1a

1b

Page 3

Yes No

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

b Gift, grant, or capital contribution to related organization(s)

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

С	Gift, grant, or capital contribution from related organization(s)	s to related organization(s) assets from related organization(s) assets with related organization(s) 1ities, equipment, or other assets to related organization(s) 1ities, equipment, or other assets from related organization(s) 1ities, equipment, or other assets from related organization(s) 1ities, equipment, or other assets from related organization(s) 1ities, of services or membership or fundraising solicitations for related organization(s) 1ities, equipment, mailing lists, or other assets with related organization(s) 1ities, equipment, mailing lists, or other assets with related organization(s) 1ities, equipment, mailing lists, or other assets with related organization(s) 1ities, equipment, mailing lists, or other assets with related organization(s) 1ities, equipment, mailing lists, or other assets with related organization(s) 1ities, equipment, or ot		1c							
d	Loans or loan guarantees to or for related organization(s)				1d						
е	Loans or loan guarantees by related organization(s)				1e						
f	f Dividends from related organization(s)										
g	Sale of assets to related organization(s)				1g						
					1h						
					1i						
					1j						
k	Lease of facilities, equipment, or other assets from related organization(s)			\	1k						
- 1					11						
m					1m						
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	n(s)			1n						
					10						
р	Reimbursement paid to related organization(s) for expenses				1p						
					1d						
_											
r	Other transfer of cash or property to related organization(s)				1r						
					1s						
	(a)	(b)	(c)	(d)							
	Name of related organization				olved/						
		type (a-s)									
1)											
2)											
3)											
4)											
5)											
6)											
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B Page **4**

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.?	(f) Share of total	(g) Share of end-of-year	(h) Disproptional	oor-	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana	i) eral or Faging	(k) Percentage ownership
5. 5 ,		country)	excluded from tax under sections 512-514)	Yes No		assets	Yes	No.	of Schedule K-1 (Form 1065)	Yes	NO	
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