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foundations)

DLN: 93493197006136

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>

Open to Public Inspection

### 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	A Fo	the 2	014 calendar year, or tax year beginning 09-01-2014 , and ending 08-31-2015										
Notice and state   Name and address of principal officer   Final   Notice and street (or P 0 tox if mail is not delivered to street address)   Room/suite   E telephone number   (\$12) 357-5137	<b>B</b> Che	ck ıf ap	plicable C Name of organization National Hispanic Institute Inc		D Emplo	yer ic	dentification number						
Testal return   Final   Fina	☐ Add	ress cha	inge		74-20	0559	23						
Time	┌ Nar	ne chan	ge Doing business as										
Treatmentermanates   Po Date 2 and states (apr P o Date of most is not delivered to steem address)   Sommaruse   Po Date 2 and 2	┌ Init	al returi	n		F Talanh	one n	ımher						
Amended tell ethin   Application pending			D D D D D D D D D D D D D D D D D D D	te									
Maxwell, TX. 78856   F   Name and address of principal officer   H(a)   1s this a group return for subordinates   Yes F   No	_		mateu		(512)	357	-6137						
F   Name and address of principal officer	Ame	ended re	, F,,,,		G Cross	racaint	c d 1 996 10Ε						
Tax   Subordinates   Tax   T	App	lication	pending Process		<b>G</b> Gloss	eceipt	5 \$ 1,000,103						
Trax-exempt status			F Name and address of principal officer	H(a)	Is this a group	retu	rn for						
Tax-exempt status					subordinates?		┌ Yes 🗸 No						
Tax-exempt status				Н(Ь)	Are all subord	ınate	s Eyes V No						
Website: ► N/A				(2)		mate.	3   163  110						
Part   Summary	I Tax	-exemp	ot status 🔽 501(c)(3) 🔽 501(c)( ) 🖪 (insert no ) 🔽 4947(a)(1) or 🔽 527		If "No," attach	n a lis	t (see instructions)						
Power   Summary	J W	ebsite:	► N/A	H(c)	Group exempt	tion n	umber ►						
Power   Summary	K Forn	of ora	anization	L Yea	ar of formation	Т	M State of legal domicile TX						
1 Briefly describe the organization's mission or most significant activities		_					Troute of logar dominate in						
Page			· · · · · ·										
3 Number of voting members of the governing body (Part VI, line 1a)   3   2.7			· · · · · · · · · · · · · · · · · · ·										
3 Number of voting members of the governing body (Part VI, line 1a)   3   2.7	es l	_											
3 Number of voting members of the governing body (Part VI, line 1a)   3   2.7	Ē	-											
3 Number of voting members of the governing body (Part VI, line 1a)   3   2.7	rem	<b>2</b> C	heck this box দ if the organization discontinued its operations or disposed o	f more 1	than 25% of its	net	assets						
3 Number of voting members of the governing body (Part VI, line 1a)   3   2.7	50)		, , , , , , , , , , , , , , , , , , , ,										
Tail our lated business revenue from Part VIII, column (C), line 12   Tail our lated business taxable income from 990-T, line 34   Tbi		3 N											
Tail our lated business revenue from Part VIII, column (C), line 12   Tail our lated business taxable income from 990-T, line 34   Tbi	les	<b>4</b> N	umber of independent voting members of the governing body (Part VI, line 1b)	26									
Tail our lated business revenue from Part VIII, column (C), line 12   Tail our lated business taxable income from 990-T, line 34   Tbi		<b>5</b> T	otal number of individuals employed in calendar year 2014 (Part V, line 2a) $$ .		5	8							
B   Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year	Aci		*			6							
Prior Year   Current Year						-	-						
8		<b>b</b> N	et unrelated business taxable income from Form 990-T, line 34	<del></del>		7b							
9 Program service revenue (Part VIII, line 2g)													
11 Other revenue (Part VII), column (A), lines 5, 8d, 8c, 9c, 10c, and 11e)  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ā					$\overline{}$							
11 Other revenue (Part VII), column (A), lines 5, 8d, 8c, 9c, 10c, and 11e)  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	enu	_				-	· · · · · · · · · · · · · · · · · · ·						
12   Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Нэу												
12				. —	/8,	894	23,288						
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3 )		12	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		1,576,	737	1,829,689						
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)		13					0						
16a   Professional fundraising fees (Part IX, column (A), line 11e)		14					0						
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	g	15			505,	998	497,765						
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	#USE	16a	•				0						
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	edx	b	Total fundraising expenses (Part IX, column (D), line 25) ► 53,243										
18       Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       1,714,062       1,676,079         19       Revenue less expenses Subtract line 18 from line 12       -137,325       153,610         20       Total assets (Part X, line 16)       -1469,340       625,476         21       Total liabilities (Part X, line 26)       597,330       599,856         22       Net assets or fund balances Subtract line 21 from line 20       -127,990       25,620	_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,208,	064	1,178,314						
19   Revenue less expenses Subtract line 18 from line 12		18					1,676,079						
Beginning of Current Year   Property   Pro				. —			153,610						
The control of the co	or Rees					nt	End of Year						
The control of the co	Set afai	20	Total assets (Part X. line 16)			340	625.476						
The control of the co	t As id B			. —		$\overline{}$							
	Me Fen					$\overline{}$	· · · · · · · · · · · · · · · · · · ·						
	Par						,,,,,						

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here Signature of officer Ernesto Nieto President
Type or print name and title Print/Type preparer's name Terry W Black CPA Preparer's signature Terry W Black CPA

**Paid** Preparer **Use Only**  Firm's name Frry W Black CPA

Firm's address ► 208 No Main Street

Lockhart, TX 786442122

May the IRS discuss this return with the preparer shown above? (see instruction For Paperwork Reduction Act Notice, see the separate instructions.

art IV	Checklis	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
L <b>O</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
1	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	Yes	
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		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
.2a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
.3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
.4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
.5	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		No
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		No
.7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
.8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
.9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νo
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		N o
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV			
		28a		N o
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $\$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	<u></u>
4 -	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   19		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 19  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		Νo
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		No
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			<b>N</b> .
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		No
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	$\vdash$		
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		No
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
•	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			NI -
Qa.	Did the sponsoring organization make any taxable distributions under section 4966?	8 9a		No No
b		9b		No
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			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		No
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	   14a	 	No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a		140

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

Check if Schedule O	contains a rec	chance or no	ote to any	line in th	c Dart V/I								J
Check if Schedule O	Contains a res	sponse or no	ote to any	iiiie iii tiii	2 Lair AT			•	•	 		•	.,,*

<b>Б</b> е	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	"
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	in Cod	۵ ۱
		CVCIII	ac Cou	e.)
		CVC//C	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No No

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website V Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
- ►Nicole Nieto Sada
  - PO Box 220
  - Maxwell, TX 78656 (512) 357-6137

Form 990 (2014)	
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# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	,	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	Reportable Reportable compensation from the granization (W-	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	

1b	Sub-Total	•		
c	Total from continuation sheets to Part VII, Section A	►		
d	Total (add lines 1b and 1c)	-	204,479	46,378

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶0

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

	Section	R In	denende	nt Contra	ctors
--	---------	------	---------	-----------	-------

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

(B) Description of services	(C) Compensation
	(B) Description of services

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Form 99								Page <b>S</b>
Part V	7 🕶		o <b>f Revenue</b> ule O contains a respor	ana ar nata ta any lir	no in this Doub VIII			Г
		Check if Schedi	uie O Contains a respoi	ise of flote to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တ္က	1a	Federated cam	paigns 1a					
ant	ь	Membership du	es <b>1b</b>					
وَ ق	С	Fundraising eve	ents <b>1</b> c					
iffs, ar A	d	Related organiz	zations 1d					
9,⊞	e	Government grant	s (contributions) <b>1e</b>					
tributions, Gifts, Grants Other Similar Amounts	f		ons, gifts, grants, and <b>1f</b>	98,823				
buti the		similar amounts no	ot included above ons included in lines					
Contributions, Gifts, Grants and Other Similar Amounts	g	1a-1f \$	oris included in lines					
Con1 and	h	Total. Add lines	s 1a-1f	· · · · •	98,823			
<u> </u>				Business Code				
Program Serwce Revenue	2a	Program Fees		611710	1,707,302	1,707,302		
<u> </u>	b							
¥ 5.0	C .							
Š	d e							
Ē	f	All other progra	am service revenue					
ي م				L .				
	g 3		ome (including dividen		1,707,302			
		and other simil	aramounts)		276	276		
	4		stment of tax-exempt bond	<b>-</b>	0			
	5	Royalties	(ı) Real	(II) Personal	0			
	6a	Gross rents	1,325	(II) I ersonal				
	ь	Less rental expenses						
	С	Rental income	1,325					
	d	or (loss) Net rental inco	me or (loss)		1,325			1,325
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of						
		assets other than inventory						
	b	Less cost or other basıs and						
	c	sales expenses Gain or (loss)						
	d	Net gaın or (los	s)		0			
	8a	Gross income f						
Other Revenue			reported on line 1c)					
Ģ.		See Part IV, lin	a a	67,277				
the	ь		penses <b>b</b>	56,416				
0	С		(loss) from fundraising	events 🛌	10,861			10,861
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	b		penses b					
		Gross sales of		vities	0			
	<u> </u>	returns and allo	а					
	1		oods sold <b> b</b> (loss) from sales of inv	L entory ▶	О			
		Miscellaneous		Business Code				
	11a	Various Promo	tional Items		11,102			11,102
	ь		_					
	С							
	d		ue					
	e	Total. Add lines		•	11,102			
	12	Total revenue.	See Instructions .		1,829,689	1,707,578		23,288

# Form 990 (2014) Part IX Statement of Functional Expenses

	State III CITE OF	diictional Ex	PCIISCS									_
Section 50:	1(c)(3) and 501(c)(	4) organizations	must complete all columns	All other organ	ızatıons m	nust con	nplete	colur	nn (A	١)		
	Check if Schedule (	) contains a resp	onse or note to any line in t	this Part IX .						_	_	_

	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			<u> </u>
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	250,857	150,514	50,172	50,171
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0		,	· ·
7	Other salaries and wages	170,005	170,005		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	48,775	48,775		
10	Payroll taxes	28,128	21,984	3,072	3,072
11	Fees for services (non-employees)				
а	Management	0			-
b	Legal	0			
C	Accounting	2,548		2,548	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	46,292	46,292		
12	Advertising and promotion	4,933	4,933		
13	Office expenses	79,797		79,797	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	16,648		16,648	
17	Travel	332,278	332,278		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	4,182		4,182	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	20,408	20,408		
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10%	17,770		17,770	
	of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Program Direct Expenses	311,829	311,829		
b	Contract Labor	166,492	166,492		
С	Event Supplies	61,576	61,576		
d	Property Taxes	32,533		32,533	
	All other expenses	81,028	81,028		
25	Total functional expenses. Add lines 1 through 24e	1,676,079	1,416,114	206,722	53,243
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
				Fo	rm <b>990</b> (2014)

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		14,973		75,086
	2	Savings and temporary cash investments		99,524		125,618
	3	Pledges and grants receivable, net		00,024	3	0
	4	Accounts receivable, net		29,331	4	83,708
	5	Loans and other receivables from current and former officers, dire		29,551	-	05,700
	3	employees, and highest compensated employees. Complete Part Schedule L			5	0
<del>t</del> s	6	Loans and other receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(c)(3)(B), and co and sponsoring organizations of section $501(c)(9)$ voluntary emporganizations (see instructions) Complete Part II of Schedule L	ntributing employers		6	0
Assets	,	Notes and loans receivable, net			7	0
₹	7   8	Inventories for sale or use			8	0
	9	Prepaid expenses and deferred charges			9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 905,97	0	9	
	ь	Less accumulated depreciation	<b>10b</b> 564,90	7 325.512	10c	341,063
	11	Investments—publicly traded securities		,	11	0
	12	Investments—other securities See Part IV, line 11			12	0
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11			15	1
	16	Total assets. Add lines 1 through 15 (must equal line 34)		469,340		625,476
	17	Accounts payable and accrued expenses		200,988		216,840
	18	Grants payable		,	18	'
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Sched			21	
lities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie	s, trustees,			
Liabilit		persons Complete Part II of Schedule L		88,159	22	78,159
Ξ	23	Secured mortgages and notes payable to unrelated third parties		27,883	23	24,557
	24	Unsecured notes and loans payable to unrelated third parties .		280,300	24	280,300
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part				
		D		507.000	25	500.050
	26	Total liabilities. Add lines 17 through 25		597,330	26	599,856
ري d)		Organizations that follow SFAS 117 (ASC 958), check here ►	and complete			
ĕ	27	lines 27 through 29, and lines 33 and 34.  Unrestricted net assets			27	
<u>ଟ</u>	28	Temporarily restricted net assets			28	
<u>~</u>	29	Permanently restricted net assets			29	
or Fund Balance	29	Organizations that do not follow SFAS 117 (ASC 958), check her complete lines 30 through 34.			29	
	30	Capital stock or trust principal, or current funds			30	
Ęţ	31	Paid-in or capital surplus, or land, building or equipment fund.			31	
Assets	32	Retained earnings, endowment, accumulated income, or other fur		-127,990		25,620
	33	Total net assets or fund balances		-127,990		25,620
ğ	34	Total liabilities and net assets/fund balances		469,340		625,476
	1	, stat, habilities and het assets/land balances i i i i i		+00,040	, J+	020,770

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	ī			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,8	329,689
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,6	576,079
3	Revenue less expenses Subtract line 2 from line 1	3			.53,610
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-1	.27,990
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			25,620
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				]
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	ırate			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of tl	ne <b>2c</b>		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

**Software ID:** 14000265 **Software Version:** 2014v6.0

**EIN:** 74-2055923

Name: National Hispanic Institute Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	1	ntracto 						1	I	] I
<b>(A)</b> Name and Title	( <b>B)</b> A verage	Posit	ion (					<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated amount
	hours per	more th					5	compensation	compensation from related	of other
	week (list any hours	perso and a						from the organization (W-	organizations (W-	compensation from the
	for related		I			<u> </u>	1	2/1099-MISC)	2/1099-MISC)	organization and
	organizations	Individual trustee or director	<u>=</u>	Office	<u>중</u>	Highest compensat employee	Former		_,,	related
	below	[불흥	Institutional	屋	Φ.	당했	≅			organizations
	dotted line)	[충호	∄		를	8 0	*			
		≒	<u> </u>		employee	μğ				
		<u>\$</u>	Trustee		œ.	🗑				
		#:	<u> </u>			<u>ड</u>				
			l &			받				
(1) Ernesto Nieto	40 00					<u> </u>				
(1) Linesto Meto	40 00	×		х				80,075	0	26,797
President	0 00									
(1) John Minogue	1 00	l x						0	0	0
Board Member	0 00							_		_
(2) Michelle Saenz-Rodriguez	1 00	,		×				0	0	0
Chairperson	0 00	×		^					U	U
(3) Lia Carpio	1 00									
Board Member	0 00	×						0	0	0
(4) Art Martinez de Vara	1 00									
		×						0	0	0
Board Member (5) Frank de la Portilla	0 00	-					1			
(3) Flank de la Foldilla	1 00	x						0	0	0
Board Member	0 00									
(6) Anıta Fernandez	1 00	l x						0	0	0
Board Member	0 00							· ·	v	•
(7) Juan Pedro Garcia	1 00	V								0
Board Member	0 00	×						0	0	0
(8) Frank Garza	1 00									
Board Member	0 00	X						0	0	0
(9) Adriel Lares	1 00									
		Х		Х				0	0	0
Treasurer (40) John Filonov	0 00						-			
(10) John F Lopez	1 00	l x		х				0	0	0
Secretary	0 00						<u> </u>			
(11) Samuel Moreno	1 00	l x						0	0	0
Board Member	0 00							ū	·	·
(12) Celestino Villarreal	1 00								0	0
Board Member	0 00	×						0	U	0
(13) Janitzio Guzman	1 00									
Board Member	0 00	X						0	0	0
(14) Elba Alejandro Gonzalez	1 00									
Donal Manches		X						0	0	0
Board Member (15) Eduardo Chavez	0 00						<del>                                     </del>			
		х						0	0	0
Board Member	0 00			_			_			
(16) Michelle Laredo-Torres	1 00	l x						0	0	0
Board Member	0 00									
(17) Humberto Saenz	1 00	l x						0	0	0
Board Member	0 00	^							0	0
(18) Omar Romero	1 00							_	_	_
Board Member	0 00	X						0	0	0
(19) George Rodriguez	1 00									
Donal Mamban		X						0	0	0
Board Member (20) Reyna Hernandez	0 00						$\vdash$			
(20) Reyna Hemanuez		x						0	0	0
Board Member	0 00			<u> </u>			<u> </u>			
(21) Rafael Olmos	1 00	l x						0	0	0
Board Member	0 00						L			
(22) Judy Cabazas	1 00								-	
Board Member	0 00	X						0	0	0
(23) Michael Gibbs	1 00	İ								
Board Member	0 00	X						0	0	0
(24) Angelica Vasquez	1 00	1								
		x						0	0	0
Board Member	0 00				1		1			<u> </u>

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Positi more th person and a Individual or directo	ion (d an oi n is b	ne bo	ox, un an off trust (rust	nless ficer (ee) Highes employ	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		ol trustee or	onal Trustee		olojee	t compensated ee				
(26) Glona de Leon Exec Vice Pres	40 00			Х				61,650	0	10,155
(1) Nicole Nieto Sada Exec Vice Pres	40 00			Х			·	62,754	0	9,426

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493197006136

**Employer identification number** 

OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization National Hispanic Institute Inc

#### **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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2014

Open to Public Inspection

							74-2055923	
Pai	rt I	Reason for Publi	c Charity S	<b>tatus</b> (All organıza	tions must co	mplete this p	oart.) See instruction	ns.
The c	rganız	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)	
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(l</b>	b)(1)(A)(i).	
2	$\sqcap$	A school described in	section 170(b	<b>)(1)(A)(ii).</b> (Attach S	chedule E )			
3	Γ	A hospital or a cooper	atıve hospıtal	service organization o	described in <b>sec</b>	tion 170(b)(1)	(A)(iii).	
4	Γ	A medical research or	-	erated in conjunction v	vith a hospital d	lescribed in <b>sec</b>	ction 170(b)(1)(A)(iii	). Enter the
_	_	hospital's name, city,		afit of a callege or uni	waraity aymad a	v anaratad by	a accommentations to d	a a sub a d un
5	ı	An organization opera- section 170(b)(1)(A)(			versity owned o	or operated by	a governmental unit d	escribed in
6	$\vdash$	A federal, state, or loc			described in <b>se</b>	ection 170(b)(1	1)(A)(v)	
7	<u>'</u>	An organization that n						ieneral public
•	'	described in <b>section 1</b>				om a governme	intal anic of from the g	terrer public
8	$\sqcap$	A community trust des	scribed in <b>sect</b>	ion 170(b)(1)(A)(vi)	(Complete Par	tII)		
9	굣	An organization that n	ormally receiv	es (1) more than 331	l/3% of its supp	ort from contri	butions, membership	fees, and gross
		receipts from activitie	s related to its	s exempt functions—s	ubject to certai	n exceptions, a	and (2) no more than 3	31/3% of
		ıts support from gross	ınvestment ın	come and unrelated b	usıness taxable	e income (less	section 511 tax) from	businesses
		acquired by the organi	zatıon after Ju	ne 30, 1975 See <b>sec</b>	tion 509(a)(2).	(Complete Pa	rt III )	
10	Γ	An organization organ	ized and opera	ted exclusively to tes	t for public safe	ety See <b>sectio</b> i	n 509(a)(4).	
11	Γ	An organization organ one or more publicly s	•	•				• •
		the box in lines 11a th			•			
а	Γ	Type I. A supporting o	rganızatıon op	erated, supervised, oi	r controlled by 1	ts supported o	rganızatıon(s), typıcal	ly by giving the
		supported organization			-	ty of the dırect	ors or trustees of the	supporting
<b>L</b>	_	organization You mus				with its suppo	rtad arganization(s) h	w having control or
D	ı	<b>Type II.</b> A supporting management of the su						
		must complete Part I\					go illo bapportoa	0.gaa(5) 10a
C	$\sqcap$	Type III functionally i	integrated. A s	supporting organizatio	•			grated with, its
	_	supported organization						
d	ļ	Type III non-function not functionally integral						
		(see instructions) <b>Yo</b>					ement and an attentiv	eness requirement
e	Γ	Check this box if the o	rganızatıon re	ceived a written deter	mination from t	he IRS that ıt ı	s a Type I, Type II, T	ype III functionally
_		integrated, or Type III						
f		Enter the number of su						
g		Provide the following i	nformation abo	out the supported orga	inization(s)			
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganızatıon	(v) A mount of	(vi) A mount of
		organızatıon		organızatıon	listed in your		monetary support	other support (see
				(described on lines	docume	ent?	(see instructions)	instructions)
				1-9 above or IRC section (see				
				instructions))		I		
					Yes	No		
Tota								

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) **Section A. Public Support** Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 **(d)** 2013 (e) 2014 (f) Total in) 🕨 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 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 **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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) 11 Total support Add lines 7 through Gross receipts from related activities, etc (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2013 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2	014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	273,384	76,360	147,412	183,212		166,100	846,468
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							0
3	Gross receipts from activities that are not an unrelated trade or business under section 513							0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
5	The value of services or facilities furnished by a governmental unit to the organization without charge							0
6	<b>Total.</b> Add lines 1 through 5	273,384	76,360	147,412	183,212		166,100	846,468
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							0
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							0
c	Add lines 7a and 7b							
8	<b>Public support</b> (Subtract line 7c from line 6)							846,468
	ction B. Total Support						1	
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	<b>(e)</b> 20	014	<b>(f)</b> Total
9	A mounts from line 6	273,384	76,360	147,412	183,212		166,100	846,468
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	82	32	26	38		276	454
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							0
_								
С	Add lines 10a and 10b	82	32	26	38		276	454
11	Add lines 10a and 10b  Net income from unrelated  business activities not included  in line 10b, whether or not the  business is regularly carried on	82	32	26	38		276	454
	Net income from unrelated business activities not included in line 10b, whether or not the	200	32	2,240	1,657		1,325	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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)	200 273,666	76,392	2,240 149,678	1,657 184,907		1,325	5,422 852,344
11 12 13 14	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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.)  First five years. If the Form 990 is check this box and stop here	200 273,666 for the organizatio	76,392 n's first, second,	2,240 149,678	1,657 184,907	section	1,325	5,422 852,344
11 12 13 14 Se	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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.)  First five years. If the Form 990 is check this box and stop here.	200 273,666 for the organizatio lic Support Pe	76,392 n's first, second, rcentage	2,240 149,678 third, fourth, or fi	1,657 184,907	section	1,325	5,422 852,344 ) organization, ▶Г
11 12 13 14 Se 15	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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)  First five years. If the Form 990 is check this box and stop here  ection C. Computation of Pub  Public support percentage for 2014	273,666 for the organizatio lic Support Pe (line 8, column (f	76,392 n's first, second, rcentage ) divided by line 1	2,240 149,678 third, fourth, or fi	1,657 184,907	15	1,325	5,422 852,344 ) organization, ▶ □
11 12 13 14 Se 15 16	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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)  First five years. If the Form 990 is check this box and stop here  ction C. Computation of Pub  Public support percentage from 2014	273,666 for the organizatio lic Support Pe (line 8, column (f	76,392 n's first, second, <b>rcentage</b> ) divided by line 1 rt III, line 15	2,240 149,678 third, fourth, or fi 3, column (f))	1,657 184,907		1,325	5,422 852,344 ) organization, ▶Г
11 12 13 14 Se 15 16 Se	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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)  First five years. If the Form 990 is check this box and stop here.  Ction C. Computation of Pub  Public support percentage from 201  Ction D. Computation of Inv	273,666 for the organizatio lic Support Pe (line 8, column (f	76,392 n's first, second, rcentage ) divided by line 1 rt III, line 15 ne Percentag	2,240 149,678 third, fourth, or fi 3, column (f))	1,657 184,907 fth tax year as a	15 16	1,325	5,422 852,344 ) organization, P 99 310 % 99 370 %
11 12 13 14 Se 15 16 Se 17	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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)  First five years. If the Form 990 is check this box and stop here  ction C. Computation of Pub  Public support percentage for 2014  Public support percentage from 2015  ction D. Computation of Inv  Investment income percentage for	273,666  for the organizatio  lic Support Pe (line 8, column (f .3 Schedule A, Pa  estment Incor 2014 (line 10c, co	76,392 n's first, second, rcentage ) divided by line 1 rt III, line 15 ne Percentag	2,240  149,678  third, fourth, or fi	1,657 184,907 fth tax year as a	15 16	1,325	5,422  852,344 ) organization,  99 310 %  99 370 %  0 050 %
11 12 13 14 Se 15 16 Se 17 18	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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)  First five years. If the Form 990 is check this box and stop here.  Ction C. Computation of Pub  Public support percentage from 201  Ction D. Computation of Inv	273,666 for the organizatio lic Support Pe (line 8, column (f. 3 Schedule A, Pa estment Incor 2014 (line 10c, co	76,392 n's first, second, rcentage ) divided by line 1 rt III, line 15 ne Percentag lumn (f) divided b	2,240  149,678  third, fourth, or fi  3, column (f))  e  y line 13, column	1,657 184,907 fth tax year as a	15 16 17 18	1,325 167,701 501(c)(3	5,422  852,344 ) organization,  99 310 %  99 370 %  0 050 %  0 030 %

b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ection A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^7$ If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section $501(c)(4)$ , $(5)$ , or $(6)$ ? If "Yes," answer (b) and (c) below.	За		
t	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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
t	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.	4b		
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 $(2)^7$ 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.	<b>4</b> c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
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 <b>Part VI</b> .	9a		
Ŀ	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
Ŀ	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).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
ŀ	• A family member of a person described in (a) above?	11a 11b		
	A 135% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
5	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year <b>(see</b>	inctri	ıct ione)	
	The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government elinstructions.)			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	h Did the organization evergise a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

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

#### Section C - Distributable Amount

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

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year						
1 Amounts paid to supported organizations to accom	plish exempt purposes						
2 A mounts paid to perform activity that directly furthe excess of income from activity	2 A mounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity						
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons					
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval rec	nured)						
6 Other distributions (describe in Part VI) See instru	ICTIONS						
7 Total annual distributions. Add lines 1 through 6							
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide					
9 Distributable amount for 2014 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014				
1 Distributable amount for 2014 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)							
3 Excess distributions carryover, if any, to 2014							
<b>a</b> From 2009							
<b>b</b> From 2010							
c From 2011							
d From 2012							
<b>e</b> From 2013							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
<ul> <li>h Applied to 2014 distributable amount</li> <li>i Carryover from 2009 not applied (see instructions)</li> </ul>							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2014 from Section D, line 7 \$							
Applied to underdistributions of prior years							
<b>b</b> Applied to 2014 distributable amount			1				
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
7 Excess distributions carryover to 2015. Add lines 31 and 4c							
8 Breakdown of line 7							
<b>a</b> From 2010							
<b>b</b> From 2011							
<b>c</b> From 2012							
d From 2013							

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

Facts And Circumstances Test

Return Reference Explanation

Schedule A (Form 990 or 990-EZ) 2014

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Open to Public Inspection

### SCHEDULE D

(Form 990)

Department of the Treasury

## **Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service

**Employer identification number** Name of the organization National Hispanic Institute Inc 74-2055923 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Protection of natural habitat Preservation of a certified historic structure □ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year -\_ Number of states where property subject to conservation easement is located ▶\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Cat No 52283D

Schedule D (Form 990) 2014

Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal</u>	<u>Treasu</u>	<u>res, or Otl</u>	<u>ner S</u>	<u>imilar Ass</u>	ets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, cl	neck	any	of the follo	owing that are	e a sıg	nıfıcant use	of its	
а	Public exhibition		d	Γ	Lo	an or excl	nange prograi	ms			
b	Scholarly research		e	Γ	Οt	her					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y fur	ther the o	rganızatıon's	exem	pt purpose ır	ı	
5	During the year, did the organization solicit							ımılar		,	<b></b> .
Dar	assets to be sold to raise funds rather than to Escrow and Custodial Arrang							"Voc"		Yes	No
Fal	Part IV, line 9, or reported an an						i alisweleu	163	to Form 9:	,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interme	dıary	ford	ontr	ibutions o	or other asset	s not	Γ	_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII $$	II and complete the	follo	wing	able						
									Am	ount	
<b>c</b>	Beginning balance						1	_			
d	Additions during the year						1	_			
e	Distributions during the year						1				
f	Ending balance						1				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21,	for e	scro	worcusto	odial account	lıabılı	ty? [	Yes	∏ No
ь	If "Yes," explain the arrangement in Part XII										<u> </u>
Pa	<b>t V Endowment Funds.</b> Complete									/-\Faur.	aara baak
1a	Beginning of year balance	(a)Current year	(D	<b>)</b> Prior	year	B (C) IV	wo years back (	(a) i nre	e years back	(e)Four y	ears back
b	Contributions										
c	Net investment earnings, gains, and losses										
_											
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	e (lır	ne 1g	, col	umn (a)) ł	neld as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
С	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organiza	ation	that	are h	neld and a	dmınıstered f	or the			
	organization by								2-7:	Yes	No
	<ul><li>(i) unrelated organizations</li><li>(ii) related organizations</li></ul>				•			• •	3a(i 3a(ii		<del>                                     </del>
ь	If "Yes" to 3a(II), are the related organization								3b		<u> </u>
4	Describe in Part XIII the intended uses of the	•									
Par	t VI Land, Buildings, and Equipme		he o	rgar	ıızat	ion answ	vered 'Yes'	to For	m 990, Par	t IV, lı	ne
	11a. See Form 990, Part X, line  Description of property	10.				st or other nvestment)	(b)Cost or oth		c) Accumulated depreciation	( <b>d</b> ) B	ook value
4 = -				+			20 -	-			
	and			$\vdash$			99,2	_	201 77	-	99,260
	Buildings		•	$\vdash$			420,0 124,4	_	291,77 40,06		128,231 84,422
	Equipment		•	$\vdash$			139,4	_	114,08		25,319
	Other			$\vdash$			122,8	_	114,08		3,831
	Add lines 1a through 1e <i>(Column (d) must e</i>		X, colu	ımn (	B), II	ne 10(c).)	<u> </u>			+	341,063
	, ,	•	•			. , ,			Schedule D	(Form 9	

Part VII	<b>Investments—Other Securities.</b> Com See Form 990, Part X, line 12.	plete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
	a) Description of security or category	(b)Book value	(c) Method of va	
/1 \5	(including name of security)		Cost or end-of-year	market value
	l derivatives			
Other	held equity interests			
Total (Colum	on (h) must oqual Form 000 Part V cal (P) line 12.)	<u> </u>		
	Investments—Program Related. Co			orm 990 Part IV line 11c
Lair Attr	See Form 990, Part X, line 13.	implete il the organization	i aliswered Tes to To	orni 990, Parciv, iiile iic.
	(a) Description of investment	(b) Book value	(c) Method of va	
			Cost or end-of-year	market value
-				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13 )	•		
Part IX		answered 'Yes' to Form 990	, Part IV, line 11d See	Form 990, Part X, line 15
	(a) Descrip	otion		(b) Book value
Total. (Colum	mn (b) must equal Form 990, Part X, col.(B) line 15	· · · · · ·		
	Other Liabilities. Complete if the organ			ine 11e or 11f. See
	Form 990, Part X, line 25.			
1	(a) Description of liability	<b>(b)</b> Book value		
Federal inco	ome taxes			
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25 )	the taxt of the feetness to the	oo organization's financis	

Pari	the organ	iation of Re						ts Wit	th Re	venue	per R	<b>eturn</b> Complete	e if
1	Total revenue, ga										1		
2	A mounts include	d on line 1 but	not on Forr	n 990, Pai	rt VIII, line	12							
а	Net unrealized g	aıns (losses) o	n ınvestmeı	nts			2a						
b	Donated service	s and use of fa	cilities .				2b						
c	Recoveries of pri	or year grants					2c						
d	Other (Describe	ın Part XIII )					2d						
e	Add lines <b>2a</b> thro	ough <b>2d .</b>									2e		
3	Subtract line <b>2e</b>	from line <b>1</b> .									3		
4	A mounts include	d on Form 990	, Part VIII,	, lıne 12, b	out not on li	ne <b>1</b>							
а	Investment expe	enses not inclu	ded on Forn	n 990, Par	rt VIII, line	7b .	4a						
b	Other (Describe	ın Part XIII )					4b						
C	Add lines <b>4a</b> and	4b									4c		
5	Total revenue A										5		
Part								nts Wi	ith Ex	cpense	s per	Return. Comp	lete
1	Total expenses a	anization ans									1		
2	Amounts include	•					•	• •	•	•	<u> </u>		
a	Donated services						2a	l					
b	Prior year adjust						2b						
c	Other losses .						2c						
d	Other (Describe						2d						
e	Add lines 2a thro	•						<u> </u>					
3	Subtract line <b>2e</b> 1	-									3		
4	A mounts include												
а	Investment expe			•			4a						
b	Other (Describe						4b						
С	Add lines <b>4a</b> and	-						<del>'</del>			4c		
5	Total expenses	Add lines <b>3</b> an	d <b>4c.</b> (This r	nust equal	l Form 990	, Part I, line	18)				5		
Part	XIII Supple				·	· · · · · · · · · · · · · · · · · · ·						1	
Prov Part	ide the description V, line 4, Part X, li	s required for F	Part II, lines									de any additional	
	Return Refere	nce			Expl	anation							

Part XIII	Supplemental Info	ormation (continued)				
Ret	turn Reference	Explanation				

Schedule D (Form 990) 2014

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**SCHEDULE G** 

Department of the Treasury

Name of the organization

Internal Revenue Service

DLN: 93493197006136

Employer identification number

OMB No 1545-0047

**Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** 

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

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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atı	onal Hispanic Institute Inc							74-2055923	
ar	Fundraising Active filers are not require			janizatio	n aı	nswered "Yes" to	Form	990, Part IV,	lıne 17. Form 990-Ez
L	Indicate whether the organ	ızatıon raısed funds	through ar	ny of the f	ollov	ving activities Che	ck all t	hat apply	
а	Mail solicitations	e 🔽 Solicitation of non-goveri				nment grants			
b	✓ Internet and email soli		f	Γ	Solicitation of gov	ernmen	t grants		
c	Phone solicitations			g	굣	Special fundraisin	g event	s	
d	In-person solicitations								
a	Did the organization have a or key employees listed in								Γ <sub>Yes</sub>
b	If "Yes," list the ten highes to be compensated at least			undraisei	rs)p	ursuant to agreeme	ents un	der which the fu	ndraiser is
(	i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		ndraiser have from activity custody or control of		(or	mount paid to retained by) aiser listed in col <b>(i)</b>	(vi) A mount paid to (or retained by) organization
_			Yes	No No					
1									
2									
3									
4									
5									
6									
7									
8									
9									
0									
_									
ota				•					
}	List all states in which the or registration or licensing	organization is regis	tered or li	censed to	soli	cit contributions o	r has be	een notified it is	exempt from
Χ									

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundraevents with gross receipts g	aising event contribut					
			(a) Event #1  Student Led  Community Events  (event type)	(b) Event #2	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))		
Revenue	1	Gross receipts	67,27	7		67,277		
	2	Less Contributions	31,121	·				
<del>2</del>	3	Gross income (line 1						
		minus line 2)	67,27	7		67,277		
	4	Cash prizes						
မှာ	5	Noncash prizes						
Expenses	6	Rent/facility costs						
ᄶ	7	Food and beverages .						
Direct	8	Entertainment						
₫	9	Other direct expenses .	56,41	6		56,416		
	10	Direct expense summary Add lin	es 4 through 9 in column	n (d)		(56,416)		
	11	Net income summary Subtract III				10.961		
Par	t II	I Gaming. Complete if the or	rganization answered	"Yes" to Form 990, Pa	art IV, line 19, or repo	10,861 orted more than		
	ı	\$15,000 on Form 990-EZ, lii	ne 6a.	T		1		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
<u>~</u>	1	Gross revenue						
Ses	2	Cash prizes						
Expenses	3	Non-cash prizes						
Direct B	4	Rent/facility costs						
<u>ā</u>	5	Other direct expenses						
	6	Volunteer labor	<ul><li>☐ Yes</li></ul>	│ Yes%	┌ Yes	_		
	7 Direct expense summary Add lines 2 through 5 in column (d)							
	8	Net gaming income summary Subt	ract line 7 from line 1, c	olumn (d)				
9 a b	Ist	ter the state(s) in which the organizathe organization licensed to conduct	t gaming activities in eac	ch of these states?				
10a b		re any of the organization's gaming   Yes," explain	licenses revoked, suspe	nded or terminated during		]		

Sche	edule G (Form 990 or 990-EZ) 2014				Page <b>3</b>				
11	Does the organization conduct gaming	activities with nonm	nembers?	┌ Yes	Γ <sub>No</sub>				
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?								
	formed to administer charitable gaming	, <sup>,</sup>		┌ <sub>Yes</sub>	Г <sub>No</sub>				
13	Indicate the percentage of gaming acti	vities conducted in							
а	The organization's facility		13a		%				
b	An outside facility		13b		%				
14	Enter the name and address of the pers	on who prepares the	e organization's gaming/special events books and records		_				
	Name 🟲								
	Address ►								
15a	Does the organization have a contract	with a third party fro	m whom the organization receives gaming						
				┌ <sub>Yes</sub>	┌ No				
b	If "Yes," enter the amount of gaming reamount of gaming revenue retained by		he organization 🕨 \$ and the						
C	If "Yes," enter name and address of the third party								
	Name ►								
	Address 🟲								
16	Gaming manager information								
	Name 🟲								
	Gaming manager compensation 🕨 \$		<del></del>						
	Description of services provided								
	Director/officer	Employee	Independent contractor						
17	Mandatory distributions								
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to								
	retain the state gaming license?	retain the state gaming license?							
b	Enter the amount of distributions requi	Enter the amount of distributions required under state law distributed to other exempt organizations or spent							
	ın the organization's own exempt activ		· · · · · · · · · · · · · · · · · · ·						
Pai			oplanations required by Part I, line 2b, columns (iii) 7b, as applicable. Also provide any additional inforr						
	Return Reference		Explanation						
		L	· · · · · · · · · · · · · · · · · · ·						

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DLN: 93493197006136

**Employer identification number** 

# Schedule L

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

#### **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

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	cess Benefit Tra										40b	
	ne of disqualified perso				(c) Description of tra					(d) Corrected		
				n and organization						Yes	No	
Enterth	e amount of tax ıncu	rred by orgal	nızatıon ma	anagers or disc	qualified per	sons during t	he yea	r unde	r sectior	1		
4958 . Enter the	e amount of tax, If ar	terested	Persons.				 		<b>*</b> \$ <b>*</b> \$	<b></b>		
4958. Benter the complete of a ported an of terested	amount of tax, If ar	terested   wered "Yes"	Persons.	• 990-EZ, Part V 2 to he			Part IV	In	26, or if  (h) Approby boar	ved rd or	(i)Wrı agreen	tten
Enter the parts to a pumplete of ported an Name of cerested	and/or From In the organization ans amount on Form 990	terested   wered "Yes" ), Part X, line (c) Purpose of	Persons. on Form 9 e 5, 6, or 2  (d) Loan or from t	• 990-EZ, Part V 2 to he	/, line 38a, o (e)O riginal principal	or Form 990, I	(g)	In	26, or if (h) Appro	ved rd or	(i)Wrı	tten nent?
4958. 3 Enter the art II Coans to a complete if eported an Name of iterested person	and/or From In the organization ans amount on Form 990  (b) Relationship with organization	terested   wered "Yes" ), Part X, line (c) Purpose of	Persons. on Form 9 e 5, 6, or 2  (d) Loan or from tl organizati	to he on?	/, line 38a, o (e)O riginal principal	or Form 990, I	<b>(g)</b> defa	In ult?	26, or if  (h) Approby boai	ved d or tee?	(i)Wrı agreen	tten

Part IV Business Transactions Involving Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reveni	: zation's
				Yes	No

Part V	Supplemental Inform	plemental Information					
Provide additional information for responses to questions on Schedule L (see instructions)							
Return Reference Explanation							

Schedule L (Form 990 or 990-EZ) 2014

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OMB No 1545-0047

2014

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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
National Hispanic Institute Inc

T4-2055923

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Ernesto Nieto is the spouse of Gloria de Leon Nicole Sada is the daughter of Ernesto Nieto Chris Nieto is the son of Ernesto Nieto
Form 990, Part VI, Line 11b Form 990 Review Process	A copy of Form 990 and related forms/schedules is provided to the Officers and Board of Directors via hard copy or electronic media
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Written documentation is required by the Board of Directors of each officer, director and key employees on a regular basis. Members with a conflict of interest are not allowed to vote on the particular matter.
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	On an annual basis, the Board of Directors performs a review of the President and other key employees to determine suitable compensation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	On an annual basis, the Board of Directors performs a review of the President and other key employees to determine suitable compensation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Upon request