



**Empowering a
New Generation
of Americans**

Board of Directors Meeting Package

Meeting #9

Tuesday, November 15, 2022

Join Zoom Meeting

<https://us06web.zoom.us/j/86348278582?pwd=T0ZELzq5YkJBcU52VnlacU5MUUnVxdz09>

Meeting ID: 863 4827 8582

Passcode: 731671

Mission

**Empowering immigrants and others to
become self-sufficient, productive and
civically engaged.**

Hispanic Unity of Florida
Board of Directors Meeting
AGENDA
Tuesday, November 15, 2022

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Meeting starts promptly at 4pm

- | | | | |
|-----|--------|--|--|
| 1. | 4:00pm | Call to Order/Roll Call | Christina Paradowski & Felina Furer |
| 2. | 4:05 | Chair Welcome and Presentations | Christina Paradowski |
| | | <ul style="list-style-type: none"> • Welcome Ana Rodriguez to the Board of Directors • Magaly Alvarado's 20th HUF anniversary • Board Meeting and Social, December 6th • Unity 4Kids Holiday Celebration, December 7th | |
| 3. | 4:20 | Mission Moment | Magaly Alvarado & Elizabeth Dorante |
| | | <ul style="list-style-type: none"> • Citizenship/Immigration Services | Information |
| 4. | 4:35 | Governance Committee | Tony Abbate & Christina Paradowski |
| | | <ul style="list-style-type: none"> • 2023 Slate of Officers • 2023 Board Meeting Schedule • Marketing Committee • Article V, Rules Governing Voting & Proxy • Board Member Scorecard | Action pgs. 1
Action pgs. 2
Information
Discussion pgs. 3
Discussion pgs. 4 |
| 5. | 4:55 | Marketing Committee | Kathy Gallego |
| | | <ul style="list-style-type: none"> • New Website | Information |
| 6. | 5:05 | Finance | Lisette Rodriguez and Leonor Romero |
| | | <ul style="list-style-type: none"> • 2023 Budget Update • Gift Acceptance Policy/Cryptocurrency | Information
Discussion |
| 7. | 5:15 | Fund Development | Shani Wilson |
| | | <ul style="list-style-type: none"> • Mural • Donor Recognition Event • Board Fundraising Efforts • End of Year Campaign: Board Toolkit | Information
Information
Information
Information |
| 8. | 5:25 | 2023 Strategic Plan | Christina Paradowski & Felipe Pinzon |
| | | <ul style="list-style-type: none"> • Facilitators/Consulting Firms & RFP | Action pgs. 5-8 |
| 9. | 5:30 | Consent Agenda | Christina Paradowski |
| | | <i>Consent agenda items are items that may not need individual discussion and may be voted as one item. Any Board member wishing to discuss an item may move to have it considered individually.</i> | |
| | | <ul style="list-style-type: none"> i. Board Meeting Minutes, October 2022 ii. Finance Committee Minutes, October 2022 iii. Electronic Vote: Finance Committee, June 2022 Financial Statements iv. Electronic Vote: Finance Committee July 2022 Financial Statements v. Electronic Vote: Finance Committee IRS 990 vi. Electronic Vote: BOD IRS 990 vii. Program Monitoring Reports viii. Governance Committee Meeting Minutes, October 2022 ix. Governance Committee Meeting Minutes, November 2022 x. Public Policy & Advocacy Meeting Minutes, October 2022 (attached DACA ACA Letter to HHS) xi. Marketing Meeting Notes, October 2022 xii. October Fund Development Scorecard xiii. September Program Scorecard | pgs. 9-11
pgs. 12-14
pgs. 15-26
pgs. 27-38
pgs. 39-117
pgs. 118
pgs. 119-192
pgs. 193-194
pgs. 195-196
pgs. 197-199
pgs. 200-201
pgs. 202-203
pgs. 204-206 |
| 10. | 5:35 | Executive Session | Christina Paradowski |
| 11. | 5:45 | Adjourn | |

**Hispanic Unity of Florida
BOARD OF DIRECTORS ATTENDANCE MATRIX**

Board Member	Sept 2021	Oct. 2021	Nov. 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022	June 2022	Sept 2022	Oct 2022
ABBATE, Anthony (Tony)	P	P	P	E	E	P	P	P	P	P	P	P
ALVAREZ, Maritza	P	P	P	P	E	P	P	P	P	P	P	E
ARGUELLO, Ana	P	E	P	P	P	E	P	P	P	A	A	A
BARNARD, Maria		P	P	P	P	P	P	E	P	P	P	E
BITTAR, Elsa	-	-	-	-	-	P	P	P	P	A	A	P
CARDOZO, Carolina	P	P	P	P	P	P	E	P	P	P	P	P
CUSHING, Giselle	P	P	A	E	A	A	A	P	P	P	P	P
ESPINOZA, Boris	-	-	-	-	P	P	P	P	E	E	P	P
FRANCO, Lesli	P	P	P	P	P	P	P	P	P	P	A	A
GUERRERO, John	E	P	P	P	P	E	P	P	P	E	P	P
HERZ, Dan	P	P	P	E	P	P	P	P	P	P	P	E
NASSE, Jeffrey	P	P	P	P	P	P	P	P	P	P	P	P
PARADOWSKI, Christina	P	P	P	P	P	P	P	P	P	P	P	E
REYES, Christian	-	-	-	-	-	-	-	-	-	-	-	P
RIVERA, Francisco	P	P	P	P	P	P	P	P	P	E	P	P
RODRIGUEZ, Ana	-	-	-	-	-	-	-	-	-	-	-	-
RODRIGUEZ, Lisette	P	P	P	P	P	E	P	E	P	E	P	P
RODRIGUEZ, Lucia	P	E	P	E	P	P	P	P	P	P	E	P
SCHEVIS, Daniel	P	P	P	P	P	P	P	P	P	P	P	P
STONE, Angie	P	P	P	P	P	P	P	P	P	P	P	P
Total Board Members	20	21	21	18	19	20	20	19	18	18	18	19
Present	17	16	18	14	15	16	17	17	17	12		13
Excused: E	2	3	1	5	2	3	1	2	1	4	1	4
Absent: A	1	2	2	1	2	1	2	0	0	2	3	2
Board Members Present at the Meeting	85% Zoom	76% Zoom	86% Zoom	70% Zoom	79% Zoom	80% Zoom	85% Zoom	89% Zoom	94% In-person	66% Zoom	77% Zoom	68% Zoom

**HISPANIC UNITY
SLATE OF OFFICERS
2023**

DRAFT

CHAIRChristina Paradowski
CHAIR-ELECT.....Antony Abbate
SECRETARY.....Carolina Cardozo
TREASURER.....Lisette Rodriguez
PAST CHAIR.....Lucia Rodriguez

Hispanic Unity of Florida
2023 Board Meeting Dates

The Hispanic Unity of Florida Board of Directors meets 10 times per year: 9 months during the year *mostly* on the 2nd or 3rd Tuesday of the month and one on a Saturday for planning. Meetings are from 4:00pm – 6:00pm. For the foreseeable future, all meetings will take place via Zoom.

There are no meetings in July and August. Board Meeting plus social in December.

Following are the 2023 meeting dates:

January 24	4 th Tuesday *2023 HUF Budget ZOOM MEETING
February 21	3 rd Tuesday ZOOM MEETING
March 14	2 nd Tuesday ZOOM MEETING
April 25	4 th Tuesday *2021 Financial Audit ZOOM MEETING
May 20 - 9:00am-1:30pm (Saturday)	3 rd Saturday In-person meeting
June 13	2 nd Tuesday ZOOM MEETING
<i>July</i> NO BOARD MEETING	
<i>August</i> NO BOARD MEETING	
September 12	2 nd Tuesday ZOOM MEETING
October 10	2 nd Tuesday ZOOM MEETING
November 14	2 nd Tuesday ZOOM MEETING
December 5	4:00-5:00 pm Meeting & 5:30-7:00pm Social 1 st Tuesday – Board Meeting & Social In-person meeting

a. Rules Governing Voting

Voting shall be governed by the following rules:

1. One Vote

One Director shall have one and only one vote on any matter presented to the Board, except any Board Member Emeritus who shall not be entitled to vote. Similarly, a committee member shall have one and only one vote on any matter presented to the committee.

2. Quorum

A quorum for the transaction of ordinary business, including business transacted by the Board or a Committee, as the case may be, shall consist of fifty-percent plus one (50% + 1) of the total Directors or committee members entitled to vote. An affirmative vote of fifty-percent plus one (50% + 1) of the voting Directors or committee members present shall decide any questions before said Board or committee, respectively. In the event that use of a proxy vote is approved by the Board Chair or Committee Chair in accordance with Article V, Section (a)(4) below, then such proxy vote will also count toward the establishment of a quorum for voting purposes.

3. Number of Affirmative Votes Required

An affirmative vote of fifty-percent plus one (50% + 1) of the total number of Directors, or committee members, then voting, as applicable, shall decide any motion before the matter is passed. Notwithstanding this, and consistent with Article XI, below, an affirmative vote of two-thirds ($\frac{2}{3}$) of the total number of Directors then voting shall be required before any amendment(s) to the By-Laws shall be deemed approved.

4. Proxy Voting~~No Proxies:~~

No proxy vote will be allowed unless the use of such proxy vote is for use under exceptional circumstances and is approved in the discretion of the Board Chair (for Board meetings) or Committee Chair (for Committee meetings) in advance of the vote at which the proxy vote is to be exercised. In the event that a proxy vote is permitted, such proxy vote will count toward establishment of a quorum for voting purposes.

5. Secret Ballot

On the request of one Director or committee member, voting may be by secret ballot with a majority vote from the membership in attendance at the meeting.

6. Voting by Alternative Method

Voting may be by “alternative methods” (such as electronic mail and/or telephonic vote) in emergency situations or as otherwise may be deemed necessary, and only as called upon by the



Board Member Engagement

Share and Live HUF's Values and Code of Ethics
Believe in, and support, HUF's Mission

Engagement	Y/N Completed	Actual & Comments
1. Actively participate in 10 monthly Board meetings one of which is an all-day planning meeting		
2. Be an active member in a HUF Committee		
3. Mission-Immersion: In-depth HUF program tour during first/1 year term		
Fund Development		
4. Board Member Annual Contribution (\$1,000)		
5. Introduce two potential donors and/or volunteers to HUF annually (minimum)– invite to Empowerment Tour, meeting, breakfast, lunch, or HUF event		
6. Secure a gift of \$2,500 from annual donation(s) or sponsorship(s)		
Ambassadorship		Comments
7. Reach out to elected officials on behalf of HUF on Public Policy issues important to the agency's clients. 8. Make Stewardship phone calls to HUF donors 9. Attend HUF's events 10. Join CEO and/or Vice President of Fund Development on donor/funder call or meeting 11. Host a small event/friend-raising 12. Bring in-kind donation (office supplies, marketing services, event tickets for clients/staff, gifts for funders) 13. Promote agency regularly on social media 14. Meet with your Board mentor/mentee 15. Mission Moment: attend/participate in a scheduled program activity		

Name _____

Signature _____ Date _____

Hispanic Unity of Florida

2023 Strategic Plan

The following firms were invited to respond to HUF's 2023 Strategic Plan RFP

1. Veracruz Advisory
 - a. Company <https://www.veracruzadvisory.com/company>
 - b. Team <https://www.veracruzadvisory.com/team>
 - c. Services <https://www.veracruzadvisory.com/services>
 - d. Other – this firm assisted HUF in completing the most recent strategic plan
2. Group Victory
 - a. Company <https://www.groupvictory.net/>
 - b. Team <https://www.groupvictory.net/about>
 - c. Services <https://www.groupvictory.net/our-services>
 - d. Other – this firm has provided grant writing services to HUF
3. James Mueller & Associates
 - a. Company <https://jmuellerassociates.com/our-consultants/>
 - b. Team <https://jmuellerassociates.com/our-consultants/>
 - c. Services <https://jmuellerassociates.com/organizational-alignment/>
 - d. Other – this firm has provided strategic planning and fund raising support to HUF



REQUEST FOR PROPOSALS (RFP) for 2023 STRATEGIC VISIONING AND PLANNING

PURPOSE

Hispanic Unity of Florida (HUF) has initiated a Request for Proposals (RFP) process to identify a qualified consultant that will guide the agency in the design and execution of a comprehensive three-to-five-year strategic vision and plan.

WHO IS ELIGIBLE TO RESPOND?

HUF seeks a consultant with demonstrated experience in successfully developing consensus-based and community-driven strategic plans, with strong facilitation skills, and an overall understanding of the structure, financials, and purpose of nonprofit organizations, and in particular a nonprofit serving an immigrant community, as well as extensive work in non-profit strategic planning

ABOUT HISPANIC UNITY OF FLORIDA (HUF)

Hispanic Unity of Florida (HUF) was founded in 1982 by community leaders to guide newcomers to the U.S. on their journey towards their American dream, and to ease their acculturation process. Today, HUF is Broward County's largest 501(c)(3) dedicated to the immigrant population.

Offering 12 programs and more than 30 services, the agency serves South Florida's diverse community. Since its inception, HUF has served over 500,000 individuals. The agency provides services in the areas of Education, Economic Development, and Civic Engagement, while also focusing on Public Policy & Advocacy (www.hispanicunity.org).

PROJECT OVERVIEW

HUF's comprehensive approach to advance and accelerate the pace of social and economic stability is family-centered, has a two-generation (2Gen) approach, and operates through an equity lens. The agency's integrated services provide a seamless framework of stability that include immediate assistance as well as long-term solutions for the families and individuals it serves.

In 2022, HUF went through major leadership transitions (due to the longtime CEO retiring), and its new President/CEO, leadership team, and current Board of Directors are embarking on a strategic planning process that will ensure the agency's focus and work are inclusive and reflect the most pressing community needs. This process should focus on the existing capacity of the organization as well as on diverse growth opportunities.

The agency is looking for a consultant that can support the creation of a three-year strategic plan led by a comprehensive, data-driven, and participatory process. Among others, it should be guided by the main findings of the [State of Hispanic and Immigrant Broward](#) report, [HUF's 2021 Annual Report](#), and the organization's current strategic plan, which was completed in 2016.



REQUEST FOR PROPOSALS (RFP) for 2023 STRATEGIC VISIONING AND PLANNING

PROPOSAL, SCOPE OF WORK, AND DELIVERABLES

Hispanic Unity of Florida (HUF) expects the proposal to reflect:

- Project management.
- Design and execution of a strategic visioning and comprehensive planning process that is data-drive, equity-driven, and captures the community’s voice.
- Development of an actionable strategic plan that includes a projected budget for implementation.
- Definition of recommendations regarding the plan’s implementation and support structure.

The proposal should demonstrate and include:

- Organization description, size, and structure.
- Summary of strategic planning experience, including previous work with non-profit organizations.
- Description of the approach to community-based and equity-driven strategic planning.
- A proposed project team including resumes, roles, and relevant experience (education, position in the firm, years, type of experience, continuing professional education, etc.).
- Two to three client references.
- Time and cost projections.
- Suggested project timeline with major tasks and milestones and description of activities to be conducted to complete the scope of work.

It is expected that tasks will be accomplished through a combination of activities, including:

- Background research by the consultant on HUF’s history and current leadership team, including an environmental scan of the community and organization and opportunities.
- Focus groups, interviews, surveys, and/or any other method that will be useful in receiving partner and extensive community input.
- Facilitated group meetings with HUF’s board, staff, and partners to create consensus regarding a strategic vision and plan.

SCORING

Proposals will be reviewed and evaluated based on the following criteria:

- **Qualifications – 35%**
 - Qualifications necessary to complete the scope of work.
 - Prior experience working on similar projects.
 - Prior experience working with similar organizations.
- **Scope of Proposal – 30%**
 - Demonstrates an understanding of the project objectives and desired results.



REQUEST FOR PROPOSALS (RFP) for 2023 STRATEGIC VISIONING AND PLANNING

- Illustrates an approach to the scope of work that will likely lead to the successful development of an actionable strategic plan.
- Illustrates the consultant's ability to successfully execute the proposed approach.
- Includes appropriate processes to interact with board members and stakeholders.
- **Work Plan – 25%**
 - Adequately details project activities and milestones, or deliverables associated with each stage of the scope of work.
 - Includes a detailed timeline for each stage.
 - Can be completed within a reasonable project timeline.
- **Budget – 10%**
 - The proposal includes a budget.
 - The proposed costs are reasonable.

PROCESS FOR PROPOSAL SUBMISSION AND EVALUATION

A. Submission date

Proposals are due on November 22, 2022.

B. Inquiries

Inquiries concerning this RFP should be directed to Felipe Pinzon, President & CEO – fpinzon@hispanicunity.org

C. Submission Instruction

Proposals should be submitted in PDF format to fpinzon@hispanicunity.org. If the file is too large for email, a link to the file should be provided.

D. Notification of Selection and Timeline

It is expected that a bidder will be selected within two-three weeks of the submission date, although the timeline is subject to change.

RFP release: November 4, 2022
Proposals due: November 22, 2022
Vendor selection: December 12, 2022
Project initiation: January 23, 2022

Hispanic Unity of Florida Board of Directors Meeting Minutes Tuesday, October 11, 2022

Call to Order/ Roll Call

Began at 4:00 pm.

Chair Welcome & Presentations - Presented by Tony Abbate

- Welcome to Christian Reyes:

Tony Abbate welcomed Christian Reyes to HUF's Board of Directors. He mentioned Christian is the Executive Director - Market Director of Banking at JPMorgan Chase. He learned about the agency through Elsa Bittar and BoardLead. He is originally from Nicaragua and as an immigrant feels a direct connection to HUF's mission. Christian thanked Tony and the Board members for this opportunity.

- Hispanic Heritage Month, Proclamations:

Tony Abbate shared that the cities of Oakland and Fort Lauderdale, as well as Broward County, have presented HUF with proclamations recognizing the agency's impact on the community in celebration of Hispanic Heritage Month. The City of Hollywood has also announced it will present a proclamation to HUF this month.

Mission & Updates - Presented by Dr. Maritza Torres & Juliana Esguerra

- Empowering All Living with Trauma (HEAL) Program:

Dr. Maritza Torres mentioned that according to statistics, mental health issues in the United States are more pronounced in ethnic and racial minority communities. Minorities are less likely to receive mental health treatment than non-Hispanic white individuals. In addition, a wide range of factors impacts whether these individuals access or seek care, including structural barriers, low mental health literacy, and mental health stigmas.

As part of the HEAL program, HUF is using the Community Mental Health Worker (CMHW) model as a strategy to attain community engagement and empowerment to increase the access to and utilization of mental health services in underserved communities. The prevention program intends to connect children, youth, and families to services and supports that address trauma.

Dr. Torres indicated that HUF has partnered with United Way of Broward County and Broward Behavioral Health Coalition to attain the goal of serving 150 individuals. Between August 1st and September 30th, the program served 23 participants. HUF's HEAL team is also developing a resource guide to open discussions around mental health topics.

Felipe Pinzon indicated the staff and the agency's clients had highlighted the need of working around mental health in the past, but this need became even more pressing during the COVID-19 pandemic. Lucia Rodriguez asked Dr. Torres about HUF's vision for the program in the future. Dr. Torres indicated the agency is applying for more grants to create additional tools. Felipe Pinzon indicated the agency is also having internal conversations to develop a comprehensive model around healthcare and wellness.

- Data Management System:

Juliana Esguerra shared with the Board that in August, the agency started working with Webauthor on the initial phase of the design, configuration, and implementation of HUF's Data Management System. The agency and Webauthor agreed to follow a collaborative development approach, the reason why during this initial buildout phase, the project has been guided by the Agile Implementation Process methodology. This approach has allowed HUF to have ongoing conversations with Webauthor, and test and suggest modifications to the system constantly. Given that HUF uses an equity lens and a two-generation approach to advance its mission, the agency's data management system's main design has been centered around these two service delivery strategies.

Juliana also shared that since August, HUF has been designing and building the system using FSP as the pilot program, but all building blocks, processes, and the overall architecture of the system will serve other programs and services as well. Dan Schevis asked if the system will allow creating reports easily. Juliana indicated the system is being designed to permit the creation of customizable reports and will be able to

connect with the Children's Services Council (CSC) data management system as well. She also mentioned HUF is working on the agency's Data Management Lifecycle, which will strengthen HUF's Data-Driven nature.

Francisco Rivera mentioned he would like to connect with HUF once the system is ready to go.

Governance Committee—Presented by Tony Abbate

- Board of Director Nomination:

Tony Abbate indicated that the Governance Committee recommends Ana Rodriguez as a new member of HUF's Board of Directors. She has strong professional experience and is well-aligned with the agency's mission. Angie Stone highlighted Ana has been an immigrant twice, is passionate about advocacy, and would be a great addition.

Motion

Angie Stone motioned to approve Ana Rodriguez as a new member of HUF's Board of Directors. Dan Schevis provided the second. The motion passed unanimously.

- The slate of 2023 Officers:

Tony Abbate presented HUF's Board of Directors' slate of officers for 2023. He mentioned Christina Paradowski agreed to serve as HUF's Board Chair for a second year. He also indicated that 2022 is John Guerrero's last year on the Board, and Lucia Rodriguez agreed to serve as past chair in 2023. The Board will vote on the slate during the November meeting.

- Board Member Engagement – Mentoring:

Angie Stone presented HUF's Board of Directors mentorship program draft. She indicated the document intends to serve as a guide to support new Board members and provides suggestions and ideas on where Board members can connect. She asked the Board members for suggestions and ideas to make this document work for everyone.

Finance Committee - Presented by Lisette Rodriguez & Leonor Romero

- IRS 900 update:

Lisette Rodriguez indicated that the filing of the 990 has been moved to November. Leonor Romero mentioned that the agency plans to expedite this process in the following years. In 2023, HUF will have the 990 ready after the Audit is completed. For this year, everything is on track and an update will be presented to the Board soon.

Fund Development - Presented by Shani Wilson

- Donor Recognition Event:

Shani Wilson reminded the members of the Board about the Donor Recognition Event that would take place in November. The brunch will occur on Saturday, November 19th at HUF's 5840 parking lot.

Shani also highlighted that HUF is a recipient of a \$400,000, multiyear grant from the Florida Blue Foundation. This contribution supports *Comprando Rico y Sano*. Because of this, on October 17th, HUF would host executives from Florida Blue. During this event, Pat Geraghty will announce the recipients of the Foundation's \$3.4M grant focused on impacting food security across the state (including HUF). He will then be joined by Felipe Pinzon and the Inter Miami chef, Elizabeth Barlow, for a healthy cooking demonstration. Shani invited the members of the Board to attend this event.

Marketing - Presented by Katherin Gallego

- 2021 Annual Report:

Kathy Gallego shared with the members of the Board HUF's 2021 Annual Report. The report's theme is "Adapting and Thriving through COVID-19". She mentioned that, according to the report, the agency served 20,000 people in 2021. The report contains information on the agency's 2Gen approach and footnotes as

a reference. Kathy also mentioned the report is available in print and on HUF's website. Finally, she indicated there is a detailed plan to try to get future annual reports out by the end of April. John Guerrero asked if the report is sent to donors. Kathy Gallego replied the agency sends it as an e-blast to all of its contacts. Additionally, Lucia Rodriguez asked if any topics need to be revised by Board members to successfully share HUF's impact on the community. Felipe Pinzon asked Kathy Gallego to send an email to the members of the Board with overall numbers and talking points they can use when needed.

Consent Agenda - Presented by Tony Abbate

Felipe Pinzon clarified the Board would be voting for everything, except for the June 2022 financials.

Motion

Lisette Rodriguez motioned to approve the Consent Agenda. Carolina Cardozo provided the second. The motion passed.

Executive Session

With Felipe Pinzon as the only member of HUF's staff.

Adjourn

At 5:05 pm.

Hispanic Unity of Florida
Finance Committee Minutes
October 20, 2022

Attended Via Zoom:

3 Members Present: Lisette Rodriguez, Christina Paradowski, and Arnold Nazur

4 Members Excused: Alejandro Alvarez Loscher, Rodney Bacher (proxy given to Arnold), Myrna Monserrat, and Chuck Tatelbaum.

1 Member Absent: Emma Pfister.

6 Non-Voting Members Present: Elizabeth Dorante, Juliana Esguerra, Felina Rosales-Furer, Leonor Romero, Felipe Pinzon, and Shani Wilson

Open the Meeting

By Lisette Rodriguez at 9:05 am.

Felipe Pinzon shared Andres Connell is no longer with HUF. Elizabeth Dorante is now HUF's Interim Vice President of Programs. She has been with HUF for over 16 years. Felipe is very excited she accepted the offer and is looking forward to what the future holds.

Approval of September 2022 Meeting Minutes

Due to a lack of quorum, the minutes were not voted on.

Programs Performance Scorecard presented by Elizabeth Dorante

Elizabeth Dorante mentioned she is grateful for the opportunity to be asked to serve as Interim VP of Programs and thankful for the trust placed in her. Elizabeth shared her focus will be hiring to fill the 12 vacancies the agency currently has.

Elizabeth went over the Education dashboard. The agency has 102 out of 160 participants registered in the LEAP high program. HUF has had several recruitment events and is very close to 152 participants registered. Under Economic Development, the VITA program has three contracts with different fiscal years (CSC, UW & IRS); HUF was short on tax returns submitted, but this outcome was expected by everyone due to the COVID-19 pandemic. The agency is working on a plan to ensure meeting its goals this contract year and to provide all services in person once again. The Civic Engagement department received a new grant from Miami-Dade County for \$100k to provide immigration services in collaboration with Catholic Charities as the fiscal agent.

Regarding the Education Department, as of October 1st, the Family Strengthening Program (FSP), Youth FORCE, and LEAP High are now back to unit cost pre-pandemic billing. All efforts and activities will be paid through units except for school training, which will be cost reimbursement. The agency is having an issue with staff retention along with teachers wanting to work remotely versus after school in person. Daily attendance has to be 65% minimum per CSC. We currently have a waiting list for our FSP program. 299 out of 350 are our LEAP High numbers which are climbing daily, and we are around 86% full. The Education Department has contracts with a total budget of \$3.5 million. Attendance is being tracked daily and shared with Senior Management weekly to work on solutions for our challenges.

Fund Development Update: Presented by Shani Wilson

Shani Wilson indicated that the agency's budget for 2022 is just over \$8.3M and this year we are tasked with raising more than \$1.7M, including \$560,000 in unrestricted funds and \$1.1M in restricted and/or grant funding. To date, HUF has secured more than 67% of the \$560,000 unrestricted fundraising goal. Concerning the \$1.13M grant revenue goal, HUF has secured more than 123% of the total goal.

Last month, HUF shared its goal to update the revenue tracking tools to parse out data on a monthly basis, versus a quarterly basis. HUF has completed this for unrestricted funding and plans to do the same for grants in the coming months.

In addition, as part of TD Bank's Pro Bono Marathon, HUF has submitted a proposal to the Taproot Foundation to get insight and assistance on the agency's revenue-tracking processes from subject matter experts. HUF has been selected to participate. Leonor and Shani will meet with their leaders to work on improving processes and close the gap between Development and Finance data to guarantee efficiency.

HUF is on track to meet its unrestricted revenue goal before the year by closing out pitches, continuing to raise bottom-line dollars through grants, and executing the end-of-year giving campaign. It will launch on Giving Tuesday.

HUF has eliminated grants submitted in Q4 and pending responses from 2021, and has decided to move forward assuming the agency was not chosen. We are gearing up for the 2023 Budget.

Shani met with The Jim Moran Foundation for an increase of 8% for \$380k a year over three years (Jan 2023 – Dec 2025). She also shared we received \$10K from Rodney Bacher's organization for bottom-line program dollars.

Arnold Nazur suggested we open a CoinBank account for \$100 to take donations of BitCoin. Lisette encouraged doing so by this December. Leonor shared there is a concern from nonprofit organizations regarding where the BitCoin proceeds are coming from. Lisette also suggested being able to receive donations by stock. Perhaps creating a policy to convert to cash immediately.

Finally, Shani Wilson asked the members of the committee to save the Date for a Donor Recognition event on Saturday, November 19th from 10:30 am until Noon at HUF.

July 2022 Monthly Financial Statements. Presented by Leonor Romero.

Leonor shared HUF has higher gross revenues than this time last year. Cash is in good posture even though there was a backlog of funds from CSC as of the July 2022 report, but HUF secured its collection later in the summer of 2022. As long as billing is kept on target and on point, we do not expect to have any issues or concerns with cash.

There is a projected operating surplus of \$383k when compared with the actual of \$542k that includes the release of prior year net assets of \$894K. Admin is favorable at \$67k. As of 7/31/22, HUF has secured donations with restrictions of a net \$739K current year; this means we cannot release until we meet purpose and time as guided by the donor. \$446k is our deficit per GAAP mandating time and purpose donor restrictions. GAAP reporting will reduce as we get closer to the end of the fiscal year as the funds are released for specific funding and grant expenditures. Page 15 of the packet was referenced, or the Statement of Activities, to discuss the timing and

use of grant funding for the net deficit. Lisette recommended putting a “year condition” to our foundation grants in order to recognize revenue on the year it will be actually used. The donor is the decider, the Auditor needs these restrictions in writing, or it will not adhere to GAAP. Lisette suggested perhaps we pull out the reporting details as currently pulled by the financial software system to avoid confusion and not include the reconciliation notes. The message is about communication.

Felipe shared we need to have a background as the financial reporting has changed for this committee and the board. The story we are telling is that the agency has secured partial funds in the prior year that is being used in our current year; at the same time, the agency must also secure funds for the current and future years on an ongoing basis to maintain the statement of activities flowing without a deficit.

At this the Agency’s deficit is \$446K; it will decrease as we move into the end of the year. We will work on maximizing the secured funds and identifying key items to be used by the appropriate year. Deprecation is an item that impacts the approved operating budget which is a booking entry for the capital asset.

Due to a lack of quorum, the financials were not voted on.

CFO Updates—Presented by Leonor Romero

- a) **IRS 990 Timeline:** We received the draft yesterday. She is editing/reviewing. The Finance Committee will receive the draft simultaneously to allow for timely review by all members. Lisette and Emma will be key to leading the review before the final draft is voted by the other members.
- b) **Monitoring Reports:** Board will vote on this.
- c) **Budget 2023:** We are on target, at the December Finance committee meeting there will be a draft to review. January board meeting will hold a vote on the 2023 budget.

Close of Meeting

Meeting ended at 10:08 am

Hispanic Unity of Florida

October 10, 2022 Vote to approve June 2022 Financials

	Committee Member	6/22 Financials
1.	ALVAREZ, Alejandro Loscher	Yes
2.	BACHER, Rodney	Yes
3.	MONSERRAT, Myrna	Yes
4.	NAZUR, Arnold	Yes
5.	PARADOWSKI, Christina	Yes
6.	PFISTER, Emma	Yes
7.	RODRIGUEZ, Lisette	Yes
8.	TATELBAUM, Charles	Yes

HISPANIC UNITY OF FLORIDA, INC.

FINANCIAL STATEMENTS

FOR THE SIX MONTHS ENDED JUNE 30, 2022
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2021)

Prepared by: L. Romero 9/2/22
FOR REVIEW BY CEO/FINANCE COMMITTEE
SOURCE: SAGE PEACHTREE @ 6/30/22 / TR SCHEDULE

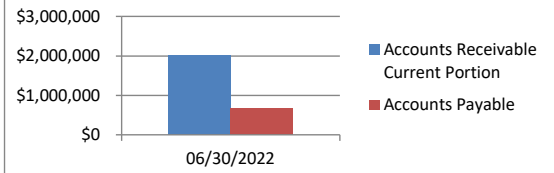
June 30, 2022 Dashboard

Revenue YTD Compared to Previous YTD

06/30/2022

	Revenue YTD as of 6/30/2022	Revenue YTD as of 6/30/2021	Year Over Year Chng
Unrestricted Revenue	\$3,526,885	\$2,297,980	\$1,228,905
Restricted Revenue	(\$96,687)	(\$452,307)	\$355,620
Total Revenue	\$3,430,198	\$1,845,673	\$1,584,525

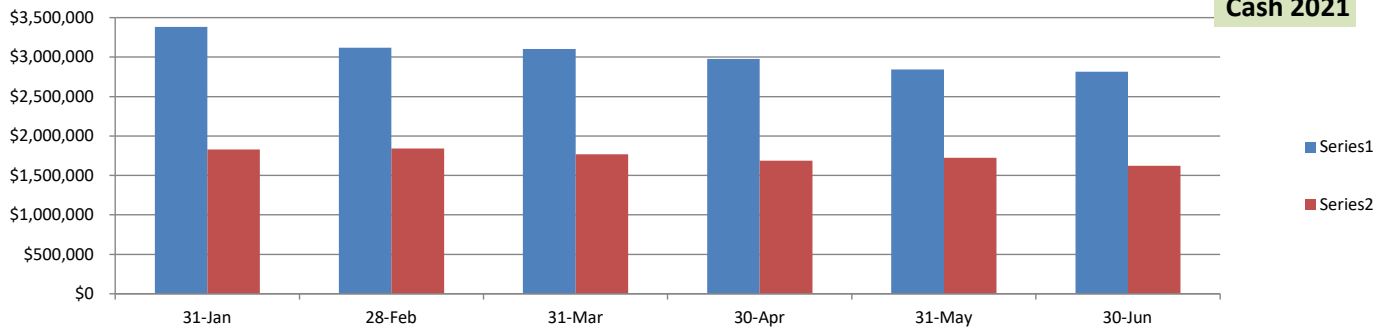
Accounts Receivable Vs Payables June 30, 2022



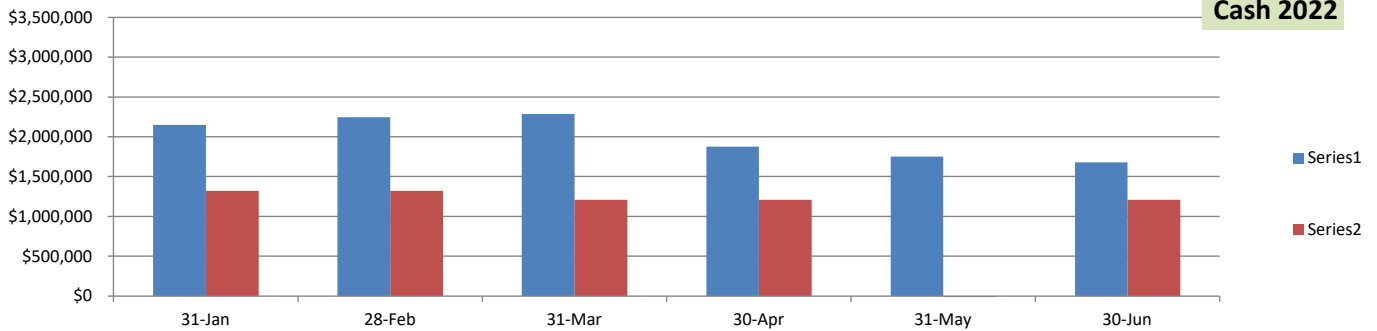
\$0.53

0.82352941

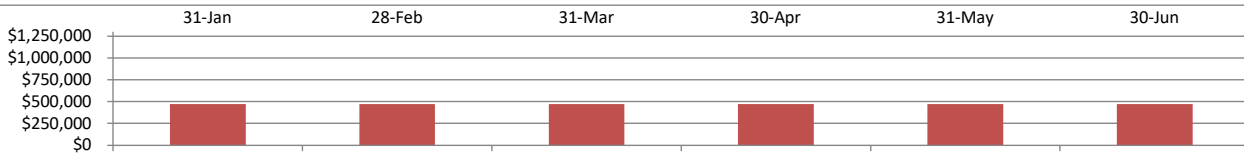
Cash 2021



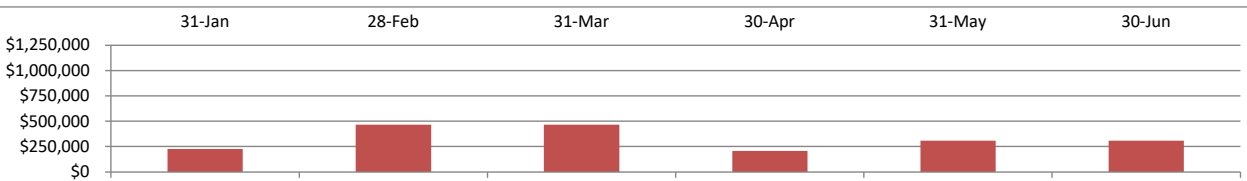
Cash 2022



Line of Credit Usage 2021



Line of Credit Usage 2022



Hispanic Unity of Florida, Inc.
Notes to Financials
June 30, 2022

UNR Net Assets

Reconciliation of UNR Net Assets:

1 Gain/(Loss) From Program Operations	857,339
2 Gain/(Loss) from Support Services	(302,512)
Inc(Dec) in UNR Net Assets	<u>\$ 554,827</u>

Less: Donor without Restrictions Releases

From Net Assets "Released Prior Year"	(747,715)
From Net Assets "Released Current Year"	(58,227)
YTD Actual Agency Deficit	(251,115)

The year-to-date projected operating surplus was \$106K. Our year-to-date actual was \$555K which was a favorable variance of \$448K includes \$651K received-to-date for future allocations

- 1) Development YTD had a unfavorable budget variance \$25K.
- 2) Programs YTD had a favorable variance of \$430K includes Donors with Restrictions for future allocations for \$526K .
- 3) Admin YTD had a favorable budget variance of \$43K, includes Donor with Restrictions for future allocation for \$125K.

Programs:

Program's total contributions-to-date toward administrative and shared fixed costs to the agency totals \$942K

Cash

Year to date cash decreased by (\$287K) as a result of the following activities:

\$ (251,117) Inc/(Dec) in Net Assets	
(305,472) Adjustments to reconcile increase (decrease) in net assets	
(556,589) Net cash provided (consumed) by operating activities	
(16,827) Investing Activities	
285,864 Financing Activities	
\$ (287,552) Inc/(Dec) in Cash	

HISPANIC UNITY OF FLORIDA, INC.
STATEMENT OF FINANCIAL POSITION
FOR THE SIX MONTHS ENDED JUNE 30, 2022
(WITH COMPARATIVE TOTALS AS OF DECEMBER 31, 2021)

<u>ASSETS</u>	<u>2022</u>	<u>2021</u>	
Current Assets			
Cash	1,679,195	\$ 1,966,747	Cash Detail Pg 7; CashFlow Pg 6
Grants receivable, net	1,872,705	835,991	Schedule 1 - pending detail review 80% due to paused paym
Unconditional promises to give, net	164,342	344,947	Schedule 1 & 3
Prepaid expenses	<u>31,431</u>	<u>25,220</u>	
Total Current Assets	<u>3,747,673</u>	<u>3,172,905</u>	
Non-Current Assets			
Long term conditional promises to give	104,966	104,966	Schedule 1 & 3
Property and equipment, net	1,240,579	1,298,258	
Deposits and Other Assets	<u>40,987</u>	<u>33,725</u>	
Total Non-Current Assets	<u>1,386,532</u>	<u>1,436,949</u>	
Total Assets	<u>5,134,205</u>	<u>\$ 4,609,854</u>	
<u>LIABILITIES AND NET ASSETS</u>			
Current Liabilities			
Accounts payable and accrued expenses	691,665	\$ 202,061	
Mortgage payable, current	18,659	18,658	
Line of credit	<u>306,339</u>	<u>11,339</u>	
Total Current Liabilities	<u>1,016,662</u>	<u>232,058</u>	
Noncurrent Liabilities			
Mortgage payable, net of current portion	<u>747,931</u>	<u>757,068</u>	
Total Non-Current Liabilities	<u>747,931</u>	<u>757,068</u>	
Total Liabilities	<u>1,764,593</u>	<u>989,126</u>	
Net Assets			
Without Donor Restrictions	1,669,050	1,823,479	(154,429)
With Donor Restrictions	<u>1,700,562</u>	<u>1,797,249</u>	<u>(96,687)</u>
			(251,116)
Total Net Assets	<u>3,369,612</u>	<u>3,620,728</u>	
Total Liabilities and Net Assets	<u>5,134,205</u>	<u>\$ 4,609,854</u>	

HISPANIC UNITY OF FLORIDA, INC.
STATEMENT OF ACTIVITIES
FOR THE SIX MONTHS ENDED JUNE 30, 2022
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2021)

				2021
	Without Donor Restrictions	With Donor Restrictions	Total	Total
Revenues and Other Support:				
Contributions	\$ 86,254	\$ 709,255	\$ 795,509	\$ 2,752,404
Special events	15,000	-	15,000	22,000
Grants from government agencies	2,210,391	-	2,210,391	3,147,254
Other grants and fees	275,346	-	275,346	246,612
Miscellaneous	54,483	\$ 79,469	133,952	253,542
Donations, in-kind	-	-	-	81,189
Net assets released from restrictions:				
Satisfaction of time restrictions	805,942	(805,942)	-	-
Satisfaction of program and purpose restrictions	79,469	(79,469)	-	-
Total Revenues and Other Support	3,526,885	(96,687)	3,430,198	6,503,001
Expenses (Functional)				
Program services	3,386,809	-	3,386,809	6,083,567
Management and general	257,692	-	257,692	594,450
Fundraising	36,813	-	36,813	35,373
Total Expenses	3,681,314	-	3,681,314	6,713,390
Change in Net Assets	(154,429)	(96,687)	(251,116)	(210,389)
Net Assets - Beginning of Year	1,823,479	1,797,249	3,620,728	3,831,117
Net Assets - End of Year	<u>\$ 1,669,050</u>	<u>\$ 1,700,562</u>	<u>\$ 3,369,612</u>	<u>\$ 3,620,728</u>

	Actual CY	(251,116)	AGENCY
Release from Restrictions	<u>805,942</u>	secured prior year \$714,715	
Total Net	554,827		
Per Total Report	<u>554,827</u>		
Variance	-		

HISPANIC UNITY OF FLORIDA, INC.
STATEMENT OF CASH FLOWS
FOR THE SIX MONTHS ENDED JUNE 30, 2022
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2021)

	<u>2022</u>	<u>2021</u>
Cash Flows from Operating Activities		
Increase (decrease) in net assets	\$ (251,117)	\$ (210,389)
Adjustments to reconcile increase (decrease) in net assets to cash provided by operating activities:		
Depreciation	67,244	143,394
Provision for uncollectible promises to give	-	-
Changes in assets and liabilities		
(Increase) decrease in grants receivable	(1,036,714)	(511,509)
(Increase) decrease in unconditional promises to give	180,605	265,000
(Increase) decrease in prepaid expenses	(6,211)	21,701
(Increase) decrease in security deposits and other assets	-	477
Increase (decrease) in accounts payable and accrued expenses	<u>489,604</u>	<u>(9,166)</u>
Total adjustments	<u>(305,472)</u>	<u>(90,103)</u>
Net Cash Provided by Operating Activities	<u>(556,589)</u>	<u>(300,492)</u>
Cash Flows from Investing Activities		
Acquisition of property and equipment, net of retirements	<u>(16,827)</u>	<u>(43,606)</u>
Net Cash (Used In) Investing Activities	<u>(16,827)</u>	<u>(43,606)</u>
Cash Flows from Financing Activities		
Net Advance (Repayment) of LOC	295,000	(458,726)
Borrowing (Repayment) of mortgage	<u>(9,136)</u>	<u>(17,668)</u>
Net Cash Provided by Financing Activities	<u>285,864</u>	<u>(476,394)</u>
Increase (decrease) in Cash	(287,552)	(820,492)
Cash - Beginning of Year	<u>1,966,747</u>	<u>2,787,239</u>
Cash - End of Year	<u>\$ 1,679,195</u>	<u>\$ 1,966,747</u>

Cash Detail
As of June 30, 2022

Without Donor Restrictions and With Donor Restrictions Cash:

1010-000AAAS	Bank of America	Operating	17,462	
1025-000AAAS	BB&T	Payroll	222,964	
1026-000AAAS	BB&T	Operating	4,087	
1000-000AAAS	Petty Cash	Imprest	800	
1023-000AAAs	BB&T	Asset Reserve Fund	134,074	
1022-000AAAS	BB&T	Reserve Fund	89,597	468,984 Without Donor Restrictions
1021-000AAAS	BB&T - Money Market	Opportunity Fund	510,128	
1024-000AAAS	BB&T - Money Market	Grantor Funding	700,083	1,210,210 With Donor Restrictions

\$	1,679,195	TOTAL CASH
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Temporarily Restricted Funds Schedule
As of June 30, 2022

Awards Brought Forward to 2021	AREA	CC	December 31, 2021	Increase/ (Decrease)	Additions	Increase/ (Decrease)	June 30, 2022
Frederick Delucea Original Dates 9-1-2020 to 8-31-21. Started in Jan 2021 thru April 2022	ST	514	61,581	(34,823)			26,758
JM Family 2022	Dev	010	35,000	(35,000)			0
Moran Foundation 01/01/21-12/31/21	CWF	503	10,120	(10,120)			0
Moran Foundation 1-1-22 to 12-31-22	CWF	503	350,000	(128,292)			221,708
Susie & Alan Levan Family Foundation 5-1-22 - 4-30-23	Dev	010	25,000	(25,000)			0
TJMF - 9-01-18 - 8-31-23	Admin	000	130,170	-			130,170
Truist Foundation Database Management System use by end of 2021	Admin	000	18,950	-			18,950
Unidos-RICO 11-1-20 to 1-31-22	PB	537	2,991	(2,991)			0
UW - JP Morgan Chase October 2020 to April 2022 Use in 2021	CWF	507	58,712	(58,712)			(0)
American Heart Assoc- Voices for Healthy Kids Travel 202	EFWP	333	2,000	-			2,000
American Heart Assoc- Voices for Healthy Kids Travel 2022	EFWP	333	2,000	-			2,000
American Heart Assoc- Voices for Healthy Kids Travel 2022	EFWP	333	2,000	-			2,000
American Heart Assoc- Voices for Healthy Kids Travel 2024	EFWP	333	2,000	-			2,000
Bank of America Pathway to Home Ownership 9-2021 1-1-22 to 6-30-22	CWF FE	578	50,000	-			50,000
Batchelor Fdn 9-8-2021 to 9-30-22	U4T - HS	481	23,572	(7,768)			15,804
Comcast NBCUniversal Fdn 9-8-21 to 10-7-22	U4T - HS	440	23,593	(7,946)			15,647
Development - To 2022 - October	Dev	010	1,458	(1,458)			0
Development - To 2022 - November	Dev	010	71,707	(71,707)			0
Development - To 2022 - December	Dev	010	44,604	(44,604)			0
Health Foundation Te Ayudo 11-1-2021 - 10-31-2024 Due 11/10/2021- Received Release Nov21-Oct22	PBW	550	29,565	(26,340)			3,225
Health Foundation Te Ayudo 11-1-2021 - 10-31-2024 Due 1-5-2023 Release Nov22-Oct 23	PBW	550	45,148	(3,266)			41,883
Health Foundation Te Ayudo 11-1-2021 - 10-31-2024 Due 1-5-2024	PBW	550	45,148	-			45,148
Health Foundation Te Ayudo 11-1-2021 - 10-31-2024 Due 1-5-2025	PBW	550	30,099	-			30,099
Health Foundation Te Ayudo 11-1-2021 - 10-31-2024 Due 6/30/2022	PBW	550	45,148	-			45,148
Health Foundation Te Ayudo 11-1-2021 - 10-31-2024 Due 6/30/2023	PBW	550	45,148	-			45,148
Health Foundation Te Ayudo 11-1-2021 - 10-31-2024 Due 6-30-2024	PBW	550	45,148	-			45,148
Jim Moran Foundation Research Grant 1-1-21 to 12-31-22	CWF	531	384,158	(181,838)			202,320
NALCAB 6-29-21 to 6-1-22	FCWP	574	11,580	(9,225)			2,355
NALCO 7-1-21 to 6-30-22	EZCP	606	23,962	(15,006)			8,956
No Kid Hungry 08-01-2021 to 07-31-2022	PBW	547	78,127	(65,061)			13,066
Tate Foundation 2022 Community Fd	UKEP	173	20,000	-			20,000
Tate Foundation 2023 Community Fd	UKEP	173	20,000	-			20,000
Tate Foundation 2024 Community Fd	UKEP	173	20,000	-			20,000
Tate Foundation 2025 Community Fd	UKEP	174	20,000	-			20,000
Unidos Digital Innovation 7-1-21 to 4-30-22	CZZP	608	18,559	(18,559)			0
			1,797,249	(747,715)	-	-	1,049,535

Added in 2022		New 2022 TR Grants					
FORTE-Dep020422	CZZP	156				80	80
UnidosUS - Comprando Rico y Sa - UnidosUS-RICOYS 1120 - 0422-3	PBWP	237			7,000		7,000
Share our Strength - Tax credits for low-income families 4/1/22-12/31/22	VSWP	317			100,000	(8,227)	91,773
Unidos COV 19 Rapid Relief - COVID-19: 8/21- 12/21-2	EFWP	332			3,050		3,050
TD Charitable Foundation - Grant to Support FinCap Program	CFWP	500			7,500		7,500
Wells Fargo Foundation - CWF Grant to support Financia	CFWP	500			35,000		35,000
Community Foundation of Broward - Mitigating Data Issues Program	CFWP	506			25,000		25,000
Orange County Community Foundation	CFWP	508			147,125		147,125
The Annie E. Casey Foundation - Grant - FinCap/CWF	CFWP	515			42,500		42,500
Capital One - Grant for - Financial Capability and Wealth Building	HCWP	540			25,000		25,000
Unidos Medic Grant	AAAS	013			15,000		15,000
Cornelia T. Bailey Foundation - To Provide Support for the U4K Program	UKEP	171			25,000	(25,000)	-
The Wawa Foundation - To Support the Comprando Rico y Sa	PBWP	537			1,000		1,000
The Aspen Institute - Donation 2Gen	CFWP	500			1,000		1,000
Bank of America - Bank of America Grant for Vita	VSWP	300			40,000		40,000
Florida Health Justice Project - Grant: to support Immigrants process	CZZP	156			5,000		5,000
Kresge Foundation (The) - Kresge Foundation - Database	YDEP	000			150,000	(25,000)	125,000
TIAA Bank - Grant from TIAA Bank for first-time	CFWP	500			10,000		10,000
Citi Foundation - Grant for Center for Working Families	CFWP	509			20,000		20,000
No Kid Hungry - Share Our Strength -	CFWP	574			50,000		50,000
0	0	0			-	-	-
					709,255	(58,227)	651,028

\$ 1,797,249 \$ (747,715) \$ 709,255 \$ (58,227) \$ 1,700,562

YTD Satisfaction of Time Restrictions **\$ (805,942)** 1,700,562

Breakout	
Prior Year Carry over Restrictions	1,797,249
CY Restricted contributions revenues - FROM TB	709,255
CY Restricted Miscellaneous revenue - FROM TB	79,469
Available restricted revenues	2,585,973
Release of Restrictions	(805,942) FS
Remaining Available Restricted Net Assets	1,780,031
Temp Restricted Net Assets @ Y/E	(1,700,562)
Satisfaction of program and purpose restrictions	79,469 FS

HISPANIC UNITY OF FLORIDA, INC.
STATEMENT OF ACTIVITIES - TOTAL
FOR THE SIX MONTHS ENDED JUNE 30, 2022

	Month Actual	Month Budget	Over (Under)	Year to Date Actual	Year to Date Budget	Over (Under)	
Revenues							
Donations - UNR	\$ 16,424	\$ 36,250	\$ (19,826)	\$ 86,251	\$ 217,500	\$ (131,249)	
Donations - TR	230,000	134,921	95,079	709,255	593,467	115,788	refer to TR / new foundation efforts
Satisfaction of Restrictions	110,843	124,173	(13,330)	805,943	648,677	157,266	includes prior year release of \$714,715
Fundraising Events	-	5,417	(5,417)	15,000	32,500	(17,500)	
Grant Income	722,596	431,232	291,364	2,485,740	2,587,389	(101,649)	Program billing was down due to attrition of \$249K shortfall for clients in some program areas. Some schools were lower and unable to recoup those funds. Meeting the full contracts was not expected and offset in expense area to account for the projected difference due to hybrid vs in person requirements.
Interest Income	11	58	(47)	9,763	350	9,413	Includes a dividend from Amtrust for \$9.7K; otherwise, rates are extremely low 0.01% on Money Market Funds
Rental Income	4,437	4,383	54	26,621	26,298	323	
Voluntary Pre-K	3,987	8,667	(4,680)	18,111	52,002	(33,891)	U4K low enrollment
Fees & Miscell Income	13,370	16,017	(2,647)	79,457	96,102	(16,645)	Citizenship fees rec'vd to-date
Total Revenues	1,101,668	761,118	340,550	4,236,141	4,254,285	(18,144)	
Expenses							
Salaries and benefits	655,277	495,021	160,256	2,580,563	2,952,954	(372,391)	Underage due to offsetting revenues.
Advertising	2,933	1,326	1,607	30,528	7,957	22,571	per "new grant" not in original budget
Bank service charges	1,657	825	832	5,727	4,950	777	
Building repairs/maint	15,567	18,402	(2,835)	92,811	110,407	(17,596)	
Depreciation	12,417	12,931	(514)	74,508	77,577	(3,069)	
Dues Subscriptions	1,397	1,697	(300)	8,990	11,390	(2,400)	
Information Technology	10,718	8,232	2,486	69,124	53,549	15,575	Overage: tied to higher demands, will adjust with other attrition lines moving forward and/or bill grants directly for their share; cost increases with increase of users - tied to "new funding"
Insurance	6,418	5,940	478	35,661	35,665	(4)	
Interest expense	4,628	3,710	918	26,194	22,255	3,939	
Licenses and permits	0	113	(113)	0	678	(678)	
Mileage reimbursement	1,570	2,437	(867)	8,519	13,445	(4,926)	due to remote work & attrition (reallocate where needed to maximize grants are allowed)
Miscellaneous	(105)	(4)	(101)	(97)	(6)	(91)	
Office expense	10,380	6,508	3,872	34,851	36,684	(1,833)	
Postage and shipping	170	353	(183)	2,167	2,011	156	
Printing	9,683	25,139	(15,456)	31,534	152,118	(120,584)	
Professional fees	78,755	49,662	29,093	306,216	298,830	7,386	pending future spending / attrition
Program expenses	69,809	38,721	31,088	224,597	231,774	(7,177)	Underage due to offsetting revenues.
Public relations	485	667	(182)	11,183	4,000	7,183	
Rent	3,078	1,050	2,028	19,618	12,273	7,345	
Staff events/meetings	947	854	93	3,751	5,125	(1,374)	
Software	0	0	0	0	0	0	
Special fundraising events	0	2,083	(2,083)	0	12,500	(12,500)	no events to-date
Staff training and development	2,198	2,956	(758)	25,447	21,632	3,815	
Telephone	6,111	4,534	1,577	37,058	27,698	9,360	The budget was prepared before the cost benefit analysis to reflect changes strategically made to better service HUF.
Telephone - Cell/HotSpots	5,948	6,096	(148)	33,729	35,703	(1,974)	
Utilities	3,770	2,691	1,079	18,635	16,142	2,493	
<i>Worst Case-Admin Net Effect</i>		122	(122)				

Total Expenses **903,811** **692,066** **211,745** **3,681,314.00** **4,148,048** **(466,734)**

Increase (Decrease) in UNR Assets **\$ 197,857** **\$ 69,052** **\$ 128,805** **554,827** **\$ 106,237** **\$ 448,590**

Programs	\$ 857,339	857,339
Support	\$ (302,512)	-302,512
Total	\$ 554,827	554,827

Increase (Decrease) in UNR Assets **\$ 554,827** subtotal

Less:

Net Assets "Released Prior Year" Without Donor Restrictions (747,715)
Net Assets "Released Current Year" Without Donor Restrictions (58,227)

YTD Actual Agency Deficit **(251,115)**

HISPANIC UNITY OF FLORIDA, INC.
STATEMENT OF ACTIVITIES - PROGRAMS
FOR THE SIX MONTHS ENDED JUNE 30, 2022

	Month Actual	Month Budget	Over (Under)	Year to Date Actual	Year to Date Budget	Over (Under)
Revenues						
Donations - UNR		0	0		0	0
Donations - TR	230,000	132,838	97,162	694,255	580,967	113,288
Satisfaction of Restrictions	98,343	117,506	(19,163)	603,174	608,677	(5,503)
Grant Income	722,596	431,232	291,364	2,485,740	2,587,389	(101,649)
Rental Income	4,437	4,383	54	26,621	26,298	323
Voluntary Pre-K	4,621	8,667	(4,046)	18,111	52,002	(33,891)
Fees & Miscell Income	12,736	16,017	(3,281)	80,892	96,102	(15,210)
Total Revenues	1,072,733	710,643	362,090	3,908,793	3,951,435	(42,642)
Expenses						
Salaries and benefits	542,464	413,101	129,363	2,159,067	2,461,428	(302,361)
Advertising	0	122	(122)	6,055	732	5,323
Building repairs/maint	13,855	16,854	(2,999)	82,602	101,121	(18,519)
Depreciation	11,022	11,843	(821)	66,135	71,052	(4,917)
Dues Subscriptions	0	225	(225)	1,820	2,562	(742)
Information Technology	8,896	6,875	2,021	57,374	45,405	11,969
Insurance	5,936	5,454	482	32,647	32,748	(101)
Interest expense	3,980	3,710	270	22,634	22,255	379
Licenses and permits	0	13	(13)	0	78	(78)
Mileage reimbursement	1,570	2,225	(655)	8,150	12,170	(4,020)
Miscellaneous	0	0	0	0	0	0
Office expense	7,411	5,267	2,144	23,279	29,234	(5,955)
Postage and shipping	514	232	282	1,672	1,283	389
Printing	9,265	24,718	(15,453)	29,658	149,592	(119,934)
Professional fees	66,955	38,430	28,525	224,164	231,442	(7,278)
Program expenses	69,809	38,721	31,088	224,090	231,774	(7,684)
Rent	2,493	711	1,782	16,603	10,237	6,366
Staff events/meetings	0	0	0	0	0	0
Staff training and development	(45)	2,956	(3,001)	18,512	21,632	(3,120)
Telephone	5,677	4,140	1,537	34,117	25,333	8,784
Telephone-Cell/HotSpots	4,745	4,568	177	27,158	26,534	624
Utilities	3,242	2,404	838	15,717	14,418	1,299
<i>Worst Case-Admin Net Effect</i>	0	5,539	(5,539)	0	33,237	(33,237)
Total Expenses	757,789	588,108	169,681	3,051,454	3,524,267	(472,813)
Increase (Decrease) in UNR Assets	\$ 314,944	\$ 122,535	192,409	\$ 857,339	\$ 427,168	430,171

Toward Administrative and Fixed Costs

\$ 1,216,498

HISPANIC UNITY OF FLORIDA, INC.
STATEMENT OF ACTIVITIES - SUPPORT
FOR THE SIX MONTHS ENDED JUNE 30, 2022

	Month Actual	Month Budget	Over (Under)	Year to Date Actual	Year to Date Budget	Over (Under)
Revenues						
Donations - UNR	\$ 16,424	\$ 36,250	(\$ 19,826)	\$ 86,251	\$ 217,500	(\$ 131,249)
Donations - TR	0	2,083	(2,083)	15,000	12,500	2,500
Satisfaction of Restrictions	12,500	6,667	5,833	202,769	40,000	162,769
Fundraising Events	0	5,417	(5,417)	15,000	32,500	(17,500)
Grant Income	0	0	0	0	0	-
Interest Income	11	58	(47)	9,763	350	9,413
Rental Income	0	0	0	0	0	-
Voluntary Pre-K	0	0	0	0	0	-
Fees & Miscell Income	0	0	0	(1,435)	0	(1,435)
Total Revenues	28,935	50,475	(21,540)	327,348	302,850	24,498
Expenses						
Salaries and benefits	112,813	81,920	30,893	421,496	491,526	(70,030)
Advertising	2,933	1,204	1,729	24,473	7,225	17,248
Bank service charges	1,657	825	832	5,727	4,950	777
Building repairs/maint	1,712	1,548	164	10,209	9,286	923
Depreciation	1,395	1,088	307	8,373	6,525	1,848
Dues Subscriptions	1,397	1,472	(75)	7,170	8,828	(1,658)
Information Technology	1,822	1,357	465	11,750	8,144	3,606
Insurance	482	486	(4)	3,014	2,917	97
Interest expense	648	0	648	3,560	0	3,560
Licenses and permits	0	100	(100)	0	600	(600)
Lobbying	0	0	0	0	0	0
Mileage reimbursement	0	212	(212)	369	1,275	(906)
Miscellaneous	(105)	(4)	(101)	(97)	(6)	(91)
Office expense	2,969	1,241	1,728	11,572	7,450	4,122
Postage and shipping	(344)	121	(465)	495	728	(233)
Printing	418	421	(3)	1,876	2,526	(650)
Professional fees	11,800	11,232	568	82,052	67,388	14,664
Program expenses	0	0	0	507	0	507
Public relations	485	667	(182)	11,183	4,000	7,183
Rent	585	339	246	3,015	2,036	979
Special fundraising events	0	2,083	(2,083)	0	12,500	(12,500)
Staff events/meetings	947	854	93	3,751	5,125	(1,374)
Staff training and development	2,243	0	2,243	6,935	0	6,935
Telephone	434	394	40	2,941	2,365	576
Telephone - Cell/HotSpots	1,203	1,528	(325)	6,571	9,169	(2,598)
Utilities	528	287	241	2,918	1,724	1,194
<i>Worst Case-Admin Net Effect</i>	<i>0</i>	<i>(5,417)</i>	<i>5,417</i>	<i>0</i>	<i>(32,500)</i>	<i>32,500</i>
Total Expenses	146,022	103,958	42,064	629,860	623,781	6,079
Increase (Decrease) in UNR Assets	(\$ 117,087)	(\$ 53,483)	(\$ 63,604)	(\$ 302,512)	(\$ 320,931)	\$ 18,419

required based on new funding

Hispanic Unity of Florida, Inc.

Email Vote finalized week of 10/31/22
Finance Committee

To approve 7/22 Financials as presented 10/20/22 Finance Committee Meeting

	BOARD MEMBER	7/22 financials
1.	RODRIGUEZ, Lisette (Treasurer)	Yes
2.	PFISTER, Emma	Yes
3.	TATELBAUM, Charles	Yes
4.	NAZUR, Arnold	Yes
5.	MONSERRAT, Myrna	Yes
6.	BACHER, Rodney	Yes
7.	LOSHER ALVAREZ, Alejandro	Yes
		7

HISPANIC UNITY OF FLORIDA, INC.

FINANCIAL STATEMENTS

FOR THE SEVEN MONTHS ENDED JULY 31, 2022
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2021)

Prepared by: L. Romero 10/13/22
FOR REVIEW BY CEO/FINANCE COMMITTEE
SOURCE: SAGE PEACHTREE @ 7/31/22 / TR SCHEDULE

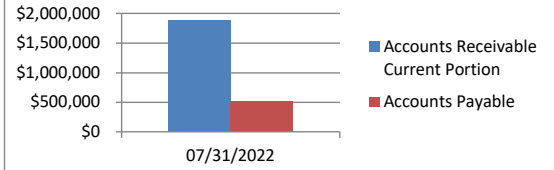
July 31, 2022 Dashboard

Revenue YTD Compared to Previous YTD

07/31/2022

	Revenue YTD as of 7/31/2022	Revenue YTD as of 7/31/2021	Year Over Year Chng
Unrestricted Revenue	\$4,193,941	\$2,297,980	\$1,895,962
Restricted Revenue	(\$156,042)	(\$452,307)	\$296,265
Total Revenue	\$4,037,899	\$1,845,673	\$2,192,227

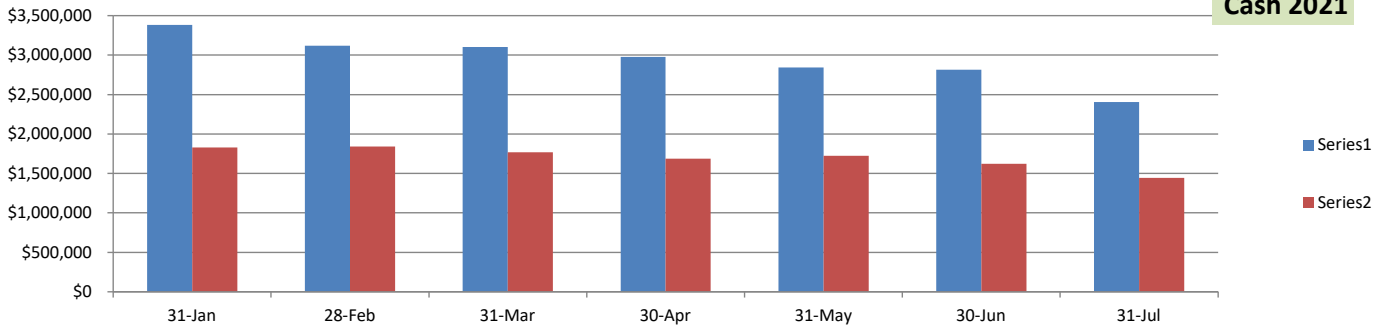
Accounts Receivable Vs Payables July 31, 2022



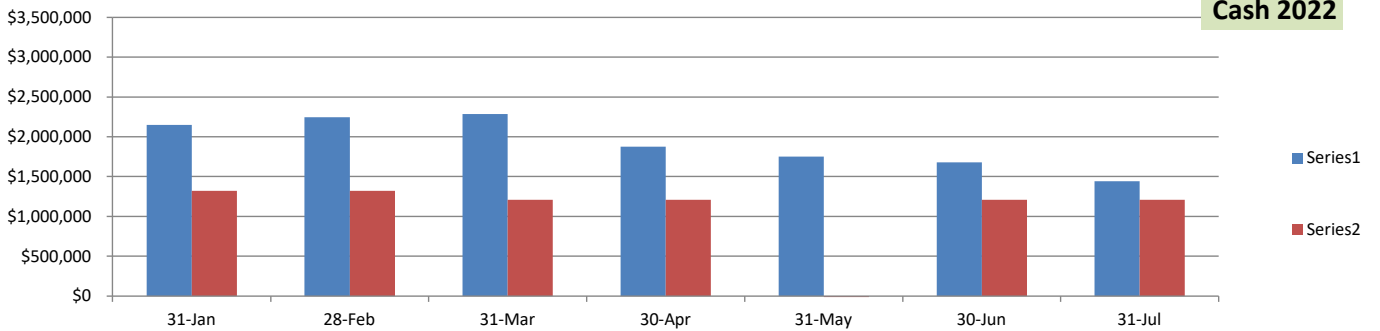
\$0.83

0.82352941

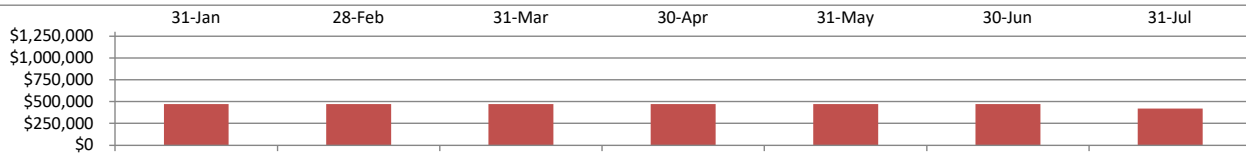
Cash 2021



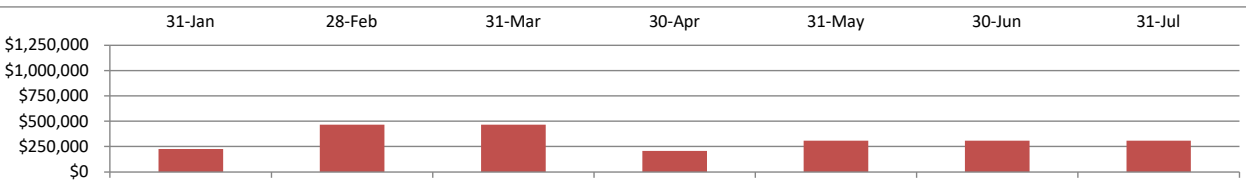
Cash 2022



Line of Credit Usage 2021



Line of Credit Usage 2022



Hispanic Unity of Florida, Inc.
Notes to Financials
July 31, 2022

UNR Net Assets

Reconciliation of UNR Net Assets:

1 Gain/(Loss) From Program Operations	913,106
2 Gain/(Loss) from Support Services	(370,684)
Inc(Dec) in UNR Net Assets	<u><u>\$ 542,422</u></u>

Less: Donor without Restrictions Releases

From Net Assets "Released Prior Year"	(894,755)
From Net Assets "Released Current Year"	(94,079)
YTD Actual Agency Deficit	(446,412)

The year-to-date projected operating surplus was \$383K. Our year-to-date actual was \$542K which was a favorable variance of \$159K includes \$738K received-to-date for future allocations

- 1) Development YTD had a unfavorable budget variance \$63K.
- 2) Programs YTD had a favorable variance of \$155K includes Donors with Restrictions for future allocations for \$626K .
- 3) Admin YTD had a favorable budget variance of \$67K, includes Donor with Restrictions for future allocation for \$112K.

Programs:

Program's total contributions-to-date toward administrative and shared fixed costs to the agency totals \$942K

Cash

Year to date cash decreased by (\$287K) as a result of the following activities:

\$ (446,413) <i>Inc/(Dec) in Net Assets</i>	
(344,781) <i>Adjustments to reconcile increase (decrease) in net assets</i>	
(791,193) <i>Net cash provided (consumed) by operating activities</i>	
(16,860) <i>Investing Activities</i>	
284,257 <i>Financing Activities</i>	
\$ (523,796) <i>Inc/(Dec) in Cash</i>	

HISPANIC UNITY OF FLORIDA, INC.
STATEMENT OF FINANCIAL POSITION
FOR THE SEVEN MONTHS ENDED JULY 31, 2022
(WITH COMPARATIVE TOTALS AS OF DECEMBER 31, 2021)

<u>ASSETS</u>	<u>2022</u>	<u>2021</u>	
Current Assets			
Cash	1,442,951	\$ 1,966,747	Cash Detail Pg 7; CashFlow Pg 6
Grants receivable, net	1,763,668	835,991	Schedule 1 - pending detail review 80% due to paused paym
Unconditional promises to give, net	126,542	344,947	Schedule 1 & 3
Prepaid expenses	<u>60,831</u>	<u>25,220</u>	
Total Current Assets	<u>3,393,991</u>	<u>3,172,905</u>	
Non-Current Assets			
Long term conditional promises to give	104,966	104,966	Schedule 1 & 3
Property and equipment, net	1,228,195	1,298,258	
Deposits and Other Assets	<u>33,447</u>	<u>33,725</u>	
Total Non-Current Assets	<u>1,366,608</u>	<u>1,436,949</u>	
Total Assets	<u>4,760,599</u>	<u>\$ 4,609,854</u>	
<u>LIABILITIES AND NET ASSETS</u>			
Current Liabilities			
Accounts payable and accrued expenses	514,961	\$ 202,061	
Mortgage payable, current	18,659	18,658	
Line of credit	<u>306,339</u>	<u>11,339</u>	
Total Current Liabilities	<u>839,959</u>	<u>232,058</u>	
Noncurrent Liabilities			
Mortgage payable, net of current portion	<u>746,325</u>	<u>757,068</u>	
Total Non-Current Liabilities	<u>746,325</u>	<u>757,068</u>	
Total Liabilities	<u>1,586,283</u>	<u>989,126</u>	
Net Assets			
Without Donor Restrictions	1,533,108	1,823,479	(290,371)
With Donor Restrictions	<u>1,641,207</u>	<u>1,797,249</u>	<u>(156,042)</u>
			(446,413)
Total Net Assets	<u>3,174,315</u>	<u>3,620,728</u>	
Total Liabilities and Net Assets	<u>4,760,599</u>	<u>\$ 4,609,854</u>	

HISPANIC UNITY OF FLORIDA, INC.
STATEMENT OF ACTIVITIES
FOR THE SEVEN MONTHS ENDED JULY 31, 2022
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2021)

	Without Donor Restrictions	With Donor Restrictions	Total	2021 Total
Revenues and Other Support:				
Contributions	\$ 93,016	\$ 832,792	\$ 925,808	\$ 2,752,404
Special events	15,000	-	15,000	22,000
Grants from government agencies	2,649,753	-	2,649,753	3,147,254
Other grants and fees	289,483	-	289,483	246,612
Miscellaneous	60,461	\$ 97,395	157,856	253,542
Donations, in-kind	-	-	-	81,189
Net assets released from restrictions:				
Satisfaction of time restrictions	988,834	(988,834)	-	-
Satisfaction of program and purpose restrictions	97,395	(97,395)	-	-
Total Revenues and Other Support	4,193,941	(156,042)	4,037,899	6,503,001
Expenses (Functional)				
Program services	4,125,567	-	4,125,567	6,083,567
Management and general	313,902	-	313,902	594,450
Fundraising	44,843	-	44,843	35,373
Total Expenses	4,484,312	-	4,484,312	6,713,390
Change in Net Assets	(290,371)	(156,042)	(446,413)	(210,389)
Net Assets - Beginning of Year	1,823,479	1,797,249	3,620,728	3,831,117
Net Assets - End of Year	\$ 1,533,108	\$ 1,641,207	\$ 3,174,315	\$ 3,620,728

	Actual CY	(446,413)	AGENCY
Release from Restrictions	988,834	secured prior year \$894,755	
Total Net	542,422		
Per Total Report	542,422		
Variance	-		

HISPANIC UNITY OF FLORIDA, INC.
STATEMENT OF CASH FLOWS
FOR THE SEVEN MONTHS ENDED JULY 31, 2022
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2021)

	<u>2022</u>	<u>2021</u>
Cash Flows from Operating Activities		
Increase (decrease) in net assets	\$ (446,413)	\$ (210,389)
Adjustments to reconcile increase (decrease) in net assets to cash provided by operating activities:		
Depreciation	87,202	143,394
Provision for uncollectible promises to give	-	-
Changes in assets and liabilities		
(Increase) decrease in grants receivable	(927,677)	(511,509)
(Increase) decrease in unconditional promises to give	218,405	265,000
(Increase) decrease in prepaid expenses	(35,611)	21,701
(Increase) decrease in security deposits and other assets	-	477
Increase (decrease) in accounts payable and accrued expenses	<u>312,900</u>	<u>(9,166)</u>
Total adjustments	<u>(344,781)</u>	<u>(90,103)</u>
Net Cash Provided by Operating Activities	<u>(791,193)</u>	<u>(300,492)</u>
Cash Flows from Investing Activities		
Acquisition of property and equipment, net of retirements	<u>(16,860)</u>	<u>(43,606)</u>
Net Cash (Used In) Investing Activities	<u>(16,860)</u>	<u>(43,606)</u>
Cash Flows from Financing Activities		
Net Advance (Repayment) of LOC	295,000	(458,726)
Borrowing (Repayment) of mortgage	<u>(10,742)</u>	<u>(17,668)</u>
Net Cash Provided by Financing Activities	<u>284,257</u>	<u>(476,394)</u>
Increase (decrease) in Cash	(523,796)	(820,492)
Cash - Beginning of Year	<u>1,966,747</u>	<u>2,787,239</u>
Cash - End of Year	<u>\$ 1,442,951</u>	<u>\$ 1,966,747</u>

Cash Detail
As of July 31, 2022

Without Donor Restrictions and With Donor Restrictions Cash:

1010-000AAAS	Bank of America	Operating	542	
1025-000AAAS	BB&T	Payroll	3,939	
1026-000AAAS	BB&T	Operating	3,777	
1000-000AAAS	Petty Cash	Imprest	800	
1023-000AAAs	BB&T	Asset Reserve Fund	134,074	
1022-000AAAS	BB&T	Reserve Fund	89,597	232,730 Without Donor Restrictions
1021-000AAAS	BB&T - Money Market	Opportunity Fund	510,132	
1024-000AAAS	BB&T - Money Market	Grantor Funding	700,089	1,210,221 With Donor Restrictions

\$ 1,442,951	TOTAL CASH
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Temp Restricted Schedule
As of July 31, 2022

	AREA	CC	December 31, 2021	Increase/ (Decrease)	Additions	Increase/ (Decrease)	July 31, 2022
Awards Brought Forward to 2021							
Frederick Delucca Original Dates 9-1-2020 to 8-31-21. Started in Jan 2021 thru April 2022	ST	514	61,581	(34,823)			26,758
JM Family 2022	Dev	010	35,000	(35,000)			0
Moran Foundation 01/01/21-12/31/21	CWF	503	10,120	(10,120)			0
Moran Foundation 1-1-22 to 12-31-22	CWF	503	350,000	(156,807)			193,193
Susie & Alan Levan Family Foundation 5-1-22 - 4-30-23	Dev	010	25,000	(25,000)			0
TJMF - 9-01-18 - 8-31-23	Admin	000	130,170	-			130,170
Truist Foundation Database Management System use by end of 2022	Admin	000	18,950	-			18,950
Unidos-RICO 11-1-20 to 1-31-22	PB	537	2,991	(2,991)			0
UW - JP Morgan Chase October 2020 to April 2022 Use in 2021	CWF	507	58,712	(58,712)			(0)
American Heart Assoc- Voices for Healthy Kids Travel 2021	EFWP	333	2,000	-			2,000
American Heart Assoc- Voices for Healthy Kids Travel 2022	EFWP	333	2,000	-			2,000
American Heart Assoc- Voices for Healthy Kids Travel 2023	EFWP	333	2,000	-			2,000
American Heart Assoc- Voices for Healthy Kids Travel 2024	EFWP	333	2,000	-			2,000
Bank of America Pathway to Home Ownership 9-2021 1-1-22 to 6-30-22	CWF FE	578	50,000	(50,000)			0
Batchelor Fdn 9-8-2021 to 9-30-22	U4T - HS	481	23,572	(10,310)			13,262
Comcast NBCUniversal Fdn 9-8-21 to 10-7-22	U4T - HS	440	23,593	(10,582)			13,011
Development - To 2022 - October	Dev	010	1,458	(1,458)			0
Development - To 2022 - November	Dev	010	71,707	(71,707)			0
Development - To 2022 - December	Dev	010	44,604	(44,604)			0
Health Foundation Te Ayudo 11-1-2021 - 10-31-2024 Due 11/10/2021							
Received Release Nov21-Oct22	PBW	550	29,565	(26,340)			3,225
Health Foundation Te Ayudo 11-1-2021 - 10-31-2024 Due 1-5-2023 Release Nov22-Oct 23	PBW	550	45,148	(9,150)			35,998
Health Foundation Te Ayudo 11-1-2021 - 10-31-2024 Due 1-5-2024	PBW	550	45,148	-			45,148
Health Foundation Te Ayudo 11-1-2021 - 10-31-2024 Due 1-5-2025	PBW	550	30,099	-			30,099
Health Foundation Te Ayudo 11-1-2021 - 10-31-2024 Due 6/30/2022	PBW	550	45,148	-			45,148
Health Foundation Te Ayudo 11-1-2021 - 10-31-2024 Due 6/30/2023	PBW	550	45,148	-			45,148
Health Foundation Te Ayudo 11-1-2021 - 10-31-2024 Due 6-30-2024	PBW	550	45,148	-			45,148
Jim Moran Foundation Research Grant 1-1-21 to 12-31-22	CWF	531	384,158	(209,941)			174,217
NALCAB 6-29-21 to 6-1-22	FCWP	574	11,580	(9,225)			2,355
NALEO 7-1-21 to 6-30-22	EZZP	606	23,962	(15,006)			8,956
No Kid Hungry 08-01-2021 to 07-31-2022	PBW	547	78,127	(74,421)			3,706
Tate Foundation 2022 Community Fd	UKEP	173	20,000	(20,000)			0
Tate Foundation 2023 Community Fd	UKEP	173	20,000	-			20,000
Tate Foundation 2024 Community Fd	UKEP	173	20,000	-			20,000
Tate Foundation 2025 Community Fd	UKEP	174	20,000	-			20,000
Unidos Digital Innovation 7-1-21 to 4-30-22	CZZP	608	18,559	(18,559)			0
			1,797,249	(894,755)			902,494

New 2022 TR Grants							
Added in 2022							
FORTE-Dep020422	CZZP	156			80	-	80
UnidosUS - Comprando Rico y Sa - UnidosUS-RICOYS 1120 - 0422-3	PBWP	237			7,000	-	7,000
UnidosUS - Comprando Rico y Sa - UnidosUS-RICOYS 1120 - 0622-923	PBWP	537			109,500	(23,351)	86,149
Share our Strength - Tax credits for low-income families 4/1/22-12/31/22	VSWP	317			100,000	(8,227)	91,773
Unidos COV 19 Rapid Relief - COVID-19: 8/21- 12/21-2	EFWP	332			3,050	-	3,050
TD Charitable Foundation - Grant to Support FinCap Program	CFWP	500			7,500	-	7,500
Wells Fargo Foundaton - CWF Grant to support Financial	CFWP	500			35,000	-	35,000
Community Foundation of Broward - Mitigating Data Issues Program	CFWP	506			25,000	-	25,000
Orange County Community Foundation	CFWP	508			147,125	-	147,125
The Annie E. Casey Foundation - Grant - FinCap/CWF	CFWP	515			42,500	-	42,500
Capital One - Grant for - Financial Capability and Wealth Building	HCWP	540			25,000	-	25,000
Unidos Medic Grant	AAAS	013			15,000	-	15,000
Cornelia T. Bailey Foundation - To Provide Support for the U4K Program	UKEP	171			25,000	(25,000)	-
The Wawa Foundation - To Support the Comprando Rico y Sanc	PBWP	537			1,000	-	1,000
The Aspen Institute - Donation 2Ger	CFWP	500			1,000	-	1,000
Bank of America - Bank of America Grant for Vita	VSWP	300			40,000	-	40,000
Florida Health Justice Project - Grant: to support Immigrants process	CZZP	156			5,000	-	5,000
Kresge Foundation (The) - Kresge Foundation - Databas	YDEP	000			150,000	(37,500)	112,500
TIAA Bank - Grant from TIAA Bank for first-time	CFWP	500			10,000	-	10,000
Citi Foundation - Grant for Center for Working Families	CFWP	509			20,000	-	20,000
No Kid Hungry - Share Our Strength -	CFWP	574			50,000	-	50,000
WeCount! - Florida Protecting Immigrant Families (4060)	PAWP	975			10,000	-	10,000
UnidosUS - Citizenship Savings - Grant Civic Engagement Citizenship	CZZP	156			3,750	-	3,750
Network for Good - Network for Good Unrestricted Variou	CZZP	156			287	-	287
					832,792	(94,079)	738,713

\$ 1,797,249 \$ (894,755) \$ 832,792 \$ (94,079) \$ 1,641,207

YTD Satisfaction of Time Restrictions **\$ (988,834)** 1,641,207

Breakout

Prior Year Carry over Restrictions	1,797,249
CY Restricted contributions revenues - FROM TB	832,792
CY Restricted Miscellaneous revenue - FROM TB	97,395
Available restricted revenues	2,727,436
Release of Restrictions	(988,834) FS
Remaining Available Restricted Net Assets	1,738,602
Temp Restricted Net Assets @ Y/E	(1,641,207)
Satisfaction of program and purpose restrictions	97,395 FS

HISPANIC UNITY OF FLORIDA, INC.
STATEMENT OF ACTIVITIES - TOTAL
FOR THE SEVEN MONTHS ENDED JULY 31, 2022

	Month Actual	Month Budget	Over (Under)	Year to Date Actual	Year to Date Budget	Over (Under)	
Revenues							
Donations - UNR	\$ 6,761	\$ 36,250	\$ (29,489)	\$ 93,013	\$ 253,750	\$ (160,737)	
Donations - TR	123,537	400,582	(277,045)	832,792	994,049	(161,257)	refer to TR / new foundation efforts
Satisfaction of Restrictions	112,892	81,257	31,635	988,835	729,934	258,901	includes prior year release of \$824,755
Fundraising Events	-	5,417	(5,417)	15,000	37,917	(22,917)	
Grant Income	451,611	507,786	(56,175)	2,939,238	3,095,174	(155,936)	Program billing was down due to attrition of \$249K shortfall for clients in some program areas. Some schools were lower and unable to recoup those funds. Meeting the full contracts was not expected and offset in expense area to account for the projected difference due to hybrid vs in person requirements.
Interest Income	11	58	(47)	9,775	408	9,367	Includes a dividend from Amtrust for \$9.7K; otherwise, rates are extremely low 0.01% on Money Market Funds
Rental Income	4,437	4,383	54	31,057	30,681	376	
Voluntary Pre-K	1,530	0	1,530	19,641	52,002	(32,361)	U4K low enrollment
Fees & Miscell Income	17,926	11,250	6,676	97,383	107,352	(9,969)	Citizenship fees rec'vd to-date
Total Revenues	718,705	1,046,983	(328,278)	5,026,734	5,301,267	(274,533)	
Expenses							
Salaries and benefits	486,748	561,823	(75,075)	3,067,303	3,514,776	(447,473)	Underage due to offsetting revenues.
Advertising	2,719	1,326	1,393	33,247	9,283	23,964	per "new grant" not in original budget
Bank service charges	346	825	(479)	6,073	5,775	298	
Building repairs/maint	12,614	15,307	(2,693)	105,422	125,714	(20,292)	
Depreciation	12,417	10,756	1,661	86,923	88,333	(1,410)	
Dues Subscriptions	248	1,697	(1,449)	9,239	13,087	(3,848)	
Information Technology	10,813	8,786	2,027	79,936	62,334	17,602	Overage: tied to higher demands, will adjust with other attrition lines moving forward and/or bill grants directly for their share; cost increases with increase of users - tied to "new funding"
Insurance	7,482	5,270	2,212	43,145	40,929	2,216	
Interest expense	4,731	3,226	1,505	30,927	25,481	5,446	
Licenses and permits	0	100	(100)	0	778	(778)	
Mileage reimbursement	2,864	2,416	448	11,383	15,861	(4,478)	due to remote work & attrition (reallocate where needed to maximize grants are allowed)
Miscellaneous	(11)	(4)	(7)	(95)	(2)	(93)	
Office expense	11,296	6,152	5,144	46,144	42,835	3,309	
Postage and shipping	182	171	11	2,349	2,181	168	
Printing	4,242	4,031	211	35,776	156,148	(120,372)	
Professional fees	158,576	48,937	109,639	464,792	347,767	117,025	pending future spending / attrition
Program expenses	54,948	77,566	(22,618)	279,543	309,341	(29,798)	Underage due to offsetting revenues.
Public relations	272	667	(395)	11,455	4,667	6,788	
Rent	5,793	2,104	3,689	25,413	14,378	11,035	
Staff events/meetings	0	854	(854)	3,751	5,979	(2,228)	
Software	5,700	0	5,700	5,700	0	5,700	
Special fundraising events	0	2,083	(2,083)	0	14,583	(14,583)	no events to-date
Staff training and development	5,044	2,611	2,433	30,492	24,243	6,249	
Telephone	6,403	4,860	1,543	43,458	32,559	10,899	The budget was prepared before the cost benefit analysis to reflect changes strategically made to better service HUF.
Telephone - Cell/HotSpots	5,914	5,913	1	39,645	41,614	(1,969)	
Utilities	3,657	2,378	1,279	22,291	18,520	3,771	
<i>Worst Case-Admin Net Effect</i>		122	(122)				

Total Expenses **802,998** **769,977** **33,021** **4,484,312.00** **4,918,023** **(433,711)**

Increase (Decrease) in UNR Assets **(\$ 84,293)** **\$ 277,006** **\$ (361,299)** **542,422** **\$ 383,244** **\$ 159,178**

Programs	\$ 913,106	913,106
Support	\$ (370,684)	-370,684
Total	\$ 542,422	542,422

\$ -
Increase (Decrease) in UNR Assets \$ 542,422 subtotal

Less:

Net Assets "Released Prior Year" Without Donor Restrictions (894,755)
Net Assets "Released Current Year" Without Donor Restrictions (94,079)

YTD Actual Agency Deficit (446,412)

HISPANIC UNITY OF FLORIDA, INC.
STATEMENT OF ACTIVITIES - PROGRAMS
FOR THE SEVEN MONTHS ENDED JULY 31, 2022

	Month Actual	Month Budget	Over (Under)	Year to Date Actual	Year to Date Budget	Over (Under)
Revenues						
Donations - UNR		0	0		0	0
Donations - TR	123,537	398,499	(274,962)	817,792	979,466	(161,674)
Satisfaction of Restrictions	100,392	74,590	25,802	773,566	683,267	90,299
Grant Income	451,611	507,786	(56,175)	2,939,238	3,095,174	(155,936)
Rental Income	4,437	4,383	54	31,057	30,681	376
Voluntary Pre-K	2,164	0	2,164	19,641	52,002	(32,361)
Fees & Miscell Income	17,292	11,250	6,042	98,818	107,352	(8,534)
Total Revenues	699,433	996,508	(297,075)	4,680,112	4,947,942	(267,830)
Expenses						
Salaries and benefits	422,612	479,903	(57,291)	2,581,672	2,941,330	(359,658)
Advertising	1,799	122	1,677	7,854	854	7,000
Building repairs/maint	10,316	13,759	(3,443)	92,916	114,880	(21,964)
Depreciation	11,022	9,668	1,354	77,155	80,720	(3,565)
Dues Subscriptions	0	225	(225)	1,820	2,787	(967)
Information Technology	8,975	7,429	1,546	66,347	52,833	13,514
Insurance	6,955	4,784	2,171	39,603	37,525	2,078
Interest expense	4,068	3,226	842	26,704	25,481	1,223
Licenses and permits	0	0	0	0	78	(78)
Mileage reimbursement	2,372	2,204	168	10,522	14,374	(3,852)
Miscellaneous	0	0	0	0	0	0
Office expense	10,317	4,911	5,406	33,594	34,144	(550)
Postage and shipping	170	50	120	1,842	1,333	509
Printing	3,911	3,610	301	33,570	153,202	(119,632)
Professional fees	156,344	37,705	118,639	380,508	269,147	111,361
Program expenses	54,948	77,566	(22,618)	279,036	309,341	(30,305)
Rent	5,262	1,765	3,497	21,867	12,003	9,864
Staff events/meetings	0	0	0	0	0	0
Staff training and development	2,687	2,611	76	21,200	24,243	(3,043)
Telephone	5,948	4,466	1,482	40,062	29,800	10,262
Telephone-Cell/HotSpots	4,715	4,385	330	31,874	30,918	956
Utilities	3,145	2,091	1,054	18,860	16,509	2,351
<i>Worst Case-Admin Net Effect</i>	0	5,539	(5,539)	0	38,776	(38,776)
Total Expenses	715,566	666,019	49,547	3,767,006	4,190,278	(423,272)
Increase (Decrease) in UNR Assets	(\$ 16,133)	\$ 330,489	(346,622)	\$ 913,106	\$ 757,664	155,442

Toward Administrative and Fixed Costs

\$ 1,332,032

HISPANIC UNITY OF FLORIDA, INC.
STATEMENT OF ACTIVITIES - SUPPORT
FOR THE SEVEN MONTHS ENDED JULY 31, 2022

	Month Actual	Month Budget	Over (Under)	Year to Date Actual	Year to Date Budget	Over (Under)
Revenues						
Donations - UNR	\$ 6,761	\$ 36,250	(\$ 29,489)	\$ 93,013	\$ 253,750	(\$ 160,737)
Donations - TR	0	2,083	(2,083)	15,000	14,583	417
Satisfaction of Restrictions	12,500	6,667	5,833	215,269	46,667	168,602
Fundraising Events	0	5,417	(5,417)	15,000	37,917	(22,917)
Grant Income	0	0	0	0	0	-
Interest Income	11	58	(47)	9,775	408	9,367
Rental Income	0	0	0	0	0	-
Voluntary Pre-K	0	0	0	0	0	-
Fees & Miscell Income	0	0	0	(1,435)	0	(1,435)
Total Revenues	19,272	50,475	(31,203)	346,622	353,325	(6,703)
Expenses						
Salaries and benefits	64,136	81,920	(17,784)	485,631	573,446	(87,815)
Advertising	920	1,204	(284)	25,393	8,429	16,964
Bank service charges	346	825	(479)	6,073	5,775	298
Building repairs/maint	2,298	1,548	750	12,506	10,834	1,672
Depreciation	1,395	1,088	307	9,768	7,613	2,155
Dues Subscriptions	248	1,472	(1,224)	7,419	10,300	(2,881)
Information Technology	1,838	1,357	481	13,589	9,501	4,088
Insurance	527	486	41	3,542	3,404	138
Interest expense	663	0	663	4,223	0	4,223
Licenses and permits	0	100	(100)	0	700	(700)
Lobbying	0	0	0	0	0	0
Mileage reimbursement	492	212	280	861	1,487	(626)
Miscellaneous	(11)	(4)	(7)	(95)	(2)	(93)
Office expense	979	1,241	(262)	12,550	8,691	3,859
Postage and shipping	12	121	(109)	507	848	(341)
Printing	331	421	(90)	2,206	2,946	(740)
Professional fees	2,232	11,232	(9,000)	84,284	78,620	5,664
Program expenses	0	0	0	507	0	507
Public relations	272	667	(395)	11,455	4,667	6,788
Rent	531	339	192	3,546	2,375	1,171
Special fundraising events	0	2,083	(2,083)	0	14,583	(14,583)
Staff events/meetings	0	854	(854)	3,751	5,979	(2,228)
Staff training and development	2,357	0	2,357	9,292	0	9,292
Telephone	455	394	61	3,396	2,759	637
Telephone - Cell/HotSpots	1,199	1,528	(329)	7,771	10,696	(2,925)
Utilities	512	287	225	3,431	2,011	1,420
<i>Worst Case-Admin Net Effect</i>	<i>0</i>	<i>(5,417)</i>	<i>5,417</i>	<i>0</i>	<i>(37,917)</i>	<i>37,917</i>
Total Expenses	87,432	103,958	(16,526)	717,306	727,745	(10,439)
Increase (Decrease) in UNR Assets	(\$ 68,160)	(\$ 53,483)	(\$ 14,677)	(\$ 370,684)	(\$ 374,420)	\$ 3,736

required based on new funding

Hispanic Unity of Florida, Inc.

Email Vote finalized week of 10/31/22
Finance Committee

To approve 990-2021 as presented via email on 10/31/22

	BOARD MEMBER	990-2021
1.	RODRIGUEZ, Lisette (Treasurer)	Yes
2.	PFISTER, Emma	Yes
3.	TATELBAUM, Charles	Yes
4.	NAZUR, Arnold	Yes
5.	MONSERRAT, Myrna	Yes
6.	BACHER, Rodney	Yes
7.	LOSHER ALVAREZ, Alejandro	Yes
		7

Caballero Fierman Llerena & Garcia, LLP
8950 SW 74 Court Ste 1210
Miami, FL 33156
305-662-7272

October 31, 2022

CONFIDENTIAL

HISPANIC UNITY OF FLORIDA, INC.
5840 JOHNSON STREET
HOLLYWOOD, FL 33021

Dear HISPANIC UNITY OF FLORIDA, INC.:

Caballero Fierman Llerena & Garcia, LLP ("Firm," "we," "us," or "our") is pleased to provide HISPANIC UNITY OF FLORIDA, INC. ("you" or "your") with the professional services described below. This engagement letter confirms our understanding of the terms and objectives of our engagement and the nature and limitations of the services we will provide. The engagement between you and our Firm will be governed by the terms of this engagement letter.

Engagement Objective and Scope

We will prepare the following federal and state tax returns for the year ended 12/31/21:

Form 990 Return of Organization Exempt from Income Tax

We will not prepare any tax returns other than those identified above, without your written request, and our written consent to do so. We will rely upon the completeness and accuracy of the information and representations you provide to us to prepare your tax returns. We have not been engaged to and will not prepare financial statements. We will not audit or otherwise verify the data you submit to us, although we may ask you to clarify certain information.

We will prepare the above-referenced tax returns solely for filing with the Internal Revenue Service ("IRS") and applicable state and local tax authorities. Our work is not intended to benefit or influence any third party, either to obtain credit or for any other purpose.

You agree to indemnify, release, defend, and hold us and our past, current and future partners, shareholders, members, officers, directors, employees, agents and representatives ("our personnel") harmless with respect to any and all damages, claims, liabilities, losses, and costs (including legal fees and costs of counsel and/or fees and costs of any expert of our own choosing at all trial and appellate levels) arising from the use of the tax returns for any purpose other than filing with the IRS, and any state and local tax authorities as identified above, regardless of the nature of the claim, including the negligence of any party.

Our engagement does not include any procedures designed to detect errors, fraud, or theft. Therefore, our engagement cannot be relied upon to disclose such matters. In addition, we are not responsible for identifying or communicating deficiencies in your internal controls. You are responsible for developing and implementing internal controls applicable to your operations.

This engagement is limited to the professional services outlined above.

CPA Firm Responsibilities

Unless otherwise noted, we will perform our services in accordance with the Statements on Standards for Tax Services ("SSTs") issued by the American Institute of Certified Public Accountants ("AICPA") and U.S. Treasury Department Circular 230 ("Circular 230"). It is our duty to perform services with the same standard of care that a reasonable tax return preparer would exercise in this type of engagement. It is your responsibility to safeguard your assets and maintain accurate records pertaining to transactions. We will not hold your property in trust for you, or otherwise accept fiduciary duties in the performance of the engagement.

The Firm, in its sole professional judgment, reserves the right to refuse to take any action that could be construed as making management decisions or performing management functions on your behalf.

Arguable positions

We will use our professional judgment to resolve questions in your favor where a tax law is unclear, provided that we have a reasonable belief that there is substantial authority for doing so. If there are conflicting interpretations of the law, we will explain the possible positions that may be taken on your return. We will follow the position you request, provided it is consistent with our understanding of tax reference materials. Tax reference materials include, but are not limited to, the Internal Revenue Code ("IRC"), tax regulations, Revenue Rulings, Revenue Procedures, Private Letter Rulings, court cases, and similar state and local guidance. If the IRS, state or local tax authorities later contest the position you select, additional tax, penalties, and interest may be assessed. We assume no liability, and you hereby release us from any liability, including but not limited to, additional tax, penalties, interest, and related professional fees you may incur.

Bookkeeping assistance

We may deem it necessary to provide you with accounting and bookkeeping assistance solely for the purpose of preparing the tax returns. These services will be performed solely in accordance with the AICPA Code of Professional Conduct. We will request your approval in writing before rendering these services. In the event we conclude that such services are necessary to prepare your tax returns, we will advise you in writing before services are performed and bill you for the required services.

Prior year review (if prior year tax return was not prepared by us)

Our review of the prior year's tax returns will necessarily be limited and may not find all errors. We will, however, bring to your attention any errors that we find. If you ask us to prepare amended tax returns and address any other matters arising as a result of any error, we will confirm this representation in a separate engagement letter. Additional charges will apply for such services.

Estimated tax payments

You may be required to make quarterly estimated tax payments. We will calculate these payments for the 2022 tax year based upon the information you provide to prepare your 2021 tax returns (the "safe harbor" basis) and have no obligation to update recommended payments after this engagement is completed. If you ask us to update your estimated tax payments, we will confirm this update in a separate engagement letter. Additional charges will apply for such

services.

Tax planning services

Tax planning services are not within the scope of this engagement. During the course of preparing the tax returns identified above, we may bring to your attention potential tax savings strategies for you to consider as a possible means of reducing your taxes in subsequent tax years. However, we have no responsibility to do so, and will take no action with respect to such recommendations, as the responsibility for implementation remains with you, the taxpayer. If you ask us to provide tax planning services, and we agree to provide them to you, we will confirm this engagement in a separate Agreement.

Government inquiries

This engagement does not include responding to inquiries by any governmental agency or tax authority. If your tax return is selected for examination or audit, you may request our assistance in responding to such an inquiry. If you ask us to represent you, we will confirm this representation in a separate engagement letter. Additional charges will apply for such services.

Third-party requests

We will not respond to any request from banks, mortgage brokers or others for verification of any information reported on these tax returns. We do not communicate with third parties or provide them with copies of tax returns.

Communications Regarding Tax Advice

The IRS permits you to authorize us to discuss, on a limited basis, aspects of your return for one year after the return's due date. Your consent to such a discussion is evidenced by checking a box on the return. Unless you tell us otherwise, we will check that box authorizing the IRS to discuss your return with us.

Certain communications involving tax advice may be privileged and not subject to disclosure to the IRS. By disclosing the contents of those communications to anyone, or by turning over information about those communications to the government, you, your employees, or agents may be waiving this privilege. To protect this right to privileged communication, please consult with us or your attorney prior to disclosing any information about our tax advice. Should you decide it is appropriate for us to disclose any potentially privileged communication, you agree to provide us with written, advance authority to make that disclosure.

Should we receive any request for the disclosure of privileged information from any third party, including a subpoena or IRS summons, we will notify you. In the event you direct us not to make the disclosure, you agree to defend, release, indemnify and hold us and our personnel harmless from any expenses incurred in defending the privilege, including, by way of illustration only, our attorney's fees (for any attorney of own choosing through all trial and appellate levels), court costs, outside adviser's costs (for any expert of our own choosing through all trial and appellate levels), or penalties or fines imposed as a result of your asserting the privilege or your direction to us to assert the privilege.

Use of Third-Party Service Providers

The Firm may from time to time, and depending on the circumstances, use third-party service providers to assist in servicing your account, but these preparers will not make substantive decisions concerning your return(s). We may share your tax return information with these service providers, but remain committed to maintaining the confidentiality and security of your information. Accordingly,

we maintain internal policies, procedures and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others.

In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, the Firm will remain responsible for the work provided by any such third-party service providers.

By signing this engagement letter, below, you hereby consent to disclose such information to third-party service providers located within the United States for purposes of providing tax return services in connection with this engagement letter.

In accordance with federal law, in no case will we disclose your tax return information to any location outside the United States, to another tax return preparer outside of our Firm for purposes of a second opinion, or to any other third party for any purpose other than to prepare your return without first receiving your consent.

Client Responsibilities

You will provide us with a trial balance and other supporting data necessary to prepare your tax returns. You must provide us with accurate and complete information. Income from all sources, including those outside of the U.S., is required. It is your responsibility to provide on a timely basis all the information required for the preparation of complete and accurate returns. Should we not receive such information and assistance from you with sufficient time to complete the returns, then you acknowledge that we can give no assurances that the returns will be fully completed and ready for your review and signature, and subsequent filing with the required taxing authorities, prior to the due date for each return.

We rely upon the accuracy and completeness of both the information you provide in the trial balance and other supporting data you provide in rendering professional services to you.

You authorize us to accept instructions from your representative, for this engagement.

Management Responsibilities

While we can provide assistance and recommendations, you are responsible for management decisions and functions, and for designating an individual, preferably from senior management, with suitable skill, knowledge and experience to oversee any services that we provides. You are responsible for evaluating the adequacy and results of the services performed and accepting responsibility for such services. You are ultimately responsible for establishing and maintaining internal controls, including monitoring ongoing activities. This tax engagement does not include business management for you. We will not review the payment of any invoice or bills by you.

Reasonable compensation

You are responsible for determining the appropriate salary or wage to pay employees. If the IRS determines that the organization failed to pay appropriate salaries or wages, the IRS may reclassify the payments. As a result of the reclassification, the organization may be responsible for tax, penalties and interest on the payments in addition to potential employment taxes on the reclassified amounts. You agree to hold our firm harmless with respect to any liability including but not limited to, additional tax, penalties, interest and professional fees resulting from any reclassification.

Unrelated business taxable income

If your organization produces revenue from a trade or business activity not directly related to its tax-exempt purpose, it may have unrelated business taxable income that must be reported separately from other income. You are responsible for informing us of any potential unrelated business taxable income. At your written request, we are available to provide you with written answers to your questions on this matter. Only advice that is in writing may be relied upon.

Other responsibilities of not-for-profit organizations

As a non-profit organization, you are subject to additional obligations including but not limited to:

- Maintaining state registrations related to solicitations with state charitable divisions;
- Meeting the public support test; and
- Maintaining non-profit status by timely filing tax returns.

You acknowledge that these are solely your responsibilities. If you would like assistance in understanding your responsibilities, and we agree to provide it, we will confirm this engagement in a separate Agreement.

Documentation

You are responsible for maintaining adequate documentation to substantiate the accuracy and completeness of your tax returns. You should retain all documents that provide evidence and support for reported income, credits, and deductions on your returns, as required under applicable tax laws and regulations. You are responsible for the adequacy of all information provided in such documents. You represent that you have such documentation and can produce it if necessary, to respond to any audit or inquiry by tax authorities. You agree to defend, indemnify, release, and hold us and our personnel harmless respect from any liability including but not limited to, additional tax, penalties, interest, attorneys' fees and expenses, and professional fees (of counsel and/or any expert each of our own choosing at all trial and appellate levels) resulting from the disallowance of tax deductions due to inadequate documentation.

Gifts received from foreign persons

If you received a gift or bequest from a foreign person or trust, you may be required to file a separate IRS Form 3520, *Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts*. If you ask us to prepare this return, we will confirm this in a separate engagement letter. Again, additional charges will apply for such services.

Personal expenses

You are responsible for ensuring that personal expenses, if any, are segregated from business expenses and that expenses such as meals, travel, vehicle use, gifts, and related expenses are supported by necessary records required by the IRS and other tax authorities. At your written request, we are available to provide you with written answers to your questions on the types of supporting records required.

State and local filing obligations

On June 21, 2018, the U.S. Supreme Court reversed the long-standing physical presence nexus standard in *South Dakota v. Wayfair, Inc. et. al.* This decision significantly changes the landscape of sales and use tax compliance, especially for online sellers. If you wish to understand the impact of the decision on your business, we will confirm this in a separate

engagement letter. The scope of our services under this engagement letter does not include services related to your compliance with other tax obligations.

You are responsible for determining your tax filing obligations with any state or local tax authorities, including, but not limited to, income, franchise, sales, use, property or unclaimed property taxes. If upon review of the information you have provided to us, including information that comes to our attention, we believe that you may have additional filing obligations, we will notify you. You acknowledge that any additional filing obligations are not within the scope of this engagement. If you ask us to prepare these returns, we will confirm this representation in a separate engagement letter.

U.S. filing obligations related to foreign investments

Based on the information you provide, you may have additional filing obligations including but not limited to:

- Ownership of or an officer relationship with respect to certain foreign corporations (Form 5471);
- Foreign-owned U.S. corporation or domestic disregarded entity (Form 5472);
- Foreign corporation engaged in a U.S. trade or business (Form 5472);
- U.S. transferor of property to a foreign corporation (Form 926);
- U.S. person with an interest in a foreign trust (Forms 3520 and 3520-A);
- U.S. person with interests in a foreign partnership (Form 8865);
- U.S. person with interests in a foreign disregarded entity (Form 8858); or
- Statement of specified foreign assets (Form 8938).

You are responsible for informing us of all foreign assets owned directly or indirectly, including but not limited to financial accounts with foreign institutions, other foreign non-account investments, and ownership of any foreign entities, regardless of amount. If upon review of the information you have provided to us, including information that comes to our attention, we believe that you may have additional filing obligations, we will notify you.

Failure to timely file the required forms may result in substantial civil and/or criminal penalties. By your signature below, you agree to provide us with complete and accurate information regarding any foreign investments in which you have a direct or indirect interest, or over which you have signature authority, during the above referenced tax year.

The foreign reporting requirements are very complex. If you have any questions regarding the application of the reporting requirements for your foreign interests or activities, please ask us and we will respond in writing. Only advice that is in writing may be relied upon. We assume no liability for penalties associated with the failure to file or untimely filing of any of these forms.

Foreign filing obligations

You are responsible for complying with the tax filing requirements of any other country. You acknowledge and agree that we have no responsibility to raise these issues with you and that foreign filing obligations are not within the scope of this engagement.

Virtual currency

The IRS considers virtual currency (e.g., Bitcoin) as property for U.S. federal income tax purposes. As such, any transactions in, or transactions that use, virtual currency are subject to the same general tax principles that apply to other property transactions.

If you had virtual currency activity during the tax year, you may be subject to tax consequences associated with such transactions and may have additional reporting obligations. You agree to provide us with complete and accurate information regarding any transactions in, or transactions that have used, virtual currency during the applicable tax year.

Other income, losses and expenses

If you realized income, loss or expense from a business or supplemental income or loss, the reporting requirements of federal and state income tax authorities apply to such income, loss or expense. You are responsible for complying with all applicable laws and regulations pertaining to such operations, including the classification of workers as employees or independent contractors and related payroll tax and withholding requirements.

Employment records

You are responsible for obtaining Form I-9, Employment Eligibility Verification, from each new employee at the time of employment. In addition, Federal Form W-4, Employee's Withholding Allowance Certificate, and the applicable state equivalent should be retained for all employees. Failure to obtain these forms may subject an employer to penalties. Additional state requirements related to employment records may exist. At your written request, we are available to provide written answers to your questions on required documentation.

Worker classification

You acknowledge and confirm that you, in consultation with other professional advisors, as needed, are responsible for determining the correctness of any worker classification. Payroll tax withholding and related employer payroll tax implications result from this determination. We recommend obtaining a signed contract and signed Form W-9, Request for Taxpayer Identification Number and Certification, or Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals), from all independent contractors. You should provide all independent contractors with both forms and let them decide which form (W-9 or W-8BEN) is reflective of their status.

You should also issue a Form 1099-MISC, Miscellaneous Income, to all unincorporated domestic independent contractors to whom you pay \$600 or more for services. For those who provided a completed Form W-8BEN, a Form 1042-S must be issued to individuals if any payment is made from U.S. sources that would be deemed to be fixed or determinable annual or periodical income or other types of income included in the

instructions, even if these payments are subject to a reduced income tax withholding rate or are exempt from income tax withholding due to an income tax treaty. In addition, state rules should also be reviewed to determine if state taxes are required to be withheld and separate returns completed for any independent contractor. At your written request, we are available to provide written answers to your questions on required documentation.

PPP and/or EIDL Loans

To the extent you have previously obtained a Paycheck Protection Program loan ("PPP loan") and/or an Economic Injury Disaster Loan ("EIDL"), by your signature to this engagement letter, below, you acknowledge and agree that (a) we do not and have not monitor or review your use of the loan proceeds obtained from any PPP loan or EIDL (collectively, "Loan" or "Loans") and (b) we have not and will not advise you as to how such Loan proceeds are to be used. Further, by signing this engagement letter, below, you also acknowledge and agree that (A) there are regulatory and legal restrictions imposed as to the use of any such Loan proceeds, (B) that it is your obligation to (i) review the loan agreement and other loan documents for any such Loans and (ii) to use such proceeds correctly and in accordance with all applicable loan documents, laws, regulations and regulatory guidelines/notices/pronouncements, and (C) there are penalties that can be imposed if the Loan proceeds are improperly used and any such penalties imposed shall be your exclusively obligation to pay. If any information comes to our attention that any of the foregoing matters recited in the previous sentence has not and/or may not been followed then such knowledge can serve as a basis for us to withdraw from this engagement.

Ultimate responsibility

You have final responsibility for your tax returns. We will provide you with a copy of your electronic tax returns and accompanying schedules and statements for review prior to filing with the IRS and state and local tax authorities, as applicable. You agree to review and examine them carefully for accuracy and completeness.

You will be required to verify and sign a completed Form 8879-EO, *IRS e-file Signature Authorization for an Exempt Organization*, and any similar state and local equivalent authorization form if applicable, before your returns can be filed electronically.

In the event that you do not wish to have your tax returns filed electronically, please contact us. Additional procedures will apply. If paper returns are to be filed, you will be responsible for reviewing the paper returns for accuracy, signing them, and filing them timely with the tax authorities.

Electronic Data Communication and Storage

In the interest of facilitating our services to you, we may communicate with you or others via email transmission, send data over the Internet, store electronic data via computer software applications hosted remotely on the Internet, or utilize cloud-based storage. Your confidential electronic data may be transmitted or stored using these methods. In using these data communication and storage methods, we employ measures designed to maintain data security. We use reasonable efforts to keep such communications and electronic data secure in accordance with our obligations under applicable laws, regulations, and professional standards.

You recognize and accept that we have no control over the unauthorized interception or breach of any communications or electronic data once it has been transmitted or if it has been subject to

unauthorized access while stored, notwithstanding all reasonable security measures employed by us. Also, as emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that emails from us will be properly delivered and read only by the addressee. You consent to our use of these electronic devices and applications during this engagement.

To the extent you provide us, for any aspect of this tax engagement, with access to electronic data via a local or online database from which we will download your trial balance or other information, you agree that the data is accurate as of the date and time you authorize it to be downloaded.

We specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure or communication of e-mail and data transmissions, or for the unauthorized use or failed delivery of e-mails and/or other data transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions and data storage, including any consequential, incidental, direct, indirect, or special damages, such as loss of sales or anticipated profits, or disclosure or communication of confidential or proprietary information.

Newsletters and Similar Communications

We may send newsletters, emails, explanations of technical developments or similar communications to you. These communications are of a general nature and should not be construed as professional advice. We may not send all such communications to you. These communications do not, by themselves, constitute a client relationship with you, nor do they constitute advice or an undertaking on our part to monitor issues for you.

Disclaimer of Legal and Investment Advice

Our services under this engagement letter do not constitute legal or investment advice unless we are specifically engaged to provide investment advice in the *Engagement Objective and Scope* section of this engagement letter. We recommend that you retain legal counsel and investment advisors to provide such advice.

If you provide us with copies of brokerage (or investment advisory) statements and/or read-only access to your accounts, we will use the information solely for the purpose of preparing your tax returns. We will rely on the accuracy of the information provided in the statements and will not undertake any action to verify this information. We will not monitor transactions, investment activity, provide investment advice, or supervise the actions of the entity or individuals entering into transactions or investment activities on your behalf. We recommend you receive and review all statements promptly and carefully, and direct any questions regarding account activity to your banker, broker, or investment advisor.

Timing of the Engagement

We expect to begin our services upon receipt of this fully executed engagement letter, your trial balance, financial statements and other supporting data agreed to above.

Our services will conclude upon the earlier of:

- the filing and acceptance of your 2021 tax returns by the appropriate tax authorities and mailing or delivery of non-electronically filed tax returns (if any) for your filing with the appropriate tax authorities,

- written notification by you or us that the engagement is terminated, or
- one year from the execution date of this engagement letter.

Extensions of Time to File Tax Returns

The original filing due dates for your tax returns are May 15, 2022 for calendar year federal forms 990 or the 15th day of the 5th month after the end of the taxable year. **Due to the high volume of tax returns prepared by our Firm, the information needed to complete the tax returns must be received no later than 45 days before the filing deadline so that the returns may be completed by the original filing due dates.**

It may become necessary to apply for an extension of the filing deadline if there are unresolved issues or delays in processing, or if we do not receive all of the necessary information from you on a timely basis. Applying for an extension of time to file may extend the time available for a government agency to undertake an audit of your return or may extend the statute of limitations to file a legal action. All taxes owed are due by the original filing due date. Additionally, extensions may affect your liability for penalties and interest or compliance with governmental or other deadlines.

To the extent you wish to engage our Firm to apply for extensions of time to file tax returns on your behalf, you must notify us of this request in writing. We will not file these applications unless we receive a fully executed copy of this engagement letter and your express written authorization to file for an extension. In some cases, your signature may be needed on such applications prior to filing. Failure to timely request an extension of time to file can result in penalties for failure to file tax returns, which accrue from the original due date of the returns, and can be substantial.

If we prepared your 2020 tax return then we will automatically file an extension for your 2021 tax return if we are near the filing deadline and have not received the information required to prepare your tax return timely. The extension will be filed unless we hear from you not to file an extension.

We are available to discuss this matter with you at your request. Additional charges will apply for such services.

Penalties and Interest Charges

Federal, state, and local tax authorities impose various penalties and interest charges for non-compliance with tax laws and regulations including failure to file or late filing of returns, and underpayment of taxes. You, as the taxpayer, remain responsible for the payment of all tax, penalties, and interest charges imposed by tax authorities.

We rely on the accuracy and completeness of the information you provide to us in connection with the preparation of your tax returns. Failure to disclose or inadequate disclosure of income or tax positions may result in the imposition of penalties and interest charges.

Our Working Papers

The working papers prepared in conjunction with our engagement are our property and constitute confidential information. The working papers will be retained by us in accordance with applicable laws and our policies and procedures. However, we may be required, by law or regulation, to make certain working papers available to regulatory authorities for their review, and upon request, we may be required to provide such authorities with photocopies of selected working papers.

It is our policy to keep records for seven years. However, we do not keep any of your original records, so we will return those to you upon the completion of the engagement. When records are returned to you, it is your responsibility to retain and protect the records for possible future use, including potential examination by governmental or regulatory agencies. By signing this engagement letter, you acknowledge and agree that upon the expiration of the five-year period, we are free to destroy these records.

Independence

Professional and certain regulatory standards require us to be independent, in both fact and appearance, with respect to you throughout the performance of our services. Any discussions that you have with our personnel regarding employment could pose a threat to our independence. Therefore, we request that you inform us prior to any such discussions so that we can implement appropriate safeguards to maintain our independence. In the event additional work is required to satisfy independence requirements, such work will be billed at our standard hourly rates.

Dispute Resolution, Indemnification and Limitation of Liability

Notwithstanding anything contained herein, both you and our Firm agree that regardless of where you are domiciled and regardless of where this engagement letter is physically signed, this engagement letter shall have been deemed to have been entered into at our office located in Miami-Dade County, Florida, USA. If any legal proceedings are filed, by entering into this engagement letter, you and we each expressly agree and acknowledge that Circuit Court for the Eleventh Judicial Circuit of Florida in and for Miami-Dade County, in Miami, Florida, and the United States District Court for the Southern District of Florida, in Miami, Florida, shall each have exclusive and sole jurisdiction for any action arising from, from relating to or in connection with this engagement letter, or any course of conduct, course of dealing, statement or actions by us or you and their respective employees, representatives, or agents. You expressly acknowledge that you voluntarily submit to personal jurisdiction in the State of Florida for any such legal action. In any litigation brought either by us or you, the prevailing party shall be entitled to an award of its reasonable attorneys' fees and costs incurred, including through all appeals.

WE AND YOU EACH HEREBY KNOWINGLY, VOLUNTARILY AND INTENTIONALLY WAIVE ANY RIGHT EITHER MAY HAVE TO A TRIAL BY JURY IN RESPECT TO ANY LITIGATION OR LEGAL PROCEEDINGS BASED HEREON, OR ARISING OUT OF, UNDER OR IN CONNECTION WITH THIS ENGAGEMENT LETTER OR ANY COURSE OF CONDUCT, COURSE OF DEALING, STATEMENT (WHETHER VERBAL OR WRITTEN) OR ACTIONS OF EITHER US OR YOU.

The terms and provisions of this engagement letter, any course of conduct, course of dealing and/or action on our part and/or by you and our relationship with you shall be governed by the laws of the State of Florida. The agreements of you and the Firm contained in this letter shall survive the completion or termination of this engagement and/or this letter.

In the event that we are or may be obligated to pay any cost, liability, loss, settlement, judgment, fine, penalty or similar award or sanction, including without limitation, reasonable attorneys' fees and expenses of counsel and/or the fees and costs of any expert each of our own choosing at all trial and appellate levels as a result of a claim, demand, investigation, or other proceeding (in court, arbitration or otherwise) instituted by any third party, then to the extent that such obligation is or may be a direct or indirect result of your intentional or knowing misrepresentation or provision to us of inaccurate or incomplete information in connection with this engagement, and not any failure on our part to comply with professional standards, you hereby agree to indemnify, defend, and hold us and our personnel harmless from and against all such obligations, claims, liabilities, losses, and costs and from any suits, claims, or demands of

any kind or nature whatsoever, including, without limitation, reasonable attorneys' fees and expenses, and/or fees and expenses of any expert, at all trial and appellate levels.

YOU AGREE THAT OUR MAXIMUM LIABILITY TO YOU OR ANY THIRD PARTY FOR ANY NEGLIGENT ERRORS OR OMISSIONS COMMITTED BY US IN THE PERFORMANCE OF THIS TAX RETURN PREPARATION AND RELATED BOOKKEEPING SERVICES ENGAGEMENT WILL BE LIMITED TO THE AMOUNT OF THE FEES FOR THIS ENGAGEMENT, EXCEPT TO THE EXTENT DETERMINED TO RESULT FROM STRICT LIABILITY, OR OUR GROSS NEGLIGENCE OR WILLFUL MISCONDUCT.

IN NO EVENT WILL EITHER YOU OR OUR FIRM BE LIABLE TO THE OTHER FOR ANY SPECIAL, INDIRECT, INCIDENTAL, OR CONSEQUENTIAL DAMAGES IN CONNECTION WITH OR OTHERWISE ARISING OUT OF THIS ENGAGEMENT AND ENGAGEMENT LETTER, EVEN IF ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. IN NO EVENT SHALL EITHER YOU OR OUR FIRM BE LIABLE FOR EXEMPLARY OR PUNITIVE DAMAGES ARISING OUT OF OR RELATED TO THIS ENGAGEMENT AND ENGAGEMENT LETTER.

BECAUSE OF THE IMPORTANCE OF MANagements REPRESENTATIONS TO THE EFFECTIVE PERFORMANCE OF OUR PROFESSIONAL SERVICES, YOU WILL RELEASE US AND OUR PERSONNEL FROM ANY CLAIMS, LIABILITIES, COSTS, AND EXPENSES RELATING TO OUR SERVICES UNDER THIS ENGAGEMENT AND ENGAGEMENT LETTER ATTRIBUTABLE TO ANY WRITTEN AND ORAL MISREPRESENTATIONS MADE TO US AND OUR PERSONNEL BY YOU AND/OR ANY MEMBER OF YOUR MANAGEMENT. THE PROVISIONS OF THIS PARAGRAPH SHALL APPLY REGARDLESS OF THE FORM OF ACTION, PROCEEDING, INVESTIGATION, DEMAND, DAMAGE, CLAIM, LIABILITY, COST, EXPENSE, SETTLEMENT, JUDGMENT, FINE, PENALTY, SIMILAR AWARD OR SANCTION, OR LOSS ASSERTED, WHETHER IN CONTRACT, STATUTE, TORT (INCLUDING BUT NOT LIMITED TO NEGLIGENCE) OR OTHERWISE. IN ADDITION, YOU FURTHER AGREE TO INDEMNIFY, RELEASE, DEFEND AND HOLD US AND OUR PERSONNEL HARMLESS FOR ANY LIABILITY AND ALL REASONABLE COSTS, INCLUDING LEGAL FEES AND EXPENSES (AT ALL TRIAL OR APPELLATE LEVELS OF COUNSEL AND/OR ANY EXPERT OF OUR SOLE CHOOSING) THAT WE MAY INCUR AS A RESULT OF OUR SERVICES PERFORMED UNDER THIS ENGAGEMENT LETTER IN THE EVENT THERE ARE KNOWING MISREPRESENTATIONS MADE TO US BY YOU AND/OR ANY MEMBER OF YOUR MANAGEMENT.

ALL DEFENSE, RELEASE, INDEMNIFICATION AND HOLD HARMLESS PROVISIONS RECITED IN THIS ENGAGEMENT LETTER SHALL SURVIVE THE COMPLETION AND/OR TERMINATION OF THIS ENGAGEMENT AND THIS ENGAGEMENT LETTER.

Summons or Subpoenas

All information you provide to us in connection with this engagement will be maintained by us on a strictly confidential basis.

If we receive a summons or subpoena which our legal counsel determines requires us to produce documents from this engagement or testify about this engagement, provided that we are not prohibited from doing so by applicable laws or regulations, we agree to inform you of such summons or subpoena as soon as practicable. You may, within the time permitted for our firm to respond to any request, initiate such legal action as you deem appropriate, at your sole expense, to attempt to limit discovery. If you take no action within the time permitted for us to respond, or if your action does not result in a judicial order protecting us from supplying requested information, we may construe your inaction or failure as consent to comply with the request. In

the event you direct us not to make the disclosure, you agree to defend, release, indemnify and hold us and our personnel harmless from any expenses incurred in defending the privilege, including, by way of illustration only, our attorney's fees (for any attorney of own choosing through all trial and appellate levels), court costs, outside adviser's costs (for any expert of our own choosing through all trial and appellate levels), or penalties or fines imposed as a result of your asserting the privilege or your direction to us to assert the privilege.

As a result of the services we provide to you pursuant to this letter, and/or as a result of our prior or future services to you, we may be required or requested to provide testimony, information or documents (pursuant to a subpoena, court order, or other legal process) to you or a third-party in connection with a legal, arbitration or administrative proceeding (including a grand jury investigation) in which we are not a party. If this occurs, our efforts in complying with such requests or demands will be deemed part of this engagement and we shall be entitled to compensation for our time (at our then current hourly rates) and reimbursement for all of our out-of-pocket expenditures (including legal fees and costs of counsel and fees and costs of any expert each of our own choosing through all trial and appellate levels) in complying with such request or demand. This is not intended, however, to relieve us of our duty to observe the confidentiality requirements of our profession.

Professional Fees

Our professional fee for the services outlined above are included in our invoice with your tax return package and is based upon the complexity of the work to be performed, and our professional time at our standard billing rates, as well as out-of-pocket expenses. In addition, this fee depends upon the timely delivery, availability, quality, and completeness of the information you provide to us. You agree that you will deliver all records requested and respond to all inquiries made by our staff to complete this engagement on a timely basis. You agree to pay all fees and expenses incurred whether or not we prepare the tax returns. All invoices are due and payable upon presentation. The failure to pay any of our invoices for our services in full when due will result in the imposition of a finance charge of one and one-half percent (1-1/2 %) per month on the unpaid balance until paid in full. We also reserve the right to suspend our services and/or to withdraw from this engagement if our billing invoice(s) are not timely paid.

Termination and Withdrawal

We acknowledge your right to terminate our services at any time, and you acknowledge that we reserve the right to withdraw from the engagement without completing services for any reason, including, but not limited to, non-payment of fees, your failure to comply with the terms of this engagement letter, or as we determine professional standards require. If our work is suspended or terminated, you agree that we will not be responsible for your failure to meet governmental and other deadlines, or for any liability, including but not limited to, penalties or interest that may be assessed against you resulting from your failure to meet such deadlines.

If this engagement letter and/or our engagement is terminated before services are completed, you agree to compensate us for the services performed and expenses incurred through the effective date of termination.

Assignment

Both you and our Firm acknowledge and agree that the terms and conditions of this engagement letter shall be binding upon and inure to the parties' successors and assigns, subject to applicable laws and regulations. **YOU AGREE THAT YOU WILL NOT, DIRECTLY OR INDIRECTLY, AGREE TO ASSIGN OR TRANSFER ANY CLAIM AGAINST US OR OUR PERSONNEL ARISING OUT OF THIS ENGAGEMENT TO ANYONE.**

* * * * *

This engagement letter reflects the entire agreement between you and this CPA Firm relating to the services covered by this engagement letter. It replaces and supersedes any previous proposals, correspondence and understandings, whether written or oral, between you and us relating to the engagement subject matter.

This engagement letter may not be modified in any respect unless in writing and signed by both you and us. The waiver by either you or us of any provision of this engagement letter shall not operate or be construed as a waiver of any subsequent breach by either you or us. If any portion of this engagement letter is held to be void, invalid, or otherwise unenforceable, in whole or in part, the remaining portions of this engagement letter shall each remain in effect.

Any electronic signature transmitted through DocuSign or manual signature on this engagement letter transmitted by facsimile or by electronic mail may be considered an original signature. Counterpart signatures are acceptable.

We appreciate the opportunity to be of service to you. Please date and execute the enclosed copy of this engagement letter and return it to us to acknowledge your acceptance. We will not initiate services until we receive the fully executed engagement letter.

Very truly yours,

Caballero Fierman Llerena & Garcia, LLP

Accepted By: _____

Date: _____

DRAFT

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning _____, and ending _____

59-2230272

HISPANIC UNITY OF FLORIDA, INC.

Net Asset / Fund Balance at Beginning of Year 3,831,117

Revenue

Contributions	<u>6,233,324</u>	
Program service revenue	<u>131,336</u>	
Investment income	<u>4,557</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>52,595</u>	
Total revenue		<u>6,421,812</u>

Expenses

Program services	<u>6,014,556</u>	
Management and general	<u>582,272</u>	
Fundraising	<u>35,373</u>	
Total expenses		<u>6,632,201</u>
Excess / (deficit)		<u>-210,389</u>

Changes _____

Net Asset / Fund Balance at End of Year 3,620,728

Reconciliation of Revenue

Total revenue per financial statements	<u>6,503,001</u>
Less:	
Unrealized gains	
Donated services	<u>81,189</u>
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u>6,421,812</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>6,713,390</u>
Less:	
Donated services	<u>81,189</u>
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u>6,632,201</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>5,305,803</u>	<u>4,609,854</u>	
Liabilities	<u>1,474,686</u>	<u>989,126</u>	
Net assets	<u>3,831,117</u>	<u>3,620,728</u>	<u>-210,389</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/22
 Failure to file penalty _____

Caballero Fierman Llerena & Garcia, LLP
8950 SW 74 Court Ste 1210
Miami, FL 33156
305-662-7272

October 31, 2022

CONFIDENTIAL

HISPANIC UNITY OF FLORIDA, INC.
5840 JOHNSON STREET
HOLLYWOOD, FL 33021

Dear HISPANIC UNITY OF FLORIDA, INC.:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Caballero Fierman Llerena & Garcia, LLP

Any accounting, business or tax advice contained in this communication, including attachments and enclosures, is not intended as a thorough, in-depth analysis of specific issues, nor a substitute for formal opinion, nor is it sufficient to avoid tax-related penalties.

Caballero Fierman Llerena & Garcia, LLP
8950 SW 74 Court Ste 1210
Miami, FL 33156
305-662-7272

Invoice Number 60028

October 31, 2022

CONFIDENTIAL

HISPANIC UNITY OF FLORIDA, INC.
5840 JOHNSON STREET
HOLLYWOOD, FL 33021

Client Number 60028

For professional services rendered in connection with the preparation of the following tax forms for year ending 12/31/21.

990 Return Summary
Form 8868 (Application for Extension)
Form 8879-TE (IRS efile PIN Authorization)
Schedule B (Schedule of Contributors)
Schedule B, Part I (Contributors - Cash & Noncash)
Form 4562 (Depreciation and Amortization)
Electronic Filing Administration
Copying, binding and processing

Amount due \$ 1,980.00

You can visit our website at www.cflgcpa.com to remit payment on your invoice.

Filing Instructions

HISPANIC UNITY OF FLORIDA, INC.

Exempt Organization Tax Return

Taxable Year Ended December 31, 2021

Date Due: November 15, 2022

Remittance: None is required. Your Form 990 for the tax year ended 12/31/21 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Caballero Fierman Llerena & Garcia, LLP
8950 SW 74 Court Ste 1210
Miami, FL 33156

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning, 2021, and ending, 20

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

2021

Department of the Treasury
Internal Revenue Service

Name of filer

HISPANIC UNITY OF FLORIDA, INC.

EIN or SSN

59-2230272

Name and title of officer or person subject to tax **LUIS F. PINZON**
PRESIDENT/CEO

Part I Type of Return and Return Information

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	6,421,812
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax } Date } **10/27/22**

Part III Certification and Authentication

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

65352730272

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **Ana M. Cunill, C.P.A.** Date } **10/27/22**

ERO Must Retain This Form — See Instructions

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)

Form **990**

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

OMB No. 1545-0047

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning , **and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HISPANIC UNITY OF FLORIDA, INC.		D Employer identification number 59-2230272
	Doing business as		E Telephone number 954-964-8884
	Number and street (or P.O. box if mail is not delivered to street address) 5840 JOHNSON STREET		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code HOLLYWOOD FL 33021		G Gross receipts \$ 6,421,812
F Name and address of principal officer: LUIS F. PINZON			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.HISPANICUNITY.ORG	H(c) Group exemption number u
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 1982	M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: EMPOWERING IMMIGRANTS AND OTHERS TO BECOME SELF-SUFFICIENT, PRODUCTIVE AND CIVICALLY ENGAGED.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 20
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 230
	6 Total number of volunteers (estimate if necessary)	6 123
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 5,416,315 Current Year: 6,233,324
	9 Program service revenue (Part VIII, line 2g)	139,651 131,336
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,454 4,557
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	99,395 52,595
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,657,815 6,421,812
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	199,444 143,176
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,092,000 4,841,830
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0
	b Total fundraising expenses (Part IX, column (D), line 25) u 35,373	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,254,779 1,647,195
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,546,223 6,632,201	
19 Revenue less expenses. Subtract line 18 from line 12	111,592 -210,389	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 5,305,803 End of Year: 4,609,854
	21 Total liabilities (Part X, line 26)	1,474,686 989,126
	22 Net assets or fund balances. Subtract line 21 from line 20	3,831,117 3,620,728

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer LUIS F. PINZON	Date PRESIDENT/CEO
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Ana M. Cunill, C.P.A.	Preparer's signature Ana M. Cunill, C.P.A.	Date 10/31/22	Check <input type="checkbox"/> if self-employed	PTIN P00959165
	Firm's name Caballero Fierman Llerena & Garcia, LLP	Firm's EIN 55-0912340	Firm's address 8950 SW 74 Court Ste 1210 Miami, FL 33156		
			Phone no. 305-662-7272		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **3,090,777** including grants of \$ **143,176**) (Revenue \$ **30,400**)

See Schedule O

4b (Code:) (Expenses \$ **2,229,740** including grants of \$) (Revenue \$)

See Schedule O

4c (Code:) (Expenses \$ **694,039** including grants of \$) (Revenue \$ **100,936**)

See Schedule O

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

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

4e Total program service expenses **u 6,014,556**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1a			19
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c		X	

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

Yes No

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	230			
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		X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X	
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X	
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17				

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1a	20		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X
9			

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **u FL**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **u**

LEONOR E. ROMERO 5840 JOHNSON STREET FL 33021 754-221-7976
HOLLYWOOD

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSIE BACALLAO PAST PRESIDENT/CEO	40.00 0.00			X				205,405	0	12,046
(2) LUIS F. PINZON PRESIDENT/CEO	40.00 0.00			X				159,846	0	60
(3) VIRGINIA K. CIELO COO	40.00 0.00			X				135,163	0	174
(4) RAYMOND MCGUIRE CFO	40.00 0.00			X				105,704	0	3,721
(5) ANTHONY ABBATE DIRECTOR	2.00 0.00	X						0	0	0
(6) MARITZA ALVAREZ DIRECTOR	2.00 0.00	X						0	0	0
(7) EDUARDO BELLO DIRECTOR	2.00 0.00	X						0	0	0
(8) CAROLINA CARDOZO DIRECTOR	2.00 0.00	X						0	0	0
(9) GISELLE CUSHING DIRECTOR	2.00 0.00	X						0	0	0
(10) LESLI CARTAYA FRANCO DIRECTOR	2.00 0.00	X						0	0	0
(11) JOHN GUERRERO CHAIR	2.00 0.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) DANIEL HERZ	2.00									
DIRECTOR	0.00	X						0	0	0
(13) SCOTT KARLEN	2.00									
DIRECTOR	0.00	X						0	0	0
(14) CHRISTINA PARADOWSKI	2.00									
CHAIR-ELECT	0.00	X		X				0	0	0
(15) DEBORAH PENA	2.00									
TREASURER (Jun-Oct.)	0.00	X						0	0	0
(16) EMMA PFISTER	2.00									
TREASURER (Jan-Jun)	0.00	X		X				0	0	0
(17) LUCIA RODRIGUEZ	2.00									
PAST CHAIR	0.00	X		X				0	0	0
(18) DANIEL SHEVIS	0.00									
DIRECTOR	0.00	X						0	0	0
(19) ANGIE STONE	2.00									
SECRETARY	0.00	X		X				0	0	0
1b Subtotal							u	606,118		16,001
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u	606,118		16,001

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 4**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SAFE WAY MAINTENANCE INC MARGATE FL 33065	510 North Rock Island Road Apt 5 BLDG MAINT & IM	168,453

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 **u 1**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,147,254				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,086,070				
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f	u	6,233,324				
	Program Service Revenue	2a CIVIC ENGAGEMENT	Business Code 611600	100,936	100,936		
b EDUCATIONAL SERVICES		611710	30,400	30,400			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u	131,336				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	4,557			4,557	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a	52,595				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c	52,595				
	d Net rental income or (loss)	u	52,595			52,595	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7a					
		b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c					
d Net gain or (loss)	u						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events	u					
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions	u	6,421,812	131,336	0	57,152		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	143,176	143,176		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	622,089	400,630	197,679	23,780
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,746,997	3,429,905	317,092	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	117,706	116,929	777	
10 Payroll taxes	355,038	350,785	1,967	2,286
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	21,837		21,837	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	232,059	212,692	19,367	
12 Advertising and promotion	24,252	20,338		3,914
13 Office expenses	269,583	258,294	8,580	2,709
14 Information technology	109,280	104,491	4,335	454
15 Royalties				
16 Occupancy	338,366	330,267	7,239	860
17 Travel	7,232	7,230	2	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,262	15,833	947	482
20 Interest	19,838	18,831	846	161
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	143,394	141,656	1,130	608
23 Insurance	39,817	39,374	324	119
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Emergency Fund/Incentives	168,711	168,711		
b Advertising Campaign & Co	131,098	131,098		
c Field Trips/Food	60,257	60,257		
d Educational Material	56,267	56,267		
e All other expenses	7,942	7,792	150	
25 Total functional expenses. Add lines 1 through 24e	6,632,201	6,014,556	582,272	35,373
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	2,787,239	1	1,966,747
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,039,395	3	1,285,904
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	46,921	9	25,220
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,065,782		
	b	Less: accumulated depreciation	10b 1,767,524	10c 1,398,046	1,298,258
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	34,202	15	33,725
16	Total assets. Add lines 1 through 15 (must equal line 33)	5,305,803	16	4,609,854	
Liabilities	17	Accounts payable and accrued expenses	211,227	17	202,061
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	793,394	23	775,726
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	470,065	25	11,339
	26	Total liabilities. Add lines 17 through 25	1,474,686	26	989,126
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	1,750,308	27	1,823,479
	28	Net assets with donor restrictions	2,080,809	28	1,797,249
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	3,831,117	32	3,620,728	
33	Total liabilities and net assets/fund balances	5,305,803	33	4,609,854	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,421,812
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,632,201
3	Revenue less expenses. Subtract line 2 from line 1	3	-210,389
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,831,117
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,620,728

Part XII Financial Statements and Reporting

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) STEVE SAMPIER	2.00									
DIRECTOR	0.00	X						0	0	0
(21) FRANCISCO RIVERA	2.00									
DIRECTOR	0.00	X						0	0	0
(22) JORGE F. DE APODACA	2.00									
DIRECTOR	0.00	X						0	0	0
(23) LISETTE RODRIGUEZ	2.00									
TREASURER (Sep-Dec)	0.00	X		X				0	0	0
(24) ANA ARGUELLO	2.00									
DIRECTOR	0.00	X						0	0	0
(25) JEFFREY NASSE	2.00									
DIRECTOR	0.00	X						0	0	0
(26) MARIA BARNARD	2.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2021

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

HISPANIC UNITY OF FLORIDA, INC.

Employer identification number

59-2230272

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2021

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,439,544	7,453,016	5,407,544	5,416,315	6,233,324	28,949,743
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	4,439,544	7,453,016	5,407,544	5,416,315	6,233,324	28,949,743
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						28,949,743

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	4,439,544	7,453,016	5,407,544	5,416,315	6,233,324	28,949,743
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	229	4,465	64,689	53,517	57,152	180,052
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	78,493	71,428				149,921
11 Total support. Add lines 7 through 10						29,279,716

12 Gross receipts from related activities, etc. (see instructions) **12** 1,066,514

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	98.87 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	97.85 %

16a 33 1/3% support test—2021. 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—2020. 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—2021. 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—2020. 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. <i>Answer lines 2a and 2b below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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

Part II, Line 10 - Other Income Detail

MISCELLANEOUS INCOME \$ 149,921

DRAFT

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

HISPANIC UNITY OF FLORIDA, INC.

59-2230272

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

HISPANIC UNITY OF FLORIDA, INC.

Employer identification number

59-2230272

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHILDREN SERVICES COUNCIL OF BROWARD 6600 WEST COMMERCIAL BLVD LAUDERHILL FL 33319	\$ 2,743,643	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UNIDOS US 1126 16TH STREET, NW WASHINGTON DC 20036	\$ 182,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	UNITED WAY OF BROWARD COUNTY 1300 S ANDREWS AVENUE FT LAUDERDALE FL 33316	\$ 228,733	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JM MORAN FOUNDATION 100 JIM MORAN BLVD DEERFIELD BEACH FL 33442	\$ 850,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	KRESGE FOUNDATION 3215 W BIG BEAVER ROAD TROY MI 48084	\$ 160,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of organization

HISPANIC UNITY OF FLORIDA, INC.

Employer identification number

59-2230272

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions u \$

3 Volunteer hours for political campaign activities. See instructions

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 u \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 u \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities u \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities u \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b u \$

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

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

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

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

Schedule C (Form 990) 2021

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

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

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

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	0													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	3,513													
c Total lobbying expenditures (add lines 1a and 1b)	3,513													
d Other exempt purpose expenditures	0													
e Total exempt purpose expenditures (add lines 1c and 1d)	3,513													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	703													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	176													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i Subtract line 1f from line 1c. If zero or less, enter -0-	2,810													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount			2,134	703	2,837
b Lobbying ceiling amount (150% of line 2a, column (e))					4,256
c Total lobbying expenditures			10,668	3,513	14,181
d Grassroots nontaxable amount			534	176	710
e Grassroots ceiling amount (150% of line 2d, column (e))					1,065
f Grassroots lobbying expenditures				0	

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

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

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

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

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

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

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

Part IV Supplemental Information

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

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

The organization engaged in lobbying to help under-served families and others with the economic sustainability, education, and healthcare.

Part IV Supplemental Information *(continued)*

DRAFT

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

HISPANIC UNITY OF FLORIDA, INC.

Employer identification number

59-2230272

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (a) Total number of conservation easements, (b) Total acreage restricted by conservation easements, (c) Number of conservation easements on a certified historic structure included in (a), (d) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) Unrelated organizations
 - (ii) Related organizations
- | | Yes | No |
|--|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		458,106		458,106
b Buildings		2,079,779	1,380,185	699,594
c Leasehold improvements				
d Equipment		428,061	294,809	133,252
e Other		99,836	92,530	7,306
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,298,258

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and LINE OF CREDIT with a value of 11,339.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	6,503,001
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	81,189	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	81,189	
3	Subtract line 2e from line 1	3	6,421,812	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,421,812	

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

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

1	Total expenses and losses per audited financial statements		1	6,713,390
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	81,189	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	81,189	
3	Subtract line 2e from line 1	3	6,632,201	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,632,201	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X - FIN 48 Footnote

GAAP requires management to evaluate tax positions taken and recognize a tax liability (or asset) if the Organization has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. Management has analyzed the tax positions taken and has concluded that as of December 31, 2021 and 2020, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. If the Organization were to incur an income tax liability in the future, interest and penalties would be reported as income taxes. The Organization is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management

Part XIII Supplemental Information *(continued)*

believes the Organization is no longer subject to income tax examinations
by tax authorities for the years prior to 2018.

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

HISPANIC UNITY OF FLORIDA, INC.

Employer identification number
59-2230272

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2021)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Housing	36	80,448			
2 Utilities	38	14,946			
3 Food, Clothes, Transporta	119	47,782			
4					
5					
6					
7					

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

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SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

HISPANIC UNITY OF FLORIDA, INC.

Employer identification number

59-2230272

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

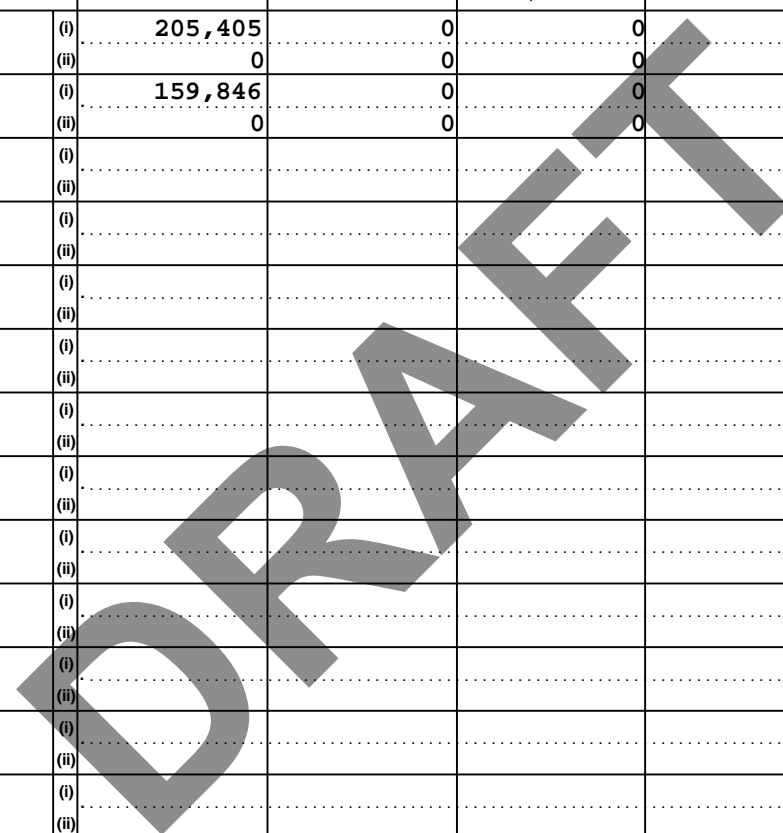
	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOSIE BACALLAO PAST PRESIDENT/CEO	(i)	205,405	0	0	0	12,046	217,451	0
	(ii)	0	0	0	0	0	0	0
2 LUIS F. PINZON PRESIDENT/CEO	(i)	159,846	0	0	0	60	159,906	0
	(ii)	0	0	0	0	0	0	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



Part III Supplemental Information

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

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**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

HISPANIC UNITY OF FLORIDA, INC.

Employer identification number

59-2230272

Form 990 - Organization's Mission

Hispanic Unity of Florida, Inc. ("HUF" or "the Organization") was founded in 1982 by community leaders to guide newcomers to the U.S. on their journey to their American dream and to ease the acculturation process.

Today, HUF is Broward County's largest 501(c) (3) dedicated to the immigrant population. With 12 programs and more than 30 services offered in 4 languages, this agency serves South Florida's diverse community. Since its inception, HUF has served over 500,000 individuals.

The organization provides services in the following program areas:

Education, Economic Development, and Civic Engagement. We also focus on Public Policy & Advocacy. The COVID-19 pandemic changed the way we operate as an agency; currently our programs and services are in-person and virtual.

HUF's comprehensive approach to advance and accelerate the pace of social and economic stability is family-centered, two generation (2Gen) and operates through a racial equity lens. HUF's integrated services provide a seamless framework of economic stability that include immediate assistance as well as long-term solutions. Family coaches work within the 2Gen approach, simultaneously tracking outcomes for children and adult family members.

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

Name of the organization

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HISPANIC UNITY OF FLORIDA, INC.

59-2230272

In 2021, the agency served more than 18,000 children and families. During the first half of 2021, HUF provided assistance and services virtually with limited in-person client sessions. In the second half of the year, the agency started providing in-person services with a focus on health (COVID-19 vaccination and education) and immigration services, public benefits assistance and other economic development and education programs, including HUF's preschool center which reopened in September 2021. Resources and focus increased for Public Policy & Advocacy in 2021.

HUF's programs and services have ensured a productive and self-sufficient pathway to prosperity for families and children, immigrants, low-income individuals, and other at-risk populations.

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

Language & Education Program

Education Department: 2,046 Individuals Served

Family Strengthening Program (FSP)

FSP is a parent-education program that teaches the importance of nurturing behaviors and promotes healthy physical and emotional development in children. We served 320 individuals, including children and parents/caregivers.

Unity 4Kids (U4K) Early Learning Center

U4K remained closed for much of 2021 due to the high positivity COVID-19 rate in Broward County. Families were referred to other HUF programs and community resources to meet their emergent needs. U4K safely reopened in August 2021, and served 34 individuals, including parents and children.

Name of the organization HISPANIC UNITY OF FLORIDA, INC.	Employer identification number 59-2230272
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English for Speakers of Other Languages (ESOL)

This program is designed for adult students, 18 years and older, to communicate competently in English and perform in the skill areas of listening, speaking, reading, and writing. 140 students learned English via in-person ESOL classes in partnership with Broward County Public Schools, between August and December.

Unity 4Teens (U4T) Program

Our year-round program for middle and high school age youth provides education and enrichment activities. As schools reopened in the later part of the year, our focus continued to be connecting with families and assisting them in accessing resources. The academic year started with in-person classes in August 2021 and so did our recruitment efforts for in-person youth development programming. We worked with a total of 830 students from Apollo, Attucks, McNicol and Olsen Middle schools and 722 students from Miramar, Deerfield Beach and Hollywood Hills High School.

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

Economic Mobility, Entrepreneurship and Health & Wellbeing

Economic Development Department: 11,574 individuals served

COVID Update

HUF's Community Health Workers (CHW) focused on providing vaccine education and access to our community resources, including on-site vaccinations. We served a total of 4,426 individuals in our efforts.

Main Number Continued to Serve as Emergency Hotline

Community members made 4,498 calls seeking information regarding HUF services, vaccination information, and requesting emergency assistance.

Open communication during the pandemic was an important step to ensure

Name of the organization HISPANIC UNITY OF FLORIDA, INC.	Employer identification number 59-2230272
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families were directly connected to services they needed as quickly as possible.

Center for Working Families (CWF): Workforce Development

We began to see an increase in requests for employment services at the beginning of 2021, although it was challenging to connect with clients as many were fearful of enclosed spaces. We assisted 199 individuals with resumes, job readiness workshop trainings, and job searches.

Health and Public Benefits: Income Supports

Comprando Rico y Sano

Food insecurity and the need for access to health and application assistance continued to be a primary focus of our public benefits team in 2021. CHW submitted 2,740 SNAP (food stamps) applications in 2021.

Community Health Workers, known as Promotoras de Salud, facilitated 18 in-person and virtual charlas (nutrition workshops) with an emphasis on increasing fruit and vegetable consumption and meal preparation at home. They also conducted cooking demonstrations and grocery shopping tours.

Te Ayudo

During 2021, 297 individuals successfully submitted applications (and were approved) for affordable health coverage. HUF's mission during this time was to provide underserved individuals & families, including immigrants, with the knowledge to access healthcare options and navigate the health insurance and health care system. Clients learned to maximize coverage and other resources to increase their quality of life and improve their own health outcomes.

Broward Tax Pro: Volunteer Income Tax Assistance (VITA) Program

As the pandemic continued through 2021, HUF began providing in-person tax preparation with many health & safety precautions. The VITA program served

Name of the organization

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HISPANIC UNITY OF FLORIDA, INC.

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1,638 families and submitted tax returns to the IRS through in-person, drop-off, and virtual options. More than \$1.9 million were refunded to working families who saved over \$500,000 in tax preparation fees.

Financial Capability and Wealth Building

HUF responded to families and small businesses' needs, by providing information about financial assistance to weather the pandemic.

Financial Coaching Program

382 individuals participated in virtual group and one-on-one sessions to set realistic financial goals, such as increasing savings, reducing debt, and establishing or improving credit scores.

First Time Home Buyers Program

336 individuals participated in monthly virtual orientations learning the steps to achieve homeownership, how to prevent foreclosure, and landlord and tenant rights and responsibilities. Nine individuals became loan ready through our program and are pending home purchasing due to recent economic shifts.

Emerging Entrepreneurship (EE) Program

HUF continued its partnership with Broward SCORE to deliver business education workshops online and in Spanish. In 2021, Emerging Entrepreneurs reached 1,556 individuals through 35 workshops including four cycles of "Pasos Sencillos" on how to start a business.

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

Citizenship, Civic Engagement, Legal & Equal Treatment Opportunity

Civic Engagement Department: 2,511 individuals served

During 2021, citizenship education and naturalization application assistance were provided virtually and in-person. Voter registration and

Name of the organization HISPANIC UNITY OF FLORIDA, INC.	Employer identification number 59-2230272
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other legal services - through HUF's partnerships - were also provided.

Pathways to Citizenship Program

o Provided citizenship education to 1,339 individuals through online video conferencing, seven classes per week

o HUF successfully submitted 621 N-400 applications (Application for Naturalization)

o HUF helped 426 individuals become American citizens

Voter Registration & Legal Services

o 1,172 individuals received voter registration assistance and legal services

Public Policy & Advocacy

As our clients and community continued to grapple with the COVID-19 pandemic, HUF's Public Policy & Advocacy efforts remained focused on immediate solutions.

Part of HUF's efforts to address the needs of our clients is to look for permanent, broad systemic changes by informing, educating, and working with our elected officials, stakeholders, and community partners.

HUF helps establish Broward County Community ID

HUF and community partners came together to establish a Community ID for individuals who cannot easily apply for a state identification card, such as victims of domestic violence, homeless individuals, those returning to society from incarceration, and immigrants.

2021 Public Policy Agenda & Advocacy with Elected Officials

HUF's annual Public Policy Agenda recommends solutions to the issues our community faces and is used as a guide to meet with elected officials, may it be in Broward, Tallahassee, or Washington DC. Having face to face meetings and building positive relationships with officials from all

Name of the organization HISPANIC UNITY OF FLORIDA, INC.	Employer identification number 59-2230272
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political parties is part of the work we do. These relationships allow us to share client stories while we advocate for our recommended solutions. The agenda focuses on education, healthcare, and economic sustainability, mirroring HUF's programs.

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

THE BOARD IS PROVIDED A COPY OF THE IRS FORM 990 AFTER REVIEW AND APPROVAL BY THE FINANCE COMMITTEE BUT PRIOR TO THE FILING WITH THE INTERNAL REVENUE SERVICE. THE CFO AND THE FINANCE COMMITTEE REVIEW THE 990 IN DETAIL AND ALLOW TIME FOR BOARD REVIEW, INPUT AND APPROVAL.

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

DIRECTORS SERVE VOLUNTARILY AND IN THE BEST INTEREST OF HISPANIC UNITY OF FLORIDA, INC. ACTIONS THAT ARE SELF-SERVING, WHETHER OF A PERSONAL OR FINANCIAL NATURE, WOULD BE CAUSE FOR IMMEDIATE REMOVAL FROM THE BOARD. ON AN ANNUAL BASIS EACH BOARD MEMBER AND EACH KEY EMPLOYEE READS AND SIGNS A FORM AGREEING TO ABIDE BY THE BOARD-APPROVED CONFLICT OF INTEREST POLICY. ALL BOARD MEMBERS ALSO SIGN AN ATTESTATION TO A ROBUST CODE OF ETHICS.

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

THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER, AND OTHER OFFICERS AND KEY EMPLOYEES (I.E., CHIEF FINANCIAL OFFICER, CHIEF DEVELOPMENT OFFICER, AND DIRECTOR OF PROGRAMS) INCLUDES A TWO-PART ANALYSIS CONDUCTED FIRST BY THE FINANCE COMMITTEE FOR RECOMMENDATION AND APPROVAL TO THE BOARD OF DIRECTORS. FIRST, THE JOB DESCRIPTION IS ANALYZED FOR THE PURPOSES OF

Name of the organization

Employer identification number

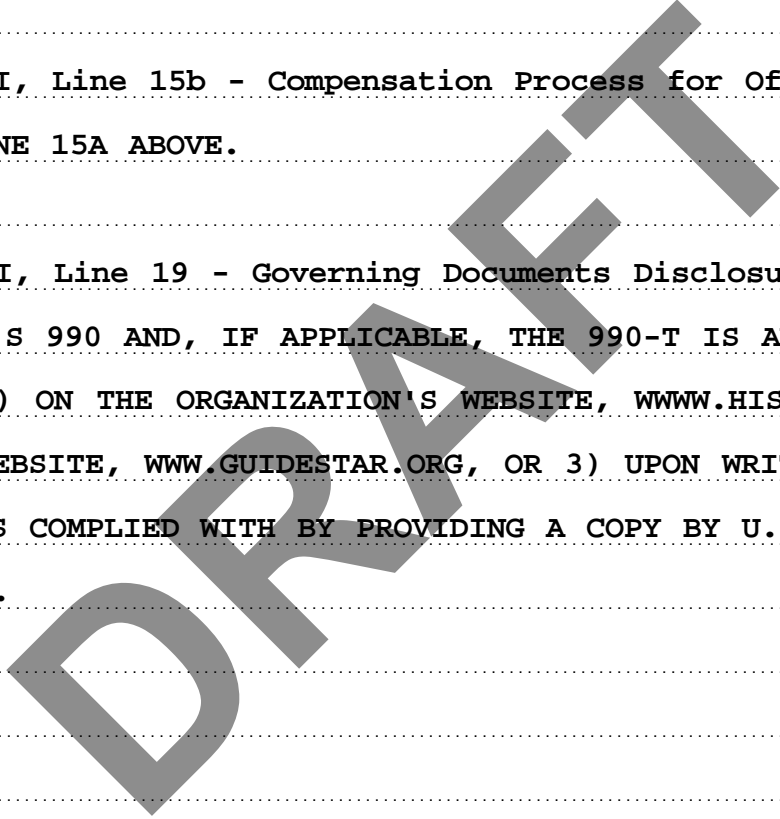
HISPANIC UNITY OF FLORIDA, INC.

59-2230272

SELECTING LOCAL LIKE-KIND ORGANIZATIONS TO USE THE COMPENSATION OF THOSE COMPARABLE POSITIONS. THE MOST RELEVANT FACTORS IN SELECTING COMPARABLES INCLUDE THE TYPE OF SERVICES AND PROGRAMS OFFERED, THE ANNUAL BUDGET AND GEOGRAPHICAL LOCATION. SECOND, THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING DATA OF THE COMPARABLE LIKE-KIND ORGANIZATIONS. THESE TWO STEPS ENSURE THAT THE COMPENSATION IS WITHIN MARKET.

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

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation THE ORGANIZATION'S 990 AND, IF APPLICABLE, THE 990-T IS AVAILABLE TO THE PUBLIC ANYTIME 1) ON THE ORGANIZATION'S WEBSITE, WWW.HISPANICUNITY.ORG, 2) ON GUIDESTAR'S WEBSITE, WWW.GUIDESTAR.ORG, OR 3) UPON WRITTEN OR VERBAL REQUEST, WHICH IS COMPLIED WITH BY PROVIDING A COPY BY U.S. MAIL OR EMAIL TO THE REQUESTOR.



Form **4562**
Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

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

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

HISPANIC UNITY OF FLORIDA, INC.

Identifying number
59-2230272

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	18,465
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	102,053

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	22,465
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property	01/26/21	39 yrs.	MM	S/L	249
		Various	39.0	MM	S/L	162

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	143,394
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
5-year GDS Property:										
37	Computer Equipment - 2020 HP	2/25/21	1,339		X	0	5	HY 200DB	0	1,339
44	Computer Equipment - Laptop	4/14/21	859		X	0	5	HY 200DB	0	859
45	Computer Equipment - Laptop	4/27/21	1,289		X	0	5	HY 200DB	0	1,289
46	Computer Equipment - Laptop	4/18/21	1,034		X	0	5	HY 200DB	0	1,034
47	Computer Equipment - Laptop	5/01/21	849		X	0	5	HY 200DB	0	849
48	Computer Equipment - Laptop	5/26/21	1,472		X	0	5	HY 200DB	0	1,472
49	Computer Equipment - Laptop	6/05/21	1,698		X	0	5	HY 200DB	0	1,698
50	Computer Equipment - Laptop	8/13/21	999		X	0	5	HY 200DB	0	999
51	Computer Equipment - Laptop	7/13/21	899		X	0	5	HY 200DB	0	899
52	Computer Equipment - Laptop	10/01/21	879		X	0	5	HY 200DB	0	879
53	Computer Equipment - Laptop	10/21/21	1,699		X	0	5	HY 200DB	0	1,699
54	Computer Equipment - Laptop	8/28/21	879		X	0	5	HY 200DB	0	879
55	Computer Equipment - Laptop	11/08/21	1,398		X	0	5	HY 200DB	0	1,398
			<u>15,293</u>			<u>0</u>			<u>0</u>	<u>15,293</u>
7-year GDS Property:										
38	Furniture	2/08/21	1,348		X	0	7	HY 200DB	0	1,348
43	Furniture	11/23/21	1,824		X	0	7	HY 200DB	0	1,824
			<u>3,172</u>			<u>0</u>			<u>0</u>	<u>3,172</u>
Non-Residential Real Property:										
40	Improvements - Root	1/26/21	10,117			10,117	39	MM S/L	0	249
41	Improvement - Safeway maint.	3/11/21	2,875			2,875	39	MM S/L	0	58
42	Improvements - Awnings	5/06/21	6,499			6,499	39	MM S/L	0	104
			<u>19,491</u>			<u>19,491</u>			<u>0</u>	<u>411</u>
Prior MACRS:										
20	Office Equipment	1/01/17	12,046		X	6,023	7	MQ 200DB	10,400	1,646
21	Furniture	1/01/17	1,569		X	784	5	MQ 200DB	1,472	86
33	Computer Equipment	12/31/20	68,385		X	43,604	5	MQ 200DB	24,781	17,442
34	Furniture & Fixtures	12/31/20	1,795		X	0	7	MQ 200DB	1,795	0
35	Improvements	12/31/20	37,369			37,369	39	MM S/L	40	958
36	Website	3/01/20	7,000		X	5,833	5	MQ 200DB	1,167	2,333
			<u>128,164</u>			<u>93,613</u>			<u>39,655</u>	<u>22,465</u>
Other Depreciation:										
1	FURNITURE & FIXT	1/01/09	63,335			63,335	7	MO S/L	63,335	0
2	BUILDING/ IMPROV	1/01/09	1,649,341			1,649,341	40	MO S/L	1,152,465	41,233
3	LAND	1/01/09	458,106			458,106	0	-- Land	0	0
4	EQUIPMENT	1/01/09	56,197			56,197	5	MO S/L	56,197	0
5	STEM PROJECT	1/01/13	44,641			44,641	7	MO S/L	44,641	0
6	WEBSITE	1/01/13	14,144			14,144	7	MO S/L	14,144	0
7	BUILDING/ IMPROVEME	1/01/14	22,109			22,109	40	MO S/L	6,475	553
8	EQUIPMENT	1/01/14	42,831			42,831	5	MO S/L	42,831	0
9	FURNITURE & FIXT	1/01/14	678			678	7	MO S/L	678	0
10	Bldg & Improv	6/30/15	117,995			117,995	40	MO S/L	16,224	2,950
11	Computer Equip	6/30/15	13,563			13,563	5	MO S/L	13,563	0
12	Office Equip	6/30/15	894			894	5	MO S/L	894	0
13	Furniture	6/30/15	3,918			3,918	7	MO S/L	3,078	560
14	Building and Improvements	6/30/16	68,602			68,602	40	MO S/L	7,718	1,715
15	Computers	6/30/16	12,120			12,120	5	MO S/L	10,908	1,212
16	Office Equipment	6/30/16	4,751			4,751	7	MO S/L	3,054	679
17	Furniture	6/30/16	2,252			2,252	7	MO S/L	1,448	321
18	Building and Improvements	6/30/17	42,018			42,018	40	MO S/L	3,677	1,050
19	Computer Equipment	12/31/17	59,752			59,752	5	MO S/L	40,376	19,376
22	Building & Improv	6/30/18	21,323			21,323	40	MO S/L	1,333	533
23	Computers	6/30/18	46,108			46,108	5	MO S/L	23,054	14,240
24	Office Equipment	6/30/18	8,720			8,720	7	MO S/L	3,114	1,246
25	Improvements	6/30/19	7,661			7,661	15	MO S/L	766	511
26	Improvements	12/31/19	3,630			3,630	15	MO S/L	242	242
27	Furniture	12/31/19	1,973			1,973	5	MO S/L	1,973	0

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

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
28	Office Equipment	12/31/19	4,647			4,647	5 MO S/L	4,647	0
29	Computer Equipment	12/31/19	21,254			21,254	5 MO S/L	4,251	4,251
30	Servers	12/31/19	16,859			16,859	6 MO S/L	2,810	2,810
31	Leasehold Improvements YMCA-1580	12/31/18	13,517			13,517	10 MO S/L	2,703	1,352
32	Leasehold Improvements Gulfstream Miami	12/31/18	71,523			71,523	10 MO S/L	14,305	7,152
39	Improvements - Safeway maint.	6/18/21	5,200			5,200	39 MO S/L	0	67
Total Other Depreciation			<u>2,899,662</u>			<u>2,899,662</u>		<u>1,540,904</u>	<u>102,053</u>
Total ACRS and Other Depreciation			<u>2,899,662</u>			<u>2,899,662</u>		<u>1,540,904</u>	<u>102,053</u>
Grand Totals			3,065,782			3,012,766		1,580,559	143,394
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>3,065,782</u>			<u>3,012,766</u>		<u>1,580,559</u>	<u>143,394</u>

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

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
20	Office Equipment	1/01/17	12,046		0	0	6,023	6,023
21	Furniture	1/01/17	1,569		0	0	785	784
33	Computer Equipment	12/31/20	68,385		0	0	24,781	43,604
34	Furniture & Fixtures	12/31/20	1,795		0	0	1,795	0
36	Website	3/01/20	7,000		0	0	1,167	5,833
37	Computer Equipment - 2020 HP	2/25/21	1,339		0	1,339	0	0
38	Furniture	2/08/21	1,348		0	1,348	0	0
43	Furniture	11/23/21	1,824		0	1,824	0	0
44	Computer Equipment - Laptop	4/14/21	859		0	859	0	0
45	Computer Equipment - Laptop	4/27/21	1,289		0	1,289	0	0
46	Computer Equipment - Laptop	4/18/21	1,034		0	1,034	0	0
47	Computer Equipment - Laptop	5/01/21	849		0	849	0	0
48	Computer Equipment - Laptop	5/26/21	1,472		0	1,472	0	0
49	Computer Equipment - Laptop	6/05/21	1,698		0	1,698	0	0
50	Computer Equipment - Laptop	8/13/21	999		0	999	0	0
51	Computer Equipment - Laptop	7/13/21	899		0	899	0	0
52	Computer Equipment - Laptop	10/01/21	879		0	879	0	0
53	Computer Equipment - Laptop	10/21/21	1,699		0	1,699	0	0
54	Computer Equipment - Laptop	8/28/21	879		0	879	0	0
55	Computer Equipment - Laptop	11/08/21	1,398		0	1,398	0	0
Grand Total			109,260		0	18,465	34,551	56,244

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Depreciation Adjustment Report

All Business Activities

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

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<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Prior MACRS:					
20	Office Equipment	1/01/17	12,046	0	0
21	Furniture	1/01/17	1,569	11	0
33	Computer Equipment	12/31/20	68,385	10,465	0
34	Furniture & Fixtures	12/31/20	1,795	0	0
35	Improvements	12/31/20	37,369	958	0
36	Website	3/01/20	7,000	1,400	0
37	Computer Equipment - 2020 HP	2/25/21	1,339	0	0
38	Furniture	2/08/21	1,348	0	0
40	Improvements - Root	1/26/21	10,117	259	0
41	Improvement - Safeway maint.	3/11/21	2,875	74	0
42	Improvements - Awnings	5/06/21	6,499	167	0
43	Furniture	11/23/21	1,824	0	0
44	Computer Equipment - Laptop	4/14/21	859	0	0
45	Computer Equipment - Laptop	4/27/21	1,289	0	0
46	Computer Equipment - Laptop	4/18/21	1,034	0	0
47	Computer Equipment - Laptop	5/01/21	849	0	0
48	Computer Equipment - Laptop	5/26/21	1,472	0	0
49	Computer Equipment - Laptop	6/05/21	1,698	0	0
50	Computer Equipment - Laptop	8/13/21	999	0	0
51	Computer Equipment - Laptop	7/13/21	899	0	0
52	Computer Equipment - Laptop	10/01/21	879	0	0
53	Computer Equipment - Laptop	10/21/21	1,699	0	0
54	Computer Equipment - Laptop	8/28/21	879	0	0
55	Computer Equipment - Laptop	11/08/21	1,398	0	0
			<u>166,120</u>	<u>13,334</u>	<u>0</u>

Other Depreciation:

1	FURNITURE & FIXT	1/01/09	63,335	0	0
2	BUILDING/ IMPROV	1/01/09	1,649,341	41,234	0
3	LAND	1/01/09	458,106	0	0
4	EQUIPMENT	1/01/09	56,197	0	0
5	STEM PROJECT	1/01/13	44,641	0	0
6	WEBSITE	1/01/13	14,144	0	0
7	BUILDING/ IMPROVEME	1/01/14	22,109	553	0
8	EQUIPMENT	1/01/14	42,831	0	0
9	FURNITURE & FIXT	1/01/14	678	0	0
10	Bldg & Improv	6/30/15	117,995	2,950	0
11	Computer Equip	6/30/15	13,563	0	0
12	Office Equip	6/30/15	894	0	0
13	Furniture	6/30/15	3,918	280	0
14	Building and Improvements	6/30/16	68,602	1,715	0
15	Computers	6/30/16	12,120	0	0
16	Office Equipment	6/30/16	4,751	679	0
17	Furniture	6/30/16	2,252	322	0
18	Building and Improvements	6/30/17	42,018	1,050	0
19	Computer Equipment	12/31/17	59,752	0	0
22	Building & Improv	6/30/18	21,323	533	0
23	Computers	6/30/18	46,108	8,814	0
24	Office Equipment	6/30/18	8,720	1,245	0
25	Improvements	6/30/19	7,661	511	0
26	Improvements	12/31/19	3,630	242	0
27	Furniture	12/31/19	1,973	0	0
28	Office Equipment	12/31/19	4,647	0	0
29	Computer Equipment	12/31/19	21,254	4,250	0
30	Servers	12/31/19	16,859	2,810	0
31	Leasehold Improvements YMCA-1580	12/31/18	13,517	1,352	0
32	Leasehold Improvements Gulfstream Miami-159	12/31/18	71,523	7,152	0
39	Improvements - Safeway maint.	6/18/21	5,200	133	0
	Total Other Depreciation		<u>2,899,662</u>	<u>75,825</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Total ACRS and Other Depreciation		<u>2,899,662</u>	<u>75,825</u>	<u>0</u>
	Grand Totals		<u>3,065,782</u>	<u>89,159</u>	<u>0</u>

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Form 990/990PF	Rent Income and Deduction Worksheet	2021
Description Bldg: Broward School Board		
Name HISPANIC UNITY OF FLORIDA, INC.		Taxpayer Identification Number 59-2230272

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents	1.	<u>52,595</u>
Expenses (see details on worksheets below):		
2. Fees for services	2.	_____
3. Depreciation Expense	3.	_____
4. Direct Expense	4.	_____
5. Total expenses. Add lines 8 through 12	5.	_____
6. Net Income/Loss. Line 7 minus Line 13	6.	<u>52,595</u>

Expense Details - Fees for Services:

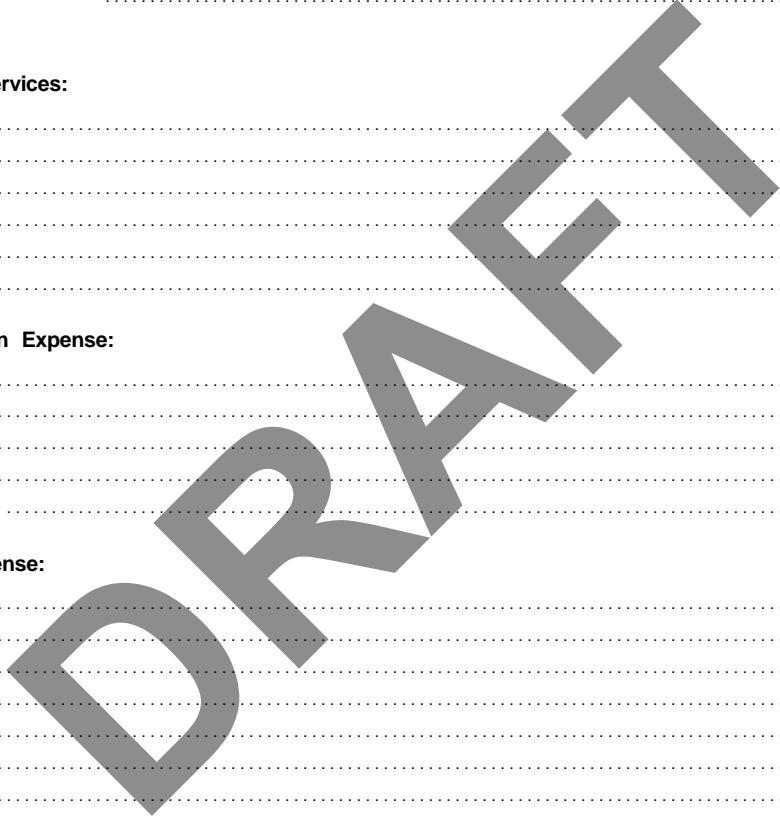
Accounting	_____
Legal	_____
Commissions	_____
Management	_____
Other Professional Fees	_____
Total Fees for Services	_____

Expense Details - Depreciation Expense:

On non-investment property	_____
On investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Direct Expense:

Interest	_____
Taxes/licenses	_____
Occupancy Expenses	_____
Repairs & Maintenance	_____
Travel/conferences/meetings	_____
Printing & Publication	_____
Advertising	_____
Insurance	_____
Utilities	_____
Supplies	_____
Other expenses	_____
Total Direct Expense	_____



Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- Part IV, Rent Income
- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)

Expense Allocation to Program Service Accomplishments for 990/990EZ:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Two Year Comparison Report	2020 & 2021
For calendar year 2021, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

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

		2020	2021	Differences
Revenue	1. Contributions, gifts, grants	3,004,257	3,086,070	81,813
	2. Membership dues and assessments			
	3. Government contributions and grants	2,412,058	3,147,254	735,196
	4. Program service revenue	139,651	131,336	-8,315
	5. Investment income	2,454	4,557	2,103
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	48,332		-48,332
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	51,063	52,595	1,532
	12. Total revenue. Add lines 1 through 11	5,657,815	6,421,812	763,997
Expenses	13. Grants and similar amounts paid	199,444	143,176	-56,268
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	644,920	622,089	-22,831
	16. Salaries, other compensation, and employee benefits	3,447,080	4,219,741	772,661
	17. Professional fundraising fees			
	18. Other professional fees	155,687	253,896	98,209
	19. Occupancy, rent, utilities, and maintenance	272,080	338,366	66,286
	20. Depreciation and Depletion	127,623	143,394	15,771
	21. Other expenses	699,389	911,539	212,150
	22. Total expenses. Add lines 13 through 21	5,546,223	6,632,201	1,085,978
	23. Excess or (Deficit). Subtract line 22 from line 12	111,592	-210,389	-321,981
Other Information	24. Total exempt revenue	5,657,815	6,421,812	763,997
	25. Total unrelated revenue			
	26. Total excludable revenue	193,168	188,488	-4,680
	27. Total assets	5,305,803	4,609,854	-695,949
	28. Total liabilities	1,474,686	989,126	-485,560
	29. Retained earnings	3,831,117	3,620,728	-210,389
	30. Number of voting members of governing body	18	20	
	31. Number of independent voting members of governing body	18	20	
32. Number of employees	244	230		
33. Number of volunteers	100	123		

Form 990	Tax Return History	2021
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Name HISPANIC UNITY OF FLORIDA, INC.	Employer Identification Number 59-2230272
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	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	4,439,544	7,453,016	5,407,544	5,416,315	6,233,324	
Membership dues						
Program service revenue	199,111	215,587	253,579	139,651	131,336	
Capital gain or loss						
Investment income	229	4,465	15,114	2,454	4,557	
Fundraising revenue (income/loss)	59,128	52,943	59,753	48,332		
Gaming revenue (income/loss)						
Other revenue	78,493	71,428	49,575	51,063	52,595	
Total revenue	4,776,505	7,797,439	5,785,565	5,657,815	6,421,812	
Grants and similar amounts paid	15,448	72,596	24,043	199,444	143,176	
Benefits paid to or for members						
Compensation of officers, etc.	446,001	476,541	488,162	644,920	622,089	
Other compensation	3,401,519	3,687,927	4,040,100	3,447,080	4,219,741	
Professional fees	112,059	192,127	283,708	155,687	253,896	
Occupancy costs	299,962	317,756	317,598	272,080	338,366	
Depreciation and depletion	117,666	127,813	157,526	127,623	143,394	
Other expenses	797,985	849,187	958,593	699,389	911,539	
Total expenses	5,190,640	5,723,947	6,269,730	5,546,223	6,632,201	
Excess or (Deficit)	-414,135	2,073,492	-484,165	111,592	-210,389	
Total exempt revenue	4,776,505	7,797,439	5,785,565	5,657,815	6,421,812	
Total unrelated revenue						
Total excludable revenue	277,833	291,480	318,268	193,168	188,488	
Total Assets	3,240,960	5,453,963	5,202,641	5,305,803	4,609,854	
Total Liabilities	1,111,443	1,267,467	1,485,091	1,474,686	989,126	
Net Fund Balances	2,129,517	4,186,496	3,717,550	3,831,117	3,620,728	

Federal Statements

FYE: 12/31/2021

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 172		41			
Total	\$ <u>172</u>					

Tax-Exempt Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
Dividends	\$ 4,385		25			
Total	\$ <u>4,385</u>					

DRAFT

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Professional Fees	\$ 79,121	\$ 59,754	\$ 19,367	\$
Professional Fees	59,817	59,817		
Professional Fees	93,121	93,121		
Total	\$ 232,059	\$ 212,692	\$ 19,367	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Progtam Equipment	\$ 6,846	\$ 6,846	\$	\$
Program Equipment	1,096	946	150	
Total	\$ 7,942	\$ 7,792	\$ 150	\$ 0

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
Government Grants or Contributions	\$ 218,008
Other	1,665,237
CHILDREN SERVICES COUNCIL OF BROWARD Cash Contribution	2,743,643
UNIDOS US Cash Contribution	182,100
UNITED WAY OF BROWARD COUNTY Cash Contribution	228,733
BROWARD COUNTY FSA, HUMAN SERVICES Cash Contribution	65,182
JM MORAN FOUNDATION Cash Contribution	850,000
KRESGE FOUNDATION Cash Contribution	160,000
CARES ACT-SMALL BUSINESS ADMIN Cash Contribution	120,421
Total	<u>\$ 6,233,324</u>

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST INCOME	\$ 172
Dividends	4,385
Bldg: Broward School Board	52,595
Total	<u>\$ 57,152</u>

Federal Statements

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
EDUCATIONAL SERVICES	\$ 30,400
CIVIC ENGAGEMENT	<u>100,936</u>
Total	<u>\$ 131,336</u>

DRAFT

Hispanic Unity of Florida, Inc.

Email Vote finalized week of 11/11/22

Board of Directors VOTE

To approve IRS 990-2021 as presented via email on 11/4/22

	Board Member	IRS 990-2021 VOTE
1	Abbate, Anthony	
2	Alvarez, Maritza	
3	Argüello, Ana	
4	Barnard, Maria	Yes
5	Bittar, Elsa	
6	Cardozo, Carolina	Yes
7	Cushing, Giselle	Yes
8	Cartaya Franco, Lesli	
9	Espinoza, Boris	
10	Guerrero, John	Yes
11	Herz, Dan	Yes
12	Nasse, Jeffrey	Yes
13	Paradowski, Christina	Yes
14	Reyes, Christian	
15	Rivera, Francisco	
16	Rodriguez, Ana	Yes
17	Rodriguez, Lisette	Yes
18	Rodriguez, Lucia	Yes
19	Schevis, Dan	Yes
20	Stone, Angie	Yes

Final Vote 12 out of 20 = 60%
As of 11/9/22 @ 12 pm

Yes – 12
No – 0
Didn't Vote – 8



Monitoring Reports

Summary

Funder: CSC
 Federal: No
 Program: EITC, Family Strengthening, LEAP High, Youth Force (4 grants)
 Period: 8/21-7/22
 Monitoring visit: 4/28/22-9/12/22
 Findings/concerns: Employed some staff prior to completing Level II background screening in 3 of 4 grants

Hispanic Unity of Florida, Inc. does comply with Level II background screening and fingerprinting requirement in accordance with DCF screening requirements and all applicable requirements. Unfortunately, we experienced delays in receiving Level II results during that timeline. However, all the “new hires” addressed in these findings were cleared and passed Level II clearance. *It was a matter of interpretation to the timing.* At this time, we have clarified, retrained, and have reinforced HUF policy to all managers on required pre-hiring steps. *No employment offers are extended to impacted staff until said Level II clearance is officially received by HUF and validated in-house. We must wait until formal written results are received in-house for Level II prior to extending any job offers.* This validation is centralized and overseen by an administrative designee who reviews mandated documentations and affirms to program staff to proceed with the hiring steps.

Status: Corrective Action Plan accepted by CSC.

Funder: Miami Dade County
 Federal: No
 Program: TPS
 Program Period: 10/1/21-9/30/22
 Monitoring visit: 6/22/22-9/16/22
 Findings/concerns: Yes

1- Late submission of progress reports, payment requests, and actual quarterly. Miami Dade County starts its timeline at the start of the contract and their noted deadlines, regardless of when the agreement is fully executed. Specifically, November 21-May 2022 provided in June. County’s agreement was executed end of March into April. The two partners were reviewing and modifying their MOUs based on legal review. Because the program model of both partners is different than HUF’s totaling over \$300K, we ensured model and supporting documentation would be accepted by OMB. This validation of the documents took place in June during the monitoring visit.

2- Some timesheets tested were not signed “live”. Reason: due to electronic scans from prior

supervisors who are no longer employed by HUF, the live signature was not secure. It was a minimal oversight. Clarified and accepted from CAP.

- 3- Requirement of two check signers per Miami-Dade County was not in alignment with HUF's check policy. We agreed to adhere to OMB expenses for any checks cut; for the major payments with the partners, we paid via Wire Transfer as that expedited the process.
- 4- Missing resume for Senior Accountant not provided at time of review. Oversight @ time of review – provided and accepted by CAP.

Status: Corrective Action Plan accepted by MDC



CHILDREN'S SERVICES COUNCIL MEMBERS:

*Dawn Liberta, Chair
Community Development Administrator,
Circuit 17
Department of Children & Families*

*Dr. David H. Kenton, Secretary
Governor Appointee*

*Cathy Donnelly, Immediate Past Chair
Governor Appointee*

*Dr. Vickie L. Cartwright
Superintendent
Broward County Public Schools*

*Beam Furr
Broward County Commission*

*Donna P. Korn
Board Member
Broward County Public Schools*

*Honorable Shari Africk-Olefson
Judicial Member*

*Tom Powers
Governor Appointee*

*Vacant
Governor Appointee*

*Dr. Paula Thaqi
Director
Broward County Health Department*

*Jeffrey S. Wood
Governor Appointee*

STAFF

*Cindy J. Arenberg Seltzer
President/CEO*

LEGAL COUNSEL

*John Milledge
Garry Johnson*

August 12, 2022

Mr. Felipe Pinzon
President and CEO
Hispanic Unity of Florida, Inc.
5840 Johnson Street
Hollywood, FL 33021

Financial and Administrative Review of Hispanic Unity of Florida, Inc. Programs and Contracts – EITC #18-2519, Family Strengthening #19-2510, Leap #20-2511, and Youth Force #20-2512

Dear Mr. Pinzon:

The Children's Services Council of Broward County (CSC) completed the financial and administrative review of Hispanic Unity of Florida, Inc., programs, and contracts: EITC #18-2519, Family Strengthening #19-2510, Leap #20-2511, and Youth Force #20-2512 funded by the CSC. The assessment tools are attached to this report

In general, Hispanic Unity of Florida, Inc. has sufficient controls in place to manage the programs. However, there were instances where improvements could be made to strengthen some of those controls. Program findings, required action, and recommendations are provided below.

Findings

EITC - #18-2519:

- The Agency employed a direct staff Vita Team Leader prior to completing the Level II background screening.

Family Strengthening - #19-2510:

- The Agency employed a direct staff Success Coach prior to completing the Level II background screening.

Leap High – #20-2511:

- The Agency employed direct staff, one Success Coach, and two Teachers prior to completing the Level II background screening.

Youth Force - #20-2512

- You are commended for a financial and administrative review with no findings.

Required Action:

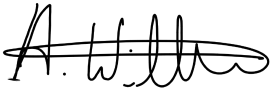
The Agency is required to have all staff who have contact with clients, their records, or supervise such individuals comply with Level II background screening and fingerprinting requirements in accordance with DCF screening requirements and all applicable federal, state, county, city, and other government agency background screening requirements. The program must maintain staff personnel files that reflect that a screening result was received to determine employment eligibility prior to employment. Provider shall rescreen each employee, volunteer, and subcontractor every five years. **In your response to this report, please let us know the steps implemented to correct this situation and the measures taken to avoid future recurrence.**

We request your Agency to respond in writing to all required actions or recommendations made as a result of this review by September 12, 2022.

A copy of this report has been retained in your file for future reference. If you plan to apply for future funding, the contents will be considered during the rating of your funding proposal.

Thank you for your cooperation during the review process. We hope that you find the administrative evaluation informative. Your Agency can respond in writing with feedback to the financial and administrative review experience and report. If you have questions, please contact me at (954) 233-1288 or awilliams@cscbroward.org.

Sincerely,



Alicia Williams
Assistant Director of Finance

Children's Services Council Fiscal Administrative In-Depth Assessment Tool

Agency Name: Hispanic Unity of Florida, Inc.

Contract Information:	Number	Allocation	Reimbursement Type
	18-2519	\$320,727	Cost Reimbursement

Program Name: EITC Program

Program Address: 5840 Johnson Street, Hollywood, FL 33021

Monitor's Name: Johannie Stanley

Date of Review: April 28, 2022

The following Administrative Assessment Tool serves as a guide for reviewing the Program funded through the Children's Services Council of Broward County ("CSC"). This administrative review should generally assess the organization's internal controls' effectiveness while focusing on specific components related to CSC's funded Program.

Personnel - General	
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Objectives: These questions provide an overview of the agency's capabilities to manage human resources issues and establish and follow its procedures as required by best practices. Document observations.

Are employee records securely stored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are all budgeted positions currently filled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Has the agency had staff turnover related to this Program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

If so, how many, what positions, length of time vacant, and date filled.

Comments: None.

Personnel/Employee File	
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Objective: To ensure that the agency properly maintains the required documentation and the requirements met regarding its staff, such as testing, qualifications, licenses, and training. Document your results in a work paper and submit it with the report.

Is the required attestation (" Maintain Company Page ") on file for E-Verify, effective January 1st, 2021?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Uses the E-Verify system to verify the work authorization of all newly hired employees, contractors, and subcontractors effective January 1st, 2021.	Yes	No	N/A
b) Does not employ, contract with, or subcontract with an unauthorized alien.			
c) Has obtained affidavits from its applicable subcontractors swearing and affirming that such subcontractor does not employ, contract with, or subcontract with an unauthorized alien.			
d) Maintain a copy of any such subcontractor affidavits for the duration of the applicable CSC contract.			

Select a random sample of employee files and review them to determine whether the following documentation is present and current. The random selection of files should be selected from Exhibit A, which is part of the respective contract.

Is there a job application and/or resume on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Does the agency have established Job Descriptions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Does the staff meet the minimum educational requirements as stated in the contract?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Is the required Educational Certification on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Has staff received a Background Check (level II for all personnel) or a current School Board security clearance badge?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Is there a current Attestation / Affidavit of good moral character on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Comments: Alpha Balde was hired on October 15, 2021 and the level II clearance was not completed until October 30, 2021.

Payroll Records	
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Objective: To determine if the agency has appropriate procedures to track the payroll costs and ensure consistency with those approved by the funding agency. Document your results in a work paper.

Review sample of Payroll journals to ensure that they include: staff name, salary, benefits, hours worked, payroll period, and deductions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
A. For a sample of employees charged to the Program, review that positions, salaries, and benefits match the budget approved by the funding agency. Do they match?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
B. For the salaries and benefits which do not match the budget, is the variance within 10%? If not, provide details.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

C. For a sample of employees charged to the Program, ensure that recorded time worked matches time paid as reflected in the Payroll Journal. Do they match?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
D. Review the agency's Form 941 along with copies of tax receipts. Was IRS Form 941 filed on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
E. Are employment taxes paid to date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Comments: None.

Fiscal

Invoice and Billing

Objective: To ensure that the invoices are accurately prepared and adequately documented and program revenues are appropriately managed.

Select a random number of invoices and test to determine the following:

Months selected: Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep

Do the attendance records and other supporting documentation flow through to the invoice correctly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
For invoices that do not flow through to the documentation correctly, is the variance within 3%? If not, please provide detail.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Does the agency have an accounting system to properly account for CSC-related transactions (revenues and expenses)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are cost centers easily identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are invoices submitted by the 10 th of the month? If not, please state the date of submission.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Does authorized staff/management approve the invoice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are procedures established and implemented to eliminate duplicate billing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Does the agency utilize a sliding fee schedule? (Please refer to Exhibit A Section V, Method of Payment, to see if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Is the revenue for Parent Fees (registration, membership, etc.) properly accounted for on the invoice as Third-Party payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

Comments: None.

Start-Up\Flex Funds\Value-Added			
<i>Objective: To ensure that the agency has documented internal procedures to manage Start-Up, Flex Funds, and Value-Added expenditures.</i>			
Does the agency have an internal procedure for managing the requests and approvals for Start-Up expenditures?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Does the agency have an internal procedure to verify and track Flex Funds expenditures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Does the agency have an internal procedure to verify and track Value-Added expenditures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
– Is there evidence that such procedures are implemented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
– Does the procedure allow for cash disbursements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
– Are the expenses authorized and approved by appropriate personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
– Is documentation available to back up the Start-Up, Flex Funds, or Value-Added expenditures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Comments: None.

Match/Leverage Contributions			
<i>Objective: To identify the agency's efforts to ensure that Match and Leverage requirements do not conflict with each other and are utilized according to the specification of the contributor or funding source.</i>			
Does the agency have procedures in place to record receipt of Match/Leverage Contributions outlined in the budget?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are Match/Leverage Contributions properly allocated to this Program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are Match/Leverage Contributions utilized according to the intent of the agency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are contributions reasonably valued?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are Match/Leverage Contributions reported to CSC appropriately and accurately? Review procedures the agency utilizes to ensure that contributions are only reported once. (Note: an agency may report Match/Leverage on monthly invoice or once at the end of the contract the year)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Is Leverage associated with the contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
A. If yes, is there evidence of support?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

B. If support is not provided, explain.

Comments: None.

Property (If Applicable)			
<i>Objective: To ensure that the agency properly documents, tracks, and safeguards the fixed assets purchased with CSC funds. (Please refer to Section IV, Funding and Method of Payment)</i>			
Perform only if CSC has funded the agency for fixed assets such as computers or equipment in current or prior funding cycles.			
Perform a physical inventory of a sample of CSC program assets selected from CSC's fixed assets register. Do they agree? Note any discrepancies.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Are Program fixed assets being used in accordance with the funding intent?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Have asset additions and/or disposals properly been documented and reported to CSC?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Assets are adequately protected from theft and/or deterioration, damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

Comments: None.

Sub-Contractors (If Applicable)			
<i>Objective:</i>			
<i>To ensure that work performed by agents outside the agency meets the needs and the intent of CSC.</i>			
Perform only if sub-contractors are being paid for direct services, with funding covered by this contract.			
Are sub-contracts allowed under this funding? (Some funding sources do not allow the use of sub-contractors to deliver direct services.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Yes	No	
Does the subcontractor have a contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Is the required attestation (" Maintain Company Page ") on file for E-Verify from the subcontractor(s)? a) Affidavits from its applicable subcontractors swearing and affirming that such subcontractor does not employ, contract with, or subcontract with an unauthorized alien effective January 1st, 2021. b) Maintain a copy of any such subcontractor affidavits for the duration of the applicable CSC contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Are level II background screenings for subcontractors performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Are the payments to the sub-contractors consistent with the contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

Comments: None.

Financial Statements	
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Objective:

To determine that the agency's financial statements are presented fairly in all material respects and determine its fiscal solvency.

Did the agency submit audited financial statements to the CSC within 180 days of the close of its fiscal year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiscal year-end: 12/31/2020	Yes	No	N/A
Date of Submission: 4/30/2021			
If submitted late, was an extension granted?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, date of extension: 0/00/0000	Yes	No	N/A
Was the audit conducted in accordance with Generally Accepted Auditing Standards in the United States of America (GAAS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Agency's fiscal viability status based on the most recent financial statements submitted

Financial Viability Status: [No Award Limitations](#)

Financial Statement year-end: [12/31/2020](#)

[Comments: The financials for FYE 12/30/2021 is due June 30, 2022.](#)

Budget to Actual	
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Objective:

To determine completion of the agency's Budget to Actual at contract year-end.

Did the agency submit the prior year's Budget to Actual Report in SAMIS on or before November 30th?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of Submission: 0/00/0000	Yes	No	N/A
If submitted late, was an extension granted?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of extension: 0/00/0000	Yes	No	N/A
Was variance in excess of 10% (over or under) of the original budget?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

If yes, explain.

[Comments: None.](#)

Fiscal Sponsor	
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Objective:

To determine the Fiscal Sponsor has completed the Monitoring Questionnaire for Fiscal Sponsorship Activities for the participating agency.

Does the agency have a Fiscal Sponsor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes, complete and attach the Fiscal Sponsor Questionnaire.	Yes	No	

Children's Services Council Fiscal Administrative In-Depth Assessment Tool

Agency Name: Hispanic Unity of Florida, Inc.

Contract Information:	Number	Allocation	Reimbursement Type
	19-2510	\$488,309	Cost Reimbursement

Program Name: Family Strengthening Program

Program Address: 5840 Johnson Street, Hollywood, FL 33021

Monitor's Name: Johannie Stanley

Date of Review: April 28, 2022

The following Administrative Assessment Tool serves as a guide for reviewing the Program funded through the Children's Services Council of Broward County ("CSC"). This administrative review should generally assess the organization's internal controls' effectiveness while focusing on specific components related to CSC's funded Program.

Personnel - General	
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Objectives: These questions provide an overview of the agency's capabilities to manage human resources issues and establish and follow its procedures as required by best practices. Document observations.

Are employee records securely stored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are all budgeted positions currently filled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Has the agency had staff turnover related to this Program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

If so, how many, what positions, length of time vacant, and date filled.

Comments: None.

Personnel/Employee File	
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Objective: To ensure that the agency properly maintains the required documentation and the requirements met regarding its staff, such as testing, qualifications, licenses, and training. Document your results in a work paper and submit it with the report.

Is the required attestation (" Maintain Company Page ") on file for E-Verify, effective January 1st, 2021?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Uses the E-Verify system to verify the work authorization of all newly hired employees, contractors, and subcontractors effective January 1st, 2021.	Yes	No	N/A
b) Does not employ, contract with, or subcontract with an unauthorized alien.			
c) Has obtained affidavits from its applicable subcontractors swearing and affirming that such subcontractor does not employ, contract with, or subcontract with an unauthorized alien.			
d) Maintain a copy of any such subcontractor affidavits for the duration of the applicable CSC contract.			

Select a random sample of employee files and review them to determine whether the following documentation is present and current. The random selection of files should be selected from Exhibit A, which is part of the respective contract.

Is there a job application and/or resume on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Does the agency have established Job Descriptions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Does the staff meet the minimum educational requirements as stated in the contract?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Is the required Educational Certification on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Has staff received a Background Check (level II for all personnel) or a current School Board security clearance badge?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Is there a current Attestation / Affidavit of good moral character on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Comments: Andrea Quiroz Rodriquez hired on October 4, 2021 and the level II clearance was completed on October 13, 2021.

Payroll Records	
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Objective: To determine if the agency has appropriate procedures to track the payroll costs and ensure consistency with those approved by the funding agency. Document your results in a work paper.

Review sample of Payroll journals to ensure that they include: staff name, salary, benefits, hours worked, payroll period, and deductions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
A. For a sample of employees charged to the Program, review that positions, salaries, and benefits match the budget approved by the funding agency. Do they match?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
B. For the salaries and benefits which do not match the budget, is the variance within 10%? If not, provide details.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

C. For a sample of employees charged to the Program, ensure that recorded time worked matches time paid as reflected in the Payroll Journal. Do they match?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
D. Review the agency's Form 941 along with copies of tax receipts. Was IRS Form 941 filed on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
E. Are employment taxes paid to date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Comments: None.

Fiscal

Invoice and Billing

Objective: To ensure that the invoices are accurately prepared and adequately documented and program revenues are appropriately managed.

Select a random number of invoices and test to determine the following:

Months selected: Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep

Do the attendance records and other supporting documentation flow through to the invoice correctly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
For invoices that do not flow through to the documentation correctly, is the variance within 3%? If not, please provide detail.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Does the agency have an accounting system to properly account for CSC-related transactions (revenues and expenses)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are cost centers easily identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are invoices submitted by the 10 th of the month? If not, please state the date of submission.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Does authorized staff/management approve the invoice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are procedures established and implemented to eliminate duplicate billing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Does the agency utilize a sliding fee schedule? (Please refer to Exhibit A Section V, Method of Payment, to see if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Is the revenue for Parent Fees (registration, membership, etc.) properly accounted for on the invoice as Third-Party payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

Comments: None.

Start-Up\Flex Funds\Value-Added	
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Objective: To ensure that the agency has documented internal procedures to manage Start-Up, Flex Funds, and Value-Added expenditures.

Does the agency have an internal procedure for managing the requests and approvals for Start-Up expenditures?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Does the agency have an internal procedure to verify and track Flex Funds expenditures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Does the agency have an internal procedure to verify and track Value-Added expenditures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
– Is there evidence that such procedures are implemented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
– Does the procedure allow for cash disbursements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
– Are the expenses authorized and approved by appropriate personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
– Is documentation available to back up the Start-Up, Flex Funds, or Value-Added expenditures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Comments: None.

Match/Leverage Contributions	
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Objective: To identify the agency's efforts to ensure that Match and Leverage requirements do not conflict with each other and are utilized according to the specification of the contributor or funding source.

Does the agency have procedures in place to record receipt of Match/Leverage Contributions outlined in the budget?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are Match/Leverage Contributions properly allocated to this Program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are Match/Leverage Contributions utilized according to the intent of the agency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are contributions reasonably valued?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are Match/Leverage Contributions reported to CSC appropriately and accurately? Review procedures the agency utilizes to ensure that contributions are only reported once. (Note: an agency may report Match/Leverage on monthly invoice or once at the end of the contract the year)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Is Leverage associated with the contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
A. If yes, is there evidence of support?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

B. If support is not provided, explain.

Comments: None.

Property (If Applicable)			
<i>Objective: To ensure that the agency properly documents, tracks, and safeguards the fixed assets purchased with CSC funds. (Please refer to Section IV, Funding and Method of Payment)</i>			
Perform only if CSC has funded the agency for fixed assets such as computers or equipment in current or prior funding cycles.			
Perform a physical inventory of a sample of CSC program assets selected from CSC's fixed assets register. Do they agree? Note any discrepancies.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Are Program fixed assets being used in accordance with the funding intent?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Have asset additions and/or disposals properly been documented and reported to CSC?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Assets are adequately protected from theft and/or deterioration, damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

Comments: None.

Sub-Contractors (If Applicable)			
<i>Objective:</i>			
<i>To ensure that work performed by agents outside the agency meets the needs and the intent of CSC.</i>			
Perform only if sub-contractors are being paid for direct services, with funding covered by this contract.			
Are sub-contracts allowed under this funding? (Some funding sources do not allow the use of sub-contractors to deliver direct services.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Yes	No	
Does the subcontractor have a contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Is the required attestation (" Maintain Company Page ") on file for E-Verify from the subcontractor(s)? a) Affidavits from its applicable subcontractors swearing and affirming that such subcontractor does not employ, contract with, or subcontract with an unauthorized alien effective January 1st, 2021. b) Maintain a copy of any such subcontractor affidavits for the duration of the applicable CSC contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Are level II background screenings for subcontractors performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Are the payments to the sub-contractors consistent with the contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

Comments: None.

Financial Statements	
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Objective:

To determine that the agency's financial statements are presented fairly in all material respects and determine its fiscal solvency.

Did the agency submit audited financial statements to the CSC within 180 days of the close of its fiscal year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiscal year-end: 12/31/2020	Yes	No	N/A
Date of Submission: 4/30/2021			
If submitted late, was an extension granted?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, date of extension: 0/00/0000	Yes	No	N/A
Was the audit conducted in accordance with Generally Accepted Auditing Standards in the United States of America (GAAS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Agency's fiscal viability status based on the most recent financial statements submitted

Financial Viability Status: [No Award Limitations](#)

Financial Statement year-end: [12/31/2020](#)

[Comments: The financials for FYE 12/30/2021 is due June 30, 2022.](#)

Budget to Actual	
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Objective:

To determine completion of the agency's Budget to Actual at contract year-end.

Did the agency submit the prior year's Budget to Actual Report in SAMIS on or before November 30th?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of Submission: 0/00/0000	Yes	No	N/A
If submitted late, was an extension granted?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of extension: 0/00/0000	Yes	No	N/A
Was variance in excess of 10% (over or under) of the original budget?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

If yes, explain.

[Comments: None.](#)

Fiscal Sponsor	
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Objective:

To determine the Fiscal Sponsor has completed the Monitoring Questionnaire for Fiscal Sponsorship Activities for the participating agency.

Does the agency have a Fiscal Sponsor?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Yes	No	

If yes, complete and attach the Fiscal Sponsor Questionnaire.

Children's Services Council Fiscal Administrative In-Depth Assessment Tool

Agency Name: Hispanic Unity of Florida, Inc.

Contract Information:	Number	Allocation	Reimbursement Type
	20-2511	\$954,450	Cost Reimbursement

Program Name: Leap High Program

Program Address: 5840 Johnson Street, Hollywood, FL 33021

Monitor's Name: Johannie Stanley

Date of Review: April 28, 2022

The following Administrative Assessment Tool serves as a guide for reviewing the Program funded through the Children's Services Council of Broward County ("CSC"). This administrative review should generally assess the organization's internal controls' effectiveness while focusing on specific components related to CSC's funded Program.

Personnel - General	
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Objectives: These questions provide an overview of the agency's capabilities to manage human resources issues and establish and follow its procedures as required by best practices. Document observations.

Are employee records securely stored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are all budgeted positions currently filled?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Has the agency had staff turnover related to this Program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

If so, how many, what positions, length of time vacant, and date filled.

Comments: The program had four staff turnover- Teacher position vacant since 11/09/2021, Success Coach vacant since 01/18/2022, Activity Counselor position on 11/10/2021 filled within one week and the Program Assistant position on 2/07/2022 but was filled the same day.

The program has one Success Coach position vacant since January 18, 2022.

Personnel/Employee File	
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Objective: To ensure that the agency properly maintains the required documentation and the requirements met regarding its staff, such as testing, qualifications, licenses, and training. Document your results in a work paper and submit it with the report.

Is the required attestation (" Maintain Company Page ") on file for E-Verify, effective January 1st, 2021?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Uses the E-Verify system to verify the work authorization of all newly hired employees, contractors, and subcontractors effective January 1st, 2021.	Yes	No	N/A
b) Does not employ, contract with, or subcontract with an unauthorized alien.			
c) Has obtained affidavits from its applicable subcontractors swearing and affirming that such subcontractor does not employ, contract with, or subcontract with an unauthorized alien.			
d) Maintain a copy of any such subcontractor affidavits for the duration of the applicable CSC contract.			

Select a random sample of employee files and review them to determine whether the following documentation is present and current. The random selection of files should be selected from Exhibit A, which is part of the respective contract.

Is there a job application and/or resume on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Does the agency have established Job Descriptions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Does the staff meet the minimum educational requirements as stated in the contract?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Is the required Educational Certification on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Has staff received a Background Check (level II for all personnel) or a current School Board security clearance badge?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Is there a current Attestation / Affidavit of good moral character on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Comments: The agency hired three employees selected for monitoring prior to the Level II background screening. John Hammett, Lynn Kelly and Hayley Simmonds.

Payroll Records	
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Objective: To determine if the agency has appropriate procedures to track the payroll costs and ensure consistency with those approved by the funding agency. Document your results in a work paper.

Review sample of Payroll journals to ensure that they include: staff name, salary, benefits, hours worked, payroll period, and deductions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
A. For a sample of employees charged to the Program, review that positions, salaries, and benefits match the budget approved by the funding agency. Do they match?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
B. For the salaries and benefits which do not match the budget, is the variance within 10%? If not, provide details.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

C. For a sample of employees charged to the Program, ensure that recorded time worked matches time paid as reflected in the Payroll Journal. Do they match?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
D. Review the agency's Form 941 along with copies of tax receipts. Was IRS Form 941 filed on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
E. Are employment taxes paid to date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Comments: None.

Fiscal

Invoice and Billing			
<i>Objective: To ensure that the invoices are accurately prepared and adequately documented and program revenues are appropriately managed.</i>			
Select a random number of invoices and test to determine the following: Months selected: Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input checked="" type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/>			
Do the attendance records and other supporting documentation flow through to the invoice correctly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
For invoices that do not flow through to the documentation correctly, is the variance within 3%? If not, please provide detail.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Does the agency have an accounting system to properly account for CSC-related transactions (revenues and expenses)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are cost centers easily identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are invoices submitted by the 10 th of the month? If not, please state the date of submission.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Does authorized staff/management approve the invoice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are procedures established and implemented to eliminate duplicate billing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Does the agency utilize a sliding fee schedule? (Please refer to Exhibit A Section V, Method of Payment, to see if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Is the revenue for Parent Fees (registration, membership, etc.) properly accounted for on the invoice as Third-Party payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

Comments: None.

Start-Up\Flex Funds\Value-Added			
<i>Objective: To ensure that the agency has documented internal procedures to manage Start-Up, Flex Funds, and Value-Added expenditures.</i>			
Does the agency have an internal procedure for managing the requests and approvals for Start-Up expenditures?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Does the agency have an internal procedure to verify and track Flex Funds expenditures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Does the agency have an internal procedure to verify and track Value-Added expenditures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
– Is there evidence that such procedures are implemented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
– Does the procedure allow for cash disbursements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
– Are the expenses authorized and approved by appropriate personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
– Is documentation available to back up the Start-Up, Flex Funds, or Value-Added expenditures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Comments: None.

Match/Leverage Contributions			
<i>Objective: To identify the agency's efforts to ensure that Match and Leverage requirements do not conflict with each other and are utilized according to the specification of the contributor or funding source.</i>			
Does the agency have procedures in place to record receipt of Match/Leverage Contributions outlined in the budget?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are Match/Leverage Contributions properly allocated to this Program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are Match/Leverage Contributions utilized according to the intent of the agency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are contributions reasonably valued?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are Match/Leverage Contributions reported to CSC appropriately and accurately? Review procedures the agency utilizes to ensure that contributions are only reported once. (Note: an agency may report Match/Leverage on monthly invoice or once at the end of the contract the year)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Is Leverage associated with the contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
A. If yes, is there evidence of support?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

B. If support is not provided, explain.

Comments: None.

Property (If Applicable)			
<i>Objective: To ensure that the agency properly documents, tracks, and safeguards the fixed assets purchased with CSC funds. (Please refer to Section IV, Funding and Method of Payment)</i>			
Perform only if CSC has funded the agency for fixed assets such as computers or equipment in current or prior funding cycles.			
Perform a physical inventory of a sample of CSC program assets selected from CSC's fixed assets register. Do they agree? Note any discrepancies.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Are Program fixed assets being used in accordance with the funding intent?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Have asset additions and/or disposals properly been documented and reported to CSC?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Assets are adequately protected from theft and/or deterioration, damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

Comments: None.

Sub-Contractors (If Applicable)			
<i>Objective:</i>			
<i>To ensure that work performed by agents outside the agency meets the needs and the intent of CSC.</i>			
Perform only if sub-contractors are being paid for direct services, with funding covered by this contract.			
Are sub-contracts allowed under this funding? (Some funding sources do not allow the use of sub-contractors to deliver direct services.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Yes	No	
Does the subcontractor have a contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Is the required attestation (" Maintain Company Page ") on file for E-Verify from the subcontractor(s)? a) Affidavits from its applicable subcontractors swearing and affirming that such subcontractor does not employ, contract with, or subcontract with an unauthorized alien effective January 1st, 2021. b) Maintain a copy of any such subcontractor affidavits for the duration of the applicable CSC contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Are level II background screenings for subcontractors performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Are the payments to the sub-contractors consistent with the contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

Comments: None.

Financial Statements	
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Objective:

To determine that the agency's financial statements are presented fairly in all material respects and determine its fiscal solvency.

Did the agency submit audited financial statements to the CSC within 180 days of the close of its fiscal year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiscal year-end: 12/31/2020	Yes	No	N/A
Date of Submission: 4/30/2021			
If submitted late, was an extension granted?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, date of extension: 0/00/0000	Yes	No	N/A
Was the audit conducted in accordance with Generally Accepted Auditing Standards in the United States of America (GAAS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Agency's fiscal viability status based on the most recent financial statements submitted

Financial Viability Status: [No Award Limitations](#)

Financial Statement year-end: [12/31/2020](#)

[Comments: The financials for FYE 12/30/2021 is due June 30, 2022.](#)

Budget to Actual	
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Objective:

To determine completion of the agency's Budget to Actual at contract year-end.

Did the agency submit the prior year's Budget to Actual Report in SAMIS on or before November 30th?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of Submission: 0/00/0000	Yes	No	N/A
If submitted late, was an extension granted?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of extension: 0/00/0000	Yes	No	N/A
Was variance in excess of 10% (over or under) of the original budget?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

If yes, explain.

[Comments: None.](#)

Fiscal Sponsor	
-----------------------	--

Objective:

To determine the Fiscal Sponsor has completed the Monitoring Questionnaire for Fiscal Sponsorship Activities for the participating agency.

Does the agency have a Fiscal Sponsor?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Yes	No	

If yes, complete and attach the Fiscal Sponsor Questionnaire.

Children's Services Council Fiscal Administrative In-Depth Assessment Tool

Agency Name: Hispanic Unity of Florida, Inc.

Contract Information:	Number	Allocation	Reimbursement Type
	20-2512	\$1,440,040	Cost Reimbursement

Program Name: Youth Force Program

Program Address: 5840 Johnson Street, Hollywood, FL 33021

Monitor's Name: Johannie Stanley

Date of Review: April 28, 2022

The following Administrative Assessment Tool serves as a guide for reviewing the Program funded through the Children's Services Council of Broward County ("CSC"). This administrative review should generally assess the organization's internal controls' effectiveness while focusing on specific components related to CSC's funded Program.

Personnel - General	
----------------------------	--

Objectives: These questions provide an overview of the agency's capabilities to manage human resources issues and establish and follow its procedures as required by best practices. Document observations.

Are employee records securely stored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are all budgeted positions currently filled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Has the agency had staff turnover related to this Program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

If so, how many, what positions, length of time vacant, and date filled.

Comments: None.

Personnel/Employee File	
--------------------------------	--

Objective: To ensure that the agency properly maintains the required documentation and the requirements met regarding its staff, such as testing, qualifications, licenses, and training. Document your results in a work paper and submit it with the report.

Is the required attestation (" Maintain Company Page ") on file for E-Verify, effective January 1st, 2021?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Uses the E-Verify system to verify the work authorization of all newly hired employees, contractors, and subcontractors effective January 1st, 2021.	Yes	No	N/A
b) Does not employ, contract with, or subcontract with an unauthorized alien.			
c) Has obtained affidavits from its applicable subcontractors swearing and affirming that such subcontractor does not employ, contract with, or subcontract with an unauthorized alien.			
d) Maintain a copy of any such subcontractor affidavits for the duration of the applicable CSC contract.			

Select a random sample of employee files and review them to determine whether the following documentation is present and current. The random selection of files should be selected from Exhibit A, which is part of the respective contract.

Is there a job application and/or resume on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Does the agency have established Job Descriptions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Does the staff meet the minimum educational requirements as stated in the contract?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Is the required Educational Certification on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Has staff received a Background Check (level II for all personnel) or a current School Board security clearance badge?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Is there a current Attestation / Affidavit of good moral character on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Comments: None.

Payroll Records	
------------------------	--

Objective: To determine if the agency has appropriate procedures to track the payroll costs and ensure consistency with those approved by the funding agency. Document your results in a work paper.

Review sample of Payroll journals to ensure that they include: staff name, salary, benefits, hours worked, payroll period, and deductions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
A. For a sample of employees charged to the Program, review that positions, salaries, and benefits match the budget approved by the funding agency. Do they match?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
B. For the salaries and benefits which do not match the budget, is the variance within 10%? If not, provide details.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

C. For a sample of employees charged to the Program, ensure that recorded time worked matches time paid as reflected in the Payroll Journal. Do they match?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
D. Review the agency's Form 941 along with copies of tax receipts. Was IRS Form 941 filed on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
E. Are employment taxes paid to date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Comments: None.

Fiscal

Invoice and Billing

Objective: To ensure that the invoices are accurately prepared and adequately documented and program revenues are appropriately managed.

Select a random number of invoices and test to determine the following:

Months selected: Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep

Do the attendance records and other supporting documentation flow through to the invoice correctly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
For invoices that do not flow through to the documentation correctly, is the variance within 3%? If not, please provide detail.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Does the agency have an accounting system to properly account for CSC-related transactions (revenues and expenses)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are cost centers easily identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are invoices submitted by the 10 th of the month? If not, please state the date of submission.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Does authorized staff/management approve the invoice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are procedures established and implemented to eliminate duplicate billing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Does the agency utilize a sliding fee schedule? (Please refer to Exhibit A Section V, Method of Payment, to see if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Is the revenue for Parent Fees (registration, membership, etc.) properly accounted for on the invoice as Third-Party payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

Comments: None.

Start-Up\Flex Funds\Value-Added	
--	--

Objective: To ensure that the agency has documented internal procedures to manage Start-Up, Flex Funds, and Value-Added expenditures.

Does the agency have an internal procedure for managing the requests and approvals for Start-Up expenditures?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Does the agency have an internal procedure to verify and track Flex Funds expenditures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Does the agency have an internal procedure to verify and track Value-Added expenditures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
– Is there evidence that such procedures are implemented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
– Does the procedure allow for cash disbursements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
– Are the expenses authorized and approved by appropriate personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
– Is documentation available to back up the Start-Up, Flex Funds, or Value-Added expenditures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Comments: None.

Match/Leverage Contributions	
-------------------------------------	--

Objective: To identify the agency's efforts to ensure that Match and Leverage requirements do not conflict with each other and are utilized according to the specification of the contributor or funding source.

Does the agency have procedures in place to record receipt of Match/Leverage Contributions outlined in the budget?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are Match/Leverage Contributions properly allocated to this Program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are Match/Leverage Contributions utilized according to the intent of the agency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are contributions reasonably valued?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Are Match/Leverage Contributions reported to CSC appropriately and accurately? Review procedures the agency utilizes to ensure that contributions are only reported once. (Note: an agency may report Match/Leverage on monthly invoice or once at the end of the contract the year)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Is Leverage associated with the contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
A. If yes, is there evidence of support?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

B. If support is not provided, explain.

Comments: None.

Property (If Applicable)			
<i>Objective: To ensure that the agency properly documents, tracks, and safeguards the fixed assets purchased with CSC funds. (Please refer to Section IV, Funding and Method of Payment)</i>			
Perform only if CSC has funded the agency for fixed assets such as computers or equipment in current or prior funding cycles.			
Perform a physical inventory of a sample of CSC program assets selected from CSC's fixed assets register. Do they agree? Note any discrepancies.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Are Program fixed assets being used in accordance with the funding intent?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Have asset additions and/or disposals properly been documented and reported to CSC?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Assets are adequately protected from theft and/or deterioration, damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

Comments: None.

Sub-Contractors (If Applicable)			
<i>Objective:</i>			
<i>To ensure that work performed by agents outside the agency meets the needs and the intent of CSC.</i>			
Perform only if sub-contractors are being paid for direct services, with funding covered by this contract.			
Are sub-contracts allowed under this funding? (Some funding sources do not allow the use of sub-contractors to deliver direct services.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Yes	No	
Does the subcontractor have a contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Is the required attestation (" Maintain Company Page ") on file for E-Verify from the subcontractor(s)? a) Affidavits from its applicable subcontractors swearing and affirming that such subcontractor does not employ, contract with, or subcontract with an unauthorized alien effective January 1st, 2021. b) Maintain a copy of any such subcontractor affidavits for the duration of the applicable CSC contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Are level II background screenings for subcontractors performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Are the payments to the sub-contractors consistent with the contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

Comments: None.

Financial Statements	
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Objective:

To determine that the agency's financial statements are presented fairly in all material respects and determine its fiscal solvency.

Did the agency submit audited financial statements to the CSC within 180 days of the close of its fiscal year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiscal year-end: 12/31/2020	Yes	No	N/A
Date of Submission: 4/30/2021			
If submitted late, was an extension granted?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, date of extension: 0/00/0000	Yes	No	N/A
Was the audit conducted in accordance with Generally Accepted Auditing Standards in the United States of America (GAAS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Agency's fiscal viability status based on the most recent financial statements submitted

Financial Viability Status: [No Award Limitations](#)

Financial Statement year-end: [12/31/2020](#)

[Comments: The financials for FYE 12/30/2021 is due June 30, 2022.](#)

Budget to Actual	
-------------------------	--

Objective:

To determine completion of the agency's Budget to Actual at contract year-end.

Did the agency submit the prior year's Budget to Actual Report in SAMIS on or before November 30th?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of Submission: 0/00/0000	Yes	No	N/A
If submitted late, was an extension granted?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of extension: 0/00/0000	Yes	No	N/A
Was variance in excess of 10% (over or under) of the original budget?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

If yes, explain.

[Comments: None.](#)

Fiscal Sponsor	
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Objective:

To determine the Fiscal Sponsor has completed the Monitoring Questionnaire for Fiscal Sponsorship Activities for the participating agency.

Does the agency have a Fiscal Sponsor?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Yes	No	

If yes, complete and attach the Fiscal Sponsor Questionnaire.



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LEGAL COUNSEL
Manooch T. Azizi
Tripp Scott, P.A.

9/9/22

Alicia Williams
Assistant Director of Finance
Children's Services Council of Broward County
6600 West Commercial Boulevard
Lauderhill, FL 33319

Dear Ms. Williams:

This document serves as our official response to the findings in your **Financial and Administrative Review of Hispanic Unity of Florida, Inc. Programs and Contracts – EITC #18-2519, Family Strengthening #19-2510, Leap #20-2511, and Youth Force #20-2512**, dated August 12, 2022.

Findings

EITC - #18-2519:

- The Agency employed a direct staff Vita Team Leader prior to completing the Level II background screening.

Family Strengthening - #19-2510:

- The Agency employed a direct staff Success Coach prior to completing the Level II background screening.

Leap High – #20-2511:

- The Agency employed direct staff, one Success Coach, and two Teachers prior to completing the Level II background screening.

Required Action:

The Agency is required to have all staff who have contact with clients, their records, or supervise such individuals comply with Level II background screening and fingerprinting requirements in accordance with DCF screening requirements and all applicable federal, state, county, city, and other government agency background screening requirements. The program must maintain staff personnel files that reflect that a screening result was received to determine employment eligibility prior to employment. Provider shall rescreen each employee, volunteer, and subcontractor every five years. **In your response to this report, please let us know the steps implemented to correct this situation and the measures taken to avoid future recurrence.**

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Corrective Action Steps:

Hispanic Unity of Florida, Inc. does comply with Level II background screening and fingerprinting requirement in accordance with DCF screening requirements and all applicable requirements. Unfortunately, we experienced delays in receiving Level II results during that timeline. However, all the “new hires” addressed in these findings were cleared and passed Level II clearance. It was a matter of interpretation to the timing.

At this time, we have clarified, retrained, and have reinforced HUF policy to all managers on required pre-hiring steps. *No employment offers are extended to impacted staff until said Level II clearance is officially received by HUF and validated in-house. We must wait until formal written results are received in-house for Level II prior to extending any job offers.* This validation is centralized and overseen by an administrative designee who reviews mandated documentations and affirms to program staff to proceed with the hiring steps.

We’d like to thank the Children’s Services Council of Broward County for its continued support of our programs. Should you have any questions please contact me at (754) 251-9488 or at aconnell@hispanicunity.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Andres Connell'.

Andres Connell

Vice President of Programs & Public Policy



Supported by:



Leonor Romero

From: Alicia Williams <awilliams@cscbroward.org>
Sent: Monday, September 12, 2022 10:10 AM
To: Andres Connell
Cc: Felipe Pinzon; Leonor Romero; Eduardo Pineda; Elizabeth Dorante; Johannie Stanley
Subject: RE: Administrative Review Findings Response from Hispanic Unity of Florida

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Good Morning Mr. Connell

Thank you for your response and commitment to addressing the required action areas noted in your review. Hispanic Unity of Florida, Inc.'s response is satisfactory, and the Financial and Administrative Assessment is complete. The CSC values your partnership and looks forward to continued success.

Thank You

Alicia Williams

Assistant Director of Finance

Children's Services Council of Broward County
Tel: 954-233-1288 | Fax: 954-377-1683
awilliams@cscbroward.org | www.cscbroward.org

From: Andres Connell <aconnell@hispanicunity.org>
Sent: Friday, September 9, 2022 10:11 AM
To: Alicia Williams <awilliams@cscbroward.org>
Cc: Felipe Pinzon <fpinzon@hispanicunity.org>; Leonor Romero <lromero@hispanicunity.org>; Eduardo Pineda <epineda@hispanicunity.org>; Elizabeth Dorante <edorante@hispanicunity.org>
Subject: Administrative Review Findings Response from Hispanic Unity of Florida

Good morning Ms. Williams:

On behalf of Hispanic Unity of Florida, Inc., attached you will find our Correction Action Plan response to CSC's findings during its last Administrative Review.

Please let us know if there are any concerns and/or next steps on our response.

Thank you for providing ongoing support and guidance with this item.

Sincerely,



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Andres Connell | VP of Programs & Public Policy

954.964.8884 ext. 353

Mobile 754.251.9488 | aconnell@hispanicunity.org

www.hispanicunity.org

UnidosUS Affiliate of the Year





Daniella Levine Cava, Mayor

August 10, 2022

Mr. Pinzon
Executive Director
Hispanic Unity of Florida, Inc.
5840 Johnson Street
Hollywood, FL 33021

RE: 2021-2022 CONTRACT MONITORING REPORT

Dear Mr. Pinzon:

The Office of Management and Budget – Grants Coordination (OMB-GC) conducted its FY 2021-2022 monitoring review of your organization on **June 22, 2022**. We want to thank you and your staff for your cooperation and assistance during our visit.

Attached is the monitoring visit report for your review. Please address any **Corrective Actions** cited on the cover page within 15 days of receipt of this letter. Your Contracts Officer will discuss any corrective actions or other aspects of this report with you.

Should you have any questions, please contact your Contracts Officer, Adolfo Leon at ALEON@miamidade.gov.

Sincerely,

Jennifer M. Pimentel
Program Coordinator

c: Christina Paradowski, Board Chair, Hispanic Unity of Florida, Inc.
David Clodfelter, Director, Office of Management and Budget (OMB)
Daniel T. Wall, Assistant Director, OMB
Manuel Vazquez, Fiscal Unit Manager, OMB
Adolfo Leon, Contracts Officer, OMB



Office of Management and Budget - Grants Coordination (OMB-GC)
 Community-Based Organization - Contract Monitoring Report
 Contract Period - FY 2021-2022

Corrective Action Plan (CAP)			
Organization Name:	Hispanic Unity of Florida, Inc.		
Date of Monitoring Visit:	June 22, 2022	Date of Report:	August 10, 2022

Attached is a copy of your FY 2021-2022 Monitoring Report. Please review the checklist and address all of the identified solutions.

Below are the areas of partial compliance or non-compliance as identified during the monitoring visit, please respond and provide a status on each of the solutions within 15 business days. (See sample below)

Section	Question Number	Documentation/Question	Condition	Solution	Is this a repeat item of non-compliance?	Action Taken/ Explanation (attach policies or documentation if applicable)
2	13	For the time period(s) identified in Section 1, did the organization provide monthly <u>Progress Reports</u> no later than 21 st day of the month following the month in which services were provided?	The CBO submitted all reports through March 2022, but two progress reports were late (October and November)	The Organization must explain how it will ensure timely submission of reports moving forward.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CBO X will assign the Program Director with this responsibility, which will be verified by the CEO, and the deadlines will be calendared.
2	9	For the time period(s) identified in Section 1, did the organization provide monthly <u>Payment Requests</u> no later than the 21 st day of the month following the month in which services were provided? <i>Please provide the organization's contract execution date (this is the date when the Clerk signed) <u>March 11, 2022</u>.</i>	The Payment Requests for the months of November 2021 through May 2022 were submitted on June 29, 2022.	If payment requests were submitted past the 21 st day of the month, the Organization must explain how it will ensure timely submission of requests moving forward	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Section	Question Number	Documentation/Question	Condition	Solution	Is this a repeat item of non-compliance?	Action Taken/ Explanation (attach policies or documentation if applicable)
2	10	For the time period(s) identified in Section 1, did the organization provide monthly <u>Progress Reports</u> no later than the 21 st day of the month following the month in which services were provided?	The Progress Reports for the months of November 2021 through May 2022 were submitted on June 29, 2022.	If progress reports were submitted past the 21 st day of the month, the Organization must explain how it will ensure timely submission of reports moving forward.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2	12	<u>For Performance-Based Contracts only:</u> For the time period(s) identified in Section 1, did the organization provide a <u>quarterly report(s)</u> of actual expenditures no later than the 21 st day after the end of the quarter in which services were provided?	The quarterly expenditure report for the quarter ending March 31, 2022, was submitted to OMB-GC on June 27, 2022.	If quarterly reports were submitted past the 21 st day of the month, the Organization must explain how it will ensure timely submission of reports moving forward.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Section	Question Number	Documentation/Question	Condition	Solution	Is this a repeat item of non-compliance?	Action Taken/ Explanation (attach policies or documentation if applicable)
6	20	Does the organization track the amount of time employees work on the County's program(s)? Bring copies of the time tracking (timesheets) for months where payroll is sampled.	The timesheets sampled for the months of January 2022 through March 2022 do not track the amount of time the employee works on the County's program.	The Organization will develop and/or add to its existing employee time tracking process a method for tracking the amount of time employees' work on the County's program(s) and will submit a written response detailing the method to be used and the date in which the method will be implemented. The response must be signed by the Organization's authorized representative and fiscal officer. If electronic time tracking is used, the organization will provide a copy of the approval path for staff allocated to the grant.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6	22	Are staff work hours approved by both the employee and the supervisor?	The timesheet sampled for the pay period of 12/25/2021 to 1/7/2022 was signed by the supervisor, V. Cielo, but not the employee, T. McClellan.	The Organization must include a provision in its employee time process, allowing both the employee and supervisor to approve work hours.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Section	Question Number	Documentation/Question	Condition	Solution	Is this a repeat item of non-compliance?	Action Taken/ Explanation (attach policies or documentation if applicable)
6	27	Are the organization's checks issued for County-funded expenses signed by two authorized check signors?	The cancelled check, # 3100, sampled for Technology expenditures had only one signature.	The Organization will implement a procedure for ensuring two authorized check signors sign checks issued for County-funded expenses. The Organization will submit a copy of the process and provide the two persons' titles signing the checks.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11	55	Does the organization maintain documentation that confirms that its staff members and subcontractors have the required education and work experience to provide the proposed services to the target population?	The requested job description and resume for the Senior Accountant, D. Gutierrez, was not provided to OMB-GC.	The Organization shall collect the following documents from its staff members and subcontractors and will furnish them to the County: resume, copy of diplomas or degrees, copy of required licenses, if applicable, copies of other credentials, if available and relevant to the position held in the program.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



**Office of Management and Budget - Grants Coordination (OMB-GC)
Community-Based Organization - Contract Monitoring Report
Contract Period - FY 2021-2022**

<input checked="" type="checkbox"/> Performance-Based
<input type="checkbox"/> Cost-Based
<input type="checkbox"/> Criminal Justice

Section 1 - Organizational Information			
Organization Name:	Hispanic Unity of Florida, Inc.		
Organization Address:	5840 Johnson Street, Hollywood, FL 33021		
Board President Name:	Christina Paradowski	Phone Number:	954-765-2909
Primary Contact Name:	Felipe Pinzon	Phone Number:	(954) 964-8884
Primary Contact Title:	President/CEO	Email Address:	fpinzon@hispanicunity.org
OMB-GC Monitor(s):	Adolfo Leon		
Organization Staff Present:	Andres Connell and Leonor Romero		
Time Period(s) Selected for Review (at the sole discretion of the contract officer):	January 2022 – March 2022		

Repeat Non-Compliance Issues Identified:	<input type="checkbox"/> Yes	To be completed at the conclusion of the monitoring visit compared to the previous year's monitoring.
	<input type="checkbox"/> No	
	<input checked="" type="checkbox"/> N/A	

List all items identified as repeat Non-Compliance issues (please include section and item # [ex: Section 2, #5])	<i>This is the provider's first year receiving funding</i>
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Entrance Interview	
<p><i>This section is to include: the date of the entrance interview and who was in attendance; a description of the scope of the monitoring visit; a description of program services (including the number of staff; and staff to client ratio); and any factors affecting program operations and/or compliance with contractual obligations.</i></p>	
<p>List any new program's initiative, successes, or highlights and progress on previous corrective actions.</p>	<p>The entrance interview took place at 9:00 am on June 22, 2022. The Vice-President of Programs & Public Policy, Mr. Andres Connell; and the Chief Financial Officer, Ms. Leonor Romero; were in attendance and the monitoring covered the agency's administrative, financial, and programmatic functions. Miami-Dade County funds the following program:</p> <ul style="list-style-type: none"> • <u>Temporary Protected Status (TPS)</u> - Hispanic Unity of Florida (HUF) along with 2 partners - Catholic Legal Services (CLS) and Americans for Immigrant Justice (AIJ) - provide critical TPS (Temporary Protected Status) support services to immigrants and their families residing in Miami-Dade County.
<p>Include any factors affecting the Provider's ability to meet its performance and objective of the programs</p>	<p>The agency's program commenced in March 2022.</p>

Section 2 should be completed by the Contract Officer prior to the monitoring visit based on the organization's available information and/or documentation throughout the contract period.

Section 2 - Supporting Documentation		
Documentation/Question	Compliance	Solution
<p>1 Copies of all required licenses or certificates that may have expired since originally submitted to OMB-GC. (e.g., certificate of occupancy/certificate of use, health, and facility, etc.)</p>	<p><input checked="" type="checkbox"/> On file with OMB-GC <input type="checkbox"/> Not on file with OMB-GC <input type="checkbox"/> Exempt/Certification Provided</p>	

2	<p>Proof of registration with the Florida Department of Agriculture and Consumer Services, if applicable, pursuant to Chapter 496, Florida Statutes, known as the Solicitations of Contributions Act.</p> <p>If exempt, provide a Certification of Exemption from Florida Department of Agriculture, Division of Consumer Services Registration</p>	<p><input checked="" type="checkbox"/> On file with OMB-GC <input type="checkbox"/> Not on file with OMB-GC <input type="checkbox"/> Exempt/Certification Provided</p>	
3	<p>Copies of redacted minutes of all Board meetings where business related to the County's contract was transacted.</p>	<p><input checked="" type="checkbox"/> On file with OMB-GC <input type="checkbox"/> Not on file with OMB-GC <input type="checkbox"/> Partial compliance</p>	
4	<p>Proof that the organization has been sharing the results of all County monitoring reports with its Board.</p>	<p><input type="checkbox"/> On file with OMB-GC <input checked="" type="checkbox"/> NA</p>	
5	<p>The most recent IRS Form 990 or IRS Form 990-N adequately filed with the IRS. If an extension is requested, proof that the IRS approved such extension, IRS approval required.</p> <p>If extended, indicated the new date when the IRS Form 990 must be filed by: <u>15th day of November, 2022</u></p>	<p><input checked="" type="checkbox"/> On file with OMB-GC <input type="checkbox"/> Not on file with OMB-GC <input type="checkbox"/> Partial compliance</p>	

5A	<p>Quarterly Federal Tax Returns (IRS Form 941) within 60 days after the quarter-end for the quarters up to the monitoring visit date.</p>	<p><input checked="" type="checkbox"/> On file with OMB-GC <input type="checkbox"/> Not on file with OMB-GC <input type="checkbox"/> Partial compliance <input type="checkbox"/> N/A</p>	
5B	<p><u>For Performance-Based Contracts Only:</u> Suppose Form 941 and/or RT-6 reflects a tax liability. In that case, proof of payment must be submitted within 60 days after the quarter-end or other applicable deadlines as set by the Florida Department of Revenue for the quarters up to the date of the monitoring visit.</p>	<p><input checked="" type="checkbox"/> On file with OMB-GC <input type="checkbox"/> Not on file with OMB-GC <input type="checkbox"/> Partial compliance <input type="checkbox"/> N/A</p>	
6	<p>Has a current Disaster Plan/Continuity of Operations Plan been provided for the current contract year?</p> <p>How frequently is the COOP plan reviewed, and has a policy been provided showing when and how reviews are to take place? _____ Please indicate.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
7	<p>Did the organization update its Code of Business Ethics and Conduct? If yes, complete questions 7A to 7A5.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<p>7A</p>	<p>Does the organization's Code of Ethics at a minimum contain the following provisions? Check yes or no for the questions below, and if any are checked "no," then the answer to this question is no.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><i>Questions 7A1- 7A4 require affirmations from the CBO's authorized representation (ED or CEO).</i></p>			
<p>7A1</p>	<p>Prohibit members of the Board of directors from voting on matters relating to the County's agreement, which may result in the board member directly or indirectly receiving funds paid through the County's Agreement</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>7A2</p>	<p>Prohibit members of the Board of directors from voting on any matters in which they are related to the person or entity seeking a benefit as 1) an officer, director, partner, of counsel, consultant, employee, fiduciary, beneficiary, or 2) a stockholder, bondholder, debtor, or creditor</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

7A3	Prohibit members of the Board of directors from directly or indirectly receiving any funds paid by the County to the Provider under the agreement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
7A4	Prohibit employees of the organization from directly or indirectly receiving any funds through the agreement, with the exception of the employee's salary and fringe benefits or a portion of the employee's salary and fringe benefits included in the approved budget	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
7A1- 7A4 Affirmed by:		Leonor Romero	Title: CFO	Date: June 23, 2022
7A5	Maintain written nepotism and conflict of interest policy that applies to hiring, providing services to clients, and procuring supplies or equipment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

8	If the Organization updates its Civil Rights Acts policy, was it in compliance with Article 11 of the Agreement?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – no updates are done	
9	For the time period(s) identified in Section 1, did the organization provide monthly <u>Payment Requests</u> no later than the 21 st day of the month following the month in which services were provided? <i>Please provide the organization's contract execution date (this is the date when the Clerk signed) <u>March 11, 2022.</u></i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partial compliance	If payment requests were submitted past the 21 st day of the month, the Organization must explain how it will ensure timely submission of requests moving forward. If the Organization has not yet provided payment requests for months that became due through the monitoring date, the Organization will submit all pending payment requests. It will also explain what steps it will take to ensure timely submission moving forward.
10	For the time period(s) identified in Section 1, did the organization provide monthly <u>Progress Reports</u> no later than the 21 st day of the month following the month in which services were provided?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partial compliance	If progress reports were submitted past the 21 st day of the month, the Organization must explain how it will ensure timely submission of reports moving forward. If the Organization has not yet provided progress reports for months that became due through the monitoring date, the Organization will submit all pending progress reports. It will also explain what steps it will take to ensure timely submission moving forward.
11	For congregate and/or home-delivered meal programs, is the organization meeting all applicable local, state, and federal food safety and hygiene requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial compliance <input checked="" type="checkbox"/> N/A	

<i>Skip to Section 3 if contracts are cost-based</i>			
12	<p><u>For Performance-Based Contracts only:</u> For the time period(s) identified in Section 1, did the organization provide a <u>quarterly report(s)</u> of actual expenditures no later than the 21st day after the end of the quarter in which services were provided?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partial compliance</p>	<p>If quarterly reports were submitted past the 21st day of the month, the Organization must explain how it will ensure timely submission of reports moving forward. If the Organization has not yet provided quarterly reports for periods that became due through the monitoring date, the Organization will submit all pending quarterly reports. It will also explain what steps it will take to ensure timely submission moving forward.</p>

Section 3 - Insurance (Article 7)		
<i>Skip to Section 4 if the total dollar value of all County contracts received by the Organization is less than \$25,000</i>		
Documentation/Question	Compliance	Solution
13	<p>If applicable, has a copy of the current certificate of insurance has been provided?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	

Section 4 – Civil Rights (Article 11)		
<i>Skip to Section 5 if the organization has less than 50 employees</i>		
Documentation/Question	Compliance	Solution
14 Does the organization provide domestic violence leave to its eligible employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

Section 5 – Health Insurance Portability and Accountability Act (HIPAA) (Article 12)		
<i>Skip to Section 6 if the organization's County funded programs do not include healthcare, mental health, substance abuse, or like programs</i>		
Documentation/Question	Compliance	Solution
15 <u>For Medical, Mental Health, Substance Abuse providers only:</u> Does the organization give its clients written notice of its privacy information practices, including, specifically, a description of the types of uses and disclosures that would be made with protected health information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial compliance	
16 <u>For Medical, Mental Health, Substance Abuse providers only:</u> Does the organization maintain a written HIPAA compliance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial compliance	
Affirmed by:	Title:	Date:

Section 6 – Additional Required Documentation (Articles 9, 18, 19, 21, 23)

Documentation/Question	Compliance	Solution
<p>17</p> <p>In accordance with the items reviewed by OMB-GC, is the organization following its most current fiscal policies?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial compliance</p>	
<p>18</p> <p>Is there adequate segregation of duties among staff that performs accounting tasks (i.e., no one employee should have the sole control over the custody of assets, authorization of transactions affecting those assets, and reporting of related transactions)?</p> <p>Is there a written policy that the staff duties are separated so that no one individual has complete authority over an entire financial transaction?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial compliance</p>	
<p>19</p> <p>Does the organization track financial transactions related to the County's funded program(s) separately? Please request a general ledger report showing expense transactions for the period.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>20</p> <p>Does the organization track the amount of time employees work on the County's program(s)? Bring copies of the time tracking (timesheets) for months where payroll is sampled.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partial compliance <input type="checkbox"/> N/A – no positions funded</p>	<p>The Organization will develop and/or add to its existing employee time tracking process a method for tracking the amount of time employees' work on the County's program(s) and will submit a written response detailing the method to be used and the date in which the method will be implemented. The response must be signed by the Organization's authorized representative and fiscal officer. If</p>

			electronic time tracking is used, the organization will provide a copy of the approval path for staff allocated to the grant.
21	Does the organization track the amount of time employees work on direct and indirect activities, as applicable? Bring copies of the tracking method for months where payroll is sampled.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial compliance <input type="checkbox"/> N/A – no positions funded <input checked="" type="checkbox"/> N/A – Position funded is only direct or indirect, but no both	
22	Are staff work hours approved by both the employee and the supervisor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A – no positions funded	The Organization must include a provision in its employee time process, allowing both the employee and supervisor to approve work hours.
23	Do payroll registers properly reflect the employee's name, gross and net pay amount, payroll deductions, and document the date and a check number (or Direct Deposit reference number)? (trace the pay periods chosen for review from the payroll register to the timesheets and bank statements)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – no positions funded	
24	Based on the documents reviewed by OMB-GC, does the organization reconcile its bank statements within a month after they become available from the bank as attested by the dates? If the agency does not reconcile its bank statements within a month, please provide the timeline established by their policies _____.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial compliance	

25	Do the bank statements and bank reconciliations include the staff's signatures or initials preparing, reviewing, and approving the monthly bank reconciliations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial compliance			
26	Do the organization's bank statements reflect a positive balance at the end of each month?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial compliance			
27	Are the organization's checks issued for County-funded expenses signed by two authorized check signors?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	The Organization will implement a procedure for ensuring two authorized check signors sign checks issued for County-funded expenses. The Organization will submit a copy of the process and provide the two persons' titles signing the checks.		
28	Is there evidence of commingling of funds provided under this Agreement with funds received from any other funding sources?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
29	Has the organization maintained policies and procedures that ensure compliance with the security standards and all applicable State and Federal statutes and regulations for the protection of confidential client records and electronic exchange of confidential information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial compliance			
Affirmed by:	Leonor Romero	Title:	CFO	Date:	June 23, 2022
30	Pursuant to Article 24 of the contract, is the organization in compliance with the publicity requirements included in the contract?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial compliance <input type="checkbox"/> N/A			

Fiscal Performance
The following question applies to the agreement overall and not an individual program

31	Does the organization have sufficient financial resources to meet expenses incurred during the period between the provision of services and payment by the County?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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Affirmed by:	Leonor Romero	Title:	CFO	Date:	June 23, 2022
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Section 7 – Subcontractors and Assignments (Article 21)
Skip to Section 8 if the Organization does not use any subcontractors

	Documentation/Question	Compliance	Solution
32	Did the organization obtain written approval from OMB-GC prior to executing an assignment or a subcontract agreement?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial compliance	
33	Has the organization incorporated the provisions regarding Office of the Inspector General Reviews in all contracts and all other agreements executed by its subcontractors in connection with the performance of the contract?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
34	Did the organization request 3 quotes for all proposed subcontracts that are partially or fully funded by the County, valued at \$1,000 and above, and maintain documentation of all 3 requests and related documents, including quotes received on file? <i>Quotes are not required for subcontractors working in programmatic roles</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial compliance <input checked="" type="checkbox"/> N/A	

Section 8 – Local, State, and Federal Compliance Requirements (Article 23)			
Documentation/Question		Compliance	Solution
35	Are all required notices (those required by the Dade County Equal Opportunity Board or any other authority having jurisdiction) posted in a conspicuous place for view by employees and applicants for employment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial compliance	
Affirmed by:	Leonor Romero	Title: CFO	Date: June 23, 2022

Section 9 – Due Diligence Follow Up (Article 24)			
Documentation/Question		Clearance	Solution
36	If the organization provided OMB-GC with a due diligence response, were those items implemented? If so, please list documents reviewed showing implementation of the items: <u>Audit for Year Ended December 31, 2021.</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> N/A	

Section 10- Board Member Interview Questions (Telephone Call)		
37	<ul style="list-style-type: none"> Can you tell me about the program(s) Miami-Dade County funds for your organization? What are some of the greatest opportunities and challenges you have as an organization? Are there any issues/concerns we should be aware of? How does your organization meet the needs of the community? How does your organization measure its success and/or impact in the community? 	<p>Board member, Lucia Rodriguez, was interviewed. She stated that Miami-Dade County funds, the Temporary Protective Status (TPS) program for Venezuelan immigrants. This program provides eligible individuals with the tools and support needed for them to achieve a favorable TPS petition.</p> <p>Ms. Rodriguez feels that the greatest opportunity the organization has is to build its reputation in the community to attract more funding in the future and the greatest challenge is that the number of individuals seeking assistance always exceeds capacity. She stated that there are no issues or concerns because the Board of Directors has a strategic planning process that anticipates different scenarios and outcomes. In addition, the organization has good leadership team that strives for transparency.</p> <p>Ms. Rodriguez closed by stating that the organization offers many programs that meet the needs of the community, such as, economic development, entrepreneurship, civic engagement, and legal assistance and to measure its impact, the organization uses a dashboard that measures performance by program and funding source.</p>

Section 11 – Program Performance					
PROGRAM A					
<i>Replicate this section for each Program funded in the Agreement</i>					
Program Name:		Temporary Protected Status			
Fiscal Performance- PROGRAM A					
Allocation:	\$500,000	Amount Spent on Program through 3/31/2022:	\$201,224	Percent of Program Allocation Spent:	40%
38	Is the organization overspending in excess of 15% on any line item?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
39	If yes above, identify the line item(s) and program(s):				

40	Is the organization underspending less than 15% on any line item?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
41	If yes above, identify the line item(s) and program(s):	All programmatic line items except subcontractors.
42	For the time period(s) selected for review, are the actual expenses, including expenses for subcontractors, in line with the scope of work and the program budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial compliance
43	If no above, identify the expenses that do not align with the scope of work:	
44	Is the amount used toward the provision of the desired services/activities (direct cost category of the budget)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial compliance
45	For Performance-Based Contracts only: Does the organization have original invoices to substantiate its program expenses submitted for reimbursement or reported to OMB-GC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial compliance
46	If applicable, did the organization track, record, and disclose to OMB-GC any program income or fundraising collections from or related to the program funded under the contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47	Does the organization have sufficient financial resources to meet expenses incurred during the period between the provision of services and payment by the County?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Affirmed by:	Leonor Romero	Title:	CFO	Date:	June 23, 2022
Progress Report(s) Review					
48	Progress Report Selected for Review (include as Attachment A to this report):	March 2022			
49	List any activities whose YTD outputs are below target through the period of review (allowing for a 15% variance):	None			
50	List any activities whose YTD clients served are below target through the period of review (allowing for a 15% variance):	None			
51	Document(s) Reviewed to Validate Data Reported in the Progress Report:	G-28			
52	Does the organization maintain a separate individual client file for each client/family served, where appropriate? This file shall include all pertinent information regarding case activity.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial compliance <input type="checkbox"/> N/A			
53	Do the organization and its subcontractors and suppliers maintain complete and accurate program records to substantiate compliance with the requirements set forth in the contract?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial compliance			
Documentation/Question		Compliance		Solution	
54	Does the organization have documentation providing support for their evaluation and monitoring of the quality of the services provided as stated in their scope of work question 3.2?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial compliance			

55	Does the organization maintain documentation that confirms that its staff members and subcontractors have the required education and work experience to provide the proposed services to the target population?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial compliance	The Organization will develop a procedure for validating and maintaining documentation on file demonstrating that staff members and subcontractors have the required education and experience to provide the proposed service to the target population. For the staff members and subcontractors providing service to the County's program, the Organization shall collect the following documents from its staff members and subcontractors and will furnish them to the County: resume, copy of diplomas or degrees, copy of required licenses, if applicable, copies of other credentials, if available and relevant to the position held in the program.
Program A: Activity Observation (Desk Review Only)			
56	Are there any obvious safety hazards present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
57	Are the activities observed aligned with the scope of service description?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial compliance	

CO Notes

In this section, include any notes/observations from the site visit, including information regarding client records, that are essential to completing this report

**FY 2021-22 Financial Grid
Operating Expenses**

Organization Name Hispanic Unity of Florida, Inc.
Person(s) Approving Invoices: Felipe Pinzon, President/CEO

Date of Monitoring June 22, 2022
Contract # 22-HUFL

Month Sampled: January, February, and March 2022					
Date	Expense Amount	Budget Line Item Debited*	Is the expense in line with the scope of work and program budget justification?	Payment Posting Date (per Bank Statement)	If applicable, does the Check Number Match the Number and Amount on the Bank Statement
1/2/2022	\$5,085.31	Rent	Yes	1/18/2022	No
2/13/2022	\$906.76	Rent	Yes	UA	UA
2/28/2022	\$5,085.31	Rent	Yes	3/15/2022	No
1/11/2022	\$594.52	Communication	Yes	2/7/2022	Yes
2/11/2022	\$594.52	Communication	Yes	3/8/2022	Yes
3/11/2022	\$594.52	Communication	Yes	4/6/2022	Yes
12/2/2021	\$9,429.64	Communication	Yes	UA	UA
1/2/2022	\$10,601.46	Communication	Yes	2/8/2022	ACH
2/1/2022	\$10,714.48	Communication	Yes	3/10/2022	ACH
3/18/2022	\$2,547.00	Technology	Yes	4/6/2022	Yes

**FY 2021-2022 Financial Grid
Payroll Expenses**

Organization Name: Hispanic Unity of Florida, Inc.
 Person(s) Approving Payroll: Leonor Romero, CFO

Date of Monitoring: June 22, 2022
 Contract #: 22-HUFL

Pay Period Covered: 12/25/2021-1/7/2022 Payroll Pay Date: 01/14/22							
Employee Name	Hourly Rate	Gross Earnings	Employer-Paid FICA/MICA	Is the payroll (including other budgeted employer deductions) in line with the program budget justification?	Net Pay Amount	Posting Date (per Bank Statement)	If applicable, does the Check Number match the Number and Net Pay Amount
Magaly Alvarado	Salaried	\$3,081.91	\$223.91	Yes	\$2,106.89	NA	ACH
Darlene Gutierrez	\$32.19	\$2,575.20	\$171.95		\$1,901.87		
Tiana McClellan	\$28.85	\$2,308.00	\$171.56		\$1,840.20		
Pay Period Covered: 1/8/2022-1/21/2022 Payroll Pay Date: 01/28/22							
Employee Name	Hourly Rate	Gross Earnings	Employer-Paid FICA/MICA	Is the payroll (including other budgeted employer deductions) in line with the program budget justification?	Net Pay Amount	Posting Date (per Bank Statement)	If applicable, does the Check Number match the Number and Net Pay Amount
Magaly Alvarado	Salaried	\$3,081.91	\$223.91	Yes	\$2,106.89	NA	ACH
Darlene Gutierrez	\$32.19	\$2,864.92	\$194.11		\$2,134.66		
Tiana McClellan	\$28.85	\$2,574.87	\$191.95		\$2,027.94		
Pay Period Covered: 1/22/2022-2/4/2022 Payroll Pay Date: 02/11/22							
Employee Name	Hourly Rate	Gross Earnings	Employer-Paid FICA/MICA	Is the payroll (including other budgeted employer deductions) in line with the program budget justification?	Net Payment Amount	Posting Date (per Bank Statement)	If applicable, does the Check Number match the Number and Net Pay Amount
Magaly Alvarado	Salaried	\$3,081.91	\$223.91	Yes	\$2,106.89	NA	ACH
Darlene Gutierrez	\$32.19	\$3,021.84	\$206.12		\$2,260.74		
Tiana McClellan	\$28.85	\$2,762.39	\$206.33		\$2,159.86		
Pay Period Covered: 2/5/2022-2/18/2022 Payroll Pay Date: 02/25/22							
Employee Name	Hourly Rate	Gross Earnings	Employer-Paid FICA/MICA	Is the payroll (including other budgeted employer deductions) in line with the program budget justification?	Net Payment Amount	Posting Date (per Bank Statement)	If applicable, does the Check Number match the Number and Net Pay Amount
Magaly Alvarado	Salaried	\$3,252.35	\$236.94	Yes	\$2,226.80	NA	ACH
Darlene Gutierrez	\$32.19	\$2,753.69	\$185.61		\$2,045.28		
Tiana McClellan	\$28.85	\$2,694.83	\$201.16		\$2,112.33		
Pay Period Covered: 2/19/2022-3/4/2022 Payroll Pay Date: 03/11/22							
Employee Name	Hourly Rate	Gross Earnings	Employer-Paid FICA/MICA	Is the payroll (including other budgeted employer deductions) in line with the program budget justification?	Net Payment Amount	Posting Date (per Bank Statement)	If applicable, does the Check Number match the Number and Net Pay Amount
Magaly Alvarado	Salaried	\$3,081.91	\$223.91	Yes	\$2,107.12	NA	ACH
Darlene Gutierrez	\$32.19	\$2,720.06	\$183.03		\$2,009.22		
Tiana McClellan	\$28.85	\$2,362.09	\$175.70		\$1,878.25		
Pay Period Covered: 3/5/2022-3/18/2022 Payroll Pay Date:							
Employee Name	Hourly Rate	Gross Earnings	Employer-Paid FICA/MICA	Is the payroll (including other budgeted employer deductions) in line with the program budget justification?	Net Payment Amount	Posting Date (per Bank Statement)	If applicable, does the Check Number match the Number and Net Pay Amount
Magaly Alvarado	Salaried	\$3,081.91	\$223.91	Yes	\$2,107.12	NA	ACH
Darlene Gutierrez	\$32.19	\$2,792.48	\$188.57		\$2,067.41		
Tiana McClellan	\$28.85	\$4,784.49	\$361.01		\$3,709.33		

* Includes UW Grant for \$170.44



Office of Management and Budget - Grants Coordination (OMB-GC)
 Community-Based Organization - Contract Monitoring Report
 Contract Period - FY 2021-2022

Corrective Action Plan (CAP)

Organization Name:	Hispanic Unity of Florida, Inc.		
Date of Monitoring Visit:	June 22, 2022	Date of Report:	August 10, 2022

Attached is a copy of your FY 2021-2022 Monitoring Report. Please review the checklist and address all of the identified solutions.

Below are the areas of partial compliance or non-compliance as identified during the monitoring visit, please respond and provide a status on each of the solutions within 15 business days. (See sample below)

Section	Question Number	Documentation/Question	Condition	Solution	Is this a repeat item of non-compliance?	Action Taken/ Explanation (attach policies or documentation if applicable)
2	13	For the time period(s) identified in Section 1, did the organization provide monthly <u>Progress Reports</u> no later than 21 st day of the month following the month in which services were provided?	The CBO submitted all reports through March 2022, but two progress reports were late (October and November)	The Organization must explain how it will ensure timely submission of reports moving forward.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CBO X will assign the Program Director with this responsibility, which will be verified by the CEO, and the deadlines will be calendared.
2	9	For the time period(s) identified in Section 1, did the organization provide monthly <u>Payment Requests</u> no later than the 21 st day of the month following the month in which services were provided? <i>Please provide the organization's contract execution date (this is the date when the Clerk signed) <u>March 11, 2022</u>.</i>	The Payment Requests for the months of November 2021 through May 2022 were submitted on June 29, 2022.	If payment requests were submitted past the 21 st day of the month, the Organization must explain how it will ensure timely submission of requests moving forward	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	This is a special partnership with Hispanic Unity of Florida, Inc. (HUF) as lead with the two other agencies as secured via MDC. It is also the first time HUF has held an agreement with Miami-Dade County OMB. In turn, we had to learn and extend OMB requirements within a quick turn-around timeline to its partners. MOUs were executed after legal review in June 2022 for this one-year special funding.

Section	Question Number	Documentation/Question	Condition	Solution	Is this a repeat item of non-compliance?	Action Taken/ Explanation (attach policies or documentation if applicable)
						<p>This special agreement required two partners to report program data/activity that is needed for the progress reports. The two agencies' program models are different than HUF's and we wanted to secure their data/reporting was acceptable by OMB which we reviewed with Adolfo Leon during the monitoring visit. Mr. Leon reviewed this with OMB management who confirmed the process.</p> <p>At this time, OMB has confirmed the documentation provided during the monitoring visit is acceptable. We have now marked the calendars accordingly to validate the timeline reporting of information to stay current, pulling the deadline up for partners to ensure HUF can submit by the OMB deadline. This impacted all reporting areas to cover payment requests, progress reports and quarterly reports. We are now current.</p>

Section	Question Number	Documentation/Question	Condition	Solution	Is this a repeat item of non-compliance?	Action Taken/ Explanation (attach policies or documentation if applicable)
2	10	For the time period(s) identified in Section 1, did the organization provide monthly <u>Progress Reports</u> no later than the 21 st day of the month following the month in which services were provided?	The Progress Reports for the months of November 2021 through May 2022 were submitted on June 29, 2022.	If progress reports were submitted past the 21 st day of the month, the Organization must explain how it will ensure timely submission of reports moving forward.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>See explanation noted in section 2 question 9</p> <p>After monitoring review, we received OMB confirmation that program tracking was acceptable and have now marked the calendars accordingly to validate the timeline reporting of information to stay current, pushing the deadline for partners to provide earlier so we can be on time. If needed, we will advise our contract manager when we are pending more information to conclude the report. This impacted all reporting areas to cover payment requests, progress reports and quarterly reports. We are now current.</p>

Section	Question Number	Documentation/Question	Condition	Solution	Is this a repeat item of non-compliance?	Action Taken/ Explanation (attach policies or documentation if applicable)
2	12	<p><u>For Performance-Based Contracts only:</u> For the time period(s) identified in Section 1, did the organization provide a <u>quarterly report(s)</u> of actual expenditures no later than the 21st day after the end of the quarter in which services were provided?</p>	<p>The quarterly expenditure report for the quarter ending March 31, 2022, was submitted to OMB-GC on June 27, 2022.</p>	<p>If quarterly reports were submitted past the 21st day of the month, the Organization must explain how it will ensure timely submission of reports moving forward.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>See explanation noted in section 2 question 9 After monitoring review, we received OMB confirmation that program tracking was acceptable and have now marked the calendars accordingly to validate the timeline reporting of information to stay current, pushing the deadline for partners to provide earlier so we can be on time. If needed, we will advise our contract manager when we are pending more information to conclude the report. This impacted all reporting areas to cover payment requests, progress reports and quarterly reports. We are now current.</p>

6	20	Does the organization track the amount of time employees work on the County's program(s)? Bring copies of the time tracking (timesheets) for months where payroll is sampled.	The timesheets sampled for the months of January 2022 through March 2022 do not track the amount of time the employee works on the County's program.	The Organization will develop and/or add to its existing employee time tracking process a method for tracking the amount of time employees' work on the County's program(s) and will submit a written response detailing the method to be used and the date in which the method will be implemented. The response must be signed by the Organization's authorized representative and fiscal officer. If electronic time tracking is used, the organization will provide a copy of the approval path for staff allocated to the grant.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>We have amended policy# F125.3 Payment to Employees for employees to address time and effort disclosures. (See attachment 1)</p> <p><i>Time and Effort: Starting August 22, 2022, employees working partially in special projects and/or grants that require disclosing time/effort will be required to list the pro-rated share of their effort. Allocation of effort is subject to the limits of the budgets/contract allowable charges; employees who solely or directly perform the work of the program including, but not limited to, activities for any participants and program deliverables coincide with that program; their effort is compared against an employee's full work-schedule to determine the allocation. Manager assures the accuracy of reporting a grant's spending, including but is not limited to, employee time on a grant. Only</i></p>
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Section	Question Number	Documentation/Question	Condition	Solution	Is this a repeat item of non-compliance?	Action Taken/ Explanation (attach policies or documentation if applicable)
						<p><i>when a grant requires to disclose such % is it required to be added in a timesheet.</i></p> <p><i>All employees must print and sign time sheets and get their manager to sign as well. Manager / supervisor and employee is attesting the payroll record and/or "the timesheet" agrees to the time and effort being reported.</i></p> <p>We cannot track a record of hours as exempt employees must work whatever hours it takes to perform their job. This will subject the agency with Department of Labor issues.</p>

6	22	Are staff work hours approved by both the employee and the supervisor?	The timesheet sampled for the pay period of 12/25/2021 to 1/7/2022 was signed by the supervisor, V. Cielo, but not the employee, T. McClellan.	The Organization must include a provision in its employee time process, allowing both the employee and supervisor to approve work hours.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>HUF does have a requirement that requires both employee and supervisor to approve the timesheet and it validated by payroll coordinator, as outlined in policy F125.3. (See attachment 1)</p> <p>The sampling was an isolated incident that was missing the signature.</p> <p>This employee and others normally sign timesheets prior to the supervisor and email to the supervisor for approval before it is sent for processing. It is important to note, payroll system generates the timesheets from the employee's actual punches; in this case the employee is the one who prints and gets to their supervisor to sign as outlined in policy F125.3. This employee was remote and had to submit the timesheet only electronically. (See attachment 2, that shows emails sent to supervisor with signed timesheets. Refer to attachment 1 for policy F125.3 on noted sign-in steps)</p>
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Section	Question Number	Documentation/Question	Condition	Solution	Is this a repeat item of non-compliance?	Action Taken/ Explanation (attach policies or documentation if applicable)
						We will comply accordingly and as outlined in our existing policy.

6	27	<p>Are the organization's checks issued for County-funded expenses signed by two authorized check signors?</p>	<p>The cancelled check, # 3100, sampled for Technology expenditures had only one signature.</p>	<p>The Organization will implement a procedure for ensuring two authorized check signors sign checks issued for County-funded expenses. The Organization will submit a copy of the process and provide the two persons' titles signing the checks.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>HUF Board approved policy F122 (attachment 3) requires one-signature for checks under \$10,000; only payments over \$10,000 require two signers with some exceptions. Per policy, Board approves any expenses tied to execution of contracts and agreements that include expenditures over \$10,000 for IT Equipment and program subcontractor agreements do not require two signatures as it is part of executing the agreement, as previously approved and budgeted.</p> <p>It must be noted that HUF has a pre-approval system requiring multi-layers of approvals on all spending including this County-funded program confirming authorized expenditure. Additionally, HUF uses positive pay services through our bank to secure payments are honored only as secured verification that is verified by CFO for all payments mitigating any risk. This allows for the review by two persons: CEO who signs the checks and CFO who confirms the</p>
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					<p>positive pay list prior to release. While the signature is not on the actual check instrument, two parties are reviewing all check payments.</p> <p>In today's times, getting two signatures for checks for all pre-approved expenses no matter the threshold is time-consuming and can delay the timely delivery of this program that has time-sensitive deliverables set by all three parties.</p> <p>We will adhere to this requirement, but request OMB reconsider this request as we feel we have necessary controls in place to safeguard spending and honor the intention of this mandate. In the meantime, while it is not a requirement of HUF Board policy to have two check signers for all payments, effective 8/22/22 we added the second signer as required only for OMB agreement and it will be complied going forward. Those parties will be CEO, Felipe Pinzon and VP Development, Shani Wilson.</p>
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Section	Question Number	Documentation/Question	Condition	Solution	Is this a repeat item of non-compliance?	Action Taken/ Explanation (attach policies or documentation if applicable)
11	55	Does the organization maintain documentation that confirms that its staff members and subcontractors have the required education and work experience to provide the proposed services to the target population?	The requested job description and resume for the Senior Accountant, D. Gutierrez, was not provided to OMB-GC.	The Organization shall collect the following documents from its staff members and subcontractors and will furnish them to the County: resume, copy of diplomas or degrees, copy of required licenses, if applicable, copies of other credentials, if available and relevant to the position held in the program.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	This is a requirement of hiring staff. During the monitoring visit, payroll coordinator did not realize this resume was not provided but it was on-hand. (<i>see D. Gutierrez resume - attachment 4</i>). It is an isolated incident to not provide during monitoring visit.



Daniella Levine Cava, Mayor

September 16, 2022

Mr. Pinzon
Executive Director
Hispanic Unity of Florida, Inc.
5840 Johnson Street
Hollywood, FL 33021

RE: **Contract Monitoring Site Visit – CAP Acceptance Letter
Contract # 22-HUFL**

Dear Mr. Pinzon:

The Office of Management and Budget - Grants Coordination has reviewed your agency's response to the FY 21-22 monitoring. Your corrective action plan(s) appear satisfactory requiring no other corrective action at this time.

Pursuant to Implementing Order No. 3-15 and your agency's signed contract agreement, the Office of Management and Budget – Grants Coordination (OMB) is required to issue a Community-Based Organization (CBO) Report Card for all CBOs under contract with OMB. This Report Card is based on the findings of the annual monitoring review and utilized to track the Provider's status and progress. This Report Card will be placed on the Board of County Commissioners' agenda in accordance with Ordinance No. 14-65.

The Report Card rates CBO performance using a green, yellow, and red stoplight scale as follows:

1. Green – Five (5) or fewer instances of non-compliance
2. Yellow – More than five (5) instances of non-compliance. Please note, agencies that were suspended and who have successfully cleared their Corrective Action Plan's may have their rating changed to yellow.
3. Red – Any number of instances of non-compliance that merit contract or payment suspension.

For the FY 2021-2022 contract period, your agency's rating is: YELLOW.

While there is no corrective action or feedback required, if your agency wishes to submit a brief written response to OMB to attach to the final report card, OMB-GC must receive the written response with ten (10) days from the date of this letter.

The Office encourages your agency to continue its endeavor in providing quality services to the citizens of Miami-Dade County. If you have any questions, please feel free to contact your Contracts Officer, Adolfo Leon, at ALEON@miamidade.gov if you have any questions about the monitoring review.

Sincerely,

Jennifer M. Pimentel
Program Coordinator

Governance Committee Meeting
MINUTES
Friday, October 4, 2022

Attendance: Maritza Alvarez, Anthony Abbate, Christina Paradowski, Maria Barnard, Angie Stone, Maria Elena Ferrer, Felipe Pinzon, and Felina Furer.

Excused: Lucia Rodriguez and Melida Akiti.

Absent: Giselle Cushing.

Call to Order/ Roll Call

Began at 9:04 AM

Approval of September 2022 Minutes

Motion to approve the September minutes made by Maria Elena Ferrer. A second was made by Christina Paradowski. Motion passed.

By-Lays, Article V, Rules Governing Voting

- a) **Quorum:** Christina Paradowski shared the committee has formalized quorum in the bylaws and after attending all committee meetings, she believes quorum is hurting the agency. Especially in the Finance committee, as it hurts moving forward on approving financials. Can we retract it? Felipe Pinzon also shared quorum sometimes holds the committees back on voting and does not allow for an active meeting. Tony Abbate suggested leaving the meetings and voting as is, and letting each committee decide.

It was decided to continue with the quorum.

Angie Stone believes there should be another conversation with all the Chairs to remind them of quorums. Maria Barnard believes we need to reevaluate scheduled calendar meetings regarding frequency and timing.

- b) **Proxy:** No proxy voting is allowed in the bylaws. But it does happen from time to time. The committee should decide which way to go. Do we want to allow proxy voting to continue?

No proxy vote will be allowed unless the proxy voting is approved by the Chair before voting. A proxy vote counts towards a quorum. This continues at the board and committee levels. Christina Paradowki will draft up language for voting purposes.

Recruitment, Development & Engagement

a) Board Member Cultivation

- i) Ana Rodriguez - Florida Blue:** Angie Stone and Tony Abbate interviewed Ana. Ana was impressed by HUF on a tour/meeting and self-nominated herself to serve on HUF's board. She believes she is a connector. She is from Colombia but grew up in the UK. She is very active with the Woman's Chamber of Commerce. Ana has operational skills and is almost done with her Ph.D. Ana has a passion for Advocacy and relates very well with people. She lives in Miami. Tony shared they would like to recommend her to HUF's board.

Maria Elena Ferrer motioned to recommend Ana Rodriguez to HUF's Board of Directors. A second was made by Angie Stone. Motion passed.

- b) Mentorship Program:** Angie Stone met with Maritza Alvarez and Maria Barnard to discuss the onboarding process of new members and other components. The purpose of the mentorship program is to fast-track onboarding to further focus on the connection and engagement of the board members. They suggested a committee rotation during the first year. They also proposed to have mentors for new members, as well as to introduce and provide background on the board packages.
- c) Scorecard:** Angie Stone worked on the existing scorecard to help enhance onboarding to elevate engagement.

These items will be distributed at the October board meeting and they will be voted upon at the November board meeting.

2023 Slate of Officers

Chair: Christina Paradowski
Chair-Elect: Anthony Abbate
Secretary: Carolina Cardozo
Treasurer: Lisette Rodriguez
Past Chair: Lucia Rodriguez

Angie Stone motioned to recommend the 2023 Slate of Officers. A second was made by Maria Barnard. Tony Abbate and Christina Paradowski abstained. Motion passed.

Next Meeting: Friday, November 4, 2022 @9am

Governance Committee Meeting
MINUTES
Friday, November 4, 2022

Attendance: Maritza Alvarez, Anthony Abbate, Christina Paradowski, Maria Barnard, Angie Stone, Maria Elena Ferrer, and Felipe Pinzon.

Excused: Lucia Rodriguez and Felina Furer.

Absent: Giselle Cushing and Melida Akiti.

Call to Order/ Roll Call

Began at 9:01 AM.

Approval of October 2022 Minutes

Motion to approve the October minutes by Maritza Alvarez. A second was made by Christina Paradowski. Motion passed.

Bylaws Amendment

- a) Article V, Rules Governing Voting, Proxy: Christina Paradowski presented a draft of revised Bylaws. The committee discussed the benefits and issues of allowing proxy voting. Tony suggested additional language.

The committee agreed to present the document to the Board of Directors in November as an FYI and have a vote at the December meeting.

Motion to approve the bylaws as revised by the committee made by Maria Barnard. A second was made by Maritza Alvarez. Motion passed.

Recruitment, Development & Engagement

- a) Mentorship Program: Angie Stone suggested discussing the scorecard first and addressing the mentorship program at the next meeting.
- b) Scorecard: Felipe Pinzon presented a revised scorecard. The committee agreed to the new scorecard with the following changes.

New titles

- Engagement
- Fund Development
 - o Change #4 for Board Member Annual Contribution (\$1,000)
- Ambassadorship

- Under ambassadorship we will make the following changes:
 - o 11. Remove the word home from *Host a small event at your ~~home~~/friend-raising*
 - o 14. Meet with your Board mentor/mentee
 - o 15. Mission Immersion: attend/participate in a scheduled program
 - Staff will include in the Board of Directors meeting packet program activities/schedules to incentivize Board member's engagement
 - o Scorecard data will be collected and reported 3x a year

c) Marketing Committee Chair

Christina Paradowski shared that Lesli Franco is stepping down as Marketing Committee Chair due to schedule conflicts. The committee is now in need of a Chair with a background in digital marketing and websites. Christina and Felipe will meet with Francisco Rivera to offer him the Marketing Chair position. Finally, Christina mentioned that she thanked Lesli for leading the committee, especially during the CEO transition.

2023 Governance Committee Meeting Schedule

Maritza Alvarez motioned to recommend the acceptance of the 2023 Governance Committee schedule. A second was made by Christina Paradowski. Motion passed.

Next Meeting: Friday, December 2, 2022 @9am

Hispanic Unity of Florida
Public Policy & Advocacy
Committee Meeting
MINUTES
Friday, October 14, 2022

Present: Carolina Cardozo, Dan Schevis, Robby Holroyd, Megan Turetsky, Christina Paradowski, Dr. Jeffrey Nasse, Otto Valenzuela, and Felina Rosales-Furer.

Excused: Dick Blattner and Felipe Pinzon.

Absent: Dr. Maria Bernard and Nazbi Chowdhury.

Roll Call

Began at 9:02 am.

Approve September 2022 Minutes - Presented by Chair Carolina Cardozo

Motion

Dan Schevis motioned to accept the September minutes. A second was made by Dr. Jeffrey Nasse. Motion passed.

HUF's PP&A Activities Update - Presented by Otto Valenzuela

• Staff Update:

Andres Connell is no longer with HUF. Elizabeth Dorante is now the interim Vice President of Programs. Otto Valenzuela will now be reporting to Felipe Pinzon.

• Activities Recap:

During Hispanic Heritage Month, HUF was recognized with several proclamations from local municipalities to shine a light on the work the agency is doing in the community.

Otto Valenzuela mentioned that by request of UnidosUS, HUF signed a letter supporting DACA recipients, so that they can receive benefits through the Affordable Care Act, the children's Health Insurance Program (CHIP), and Medicaid. The letter was sent to the Department of Health and Human Services (HHS).

There was a ruling last week on DACA, which sent it back to a lower court. The Federal Government and Congress have not come up with a permanent decision yet. HUF hopes DACA individuals will not lose protection, but DACA is in danger of being lost and the fallout would impact close to a million Dreamers who would suddenly be left without any legal status. Christina Paradowski believes there will be constitutional issues going forward since Congress makes immigration laws.

HUF 2023 Public Policy Agenda Draft - Presented by Otto Valenzuela

The appropriations requests will be addressed in HUF's policy platform. The 2023 draft is a copy of the 2022 agenda, as not much of the agency's priorities have changed. Some items have been taken away and HUF is more laser-focused on some of the agency's issues. HUF is still working out the project for Ashley Boxer, PP&A consultant. Otto reviewed the draft agenda to go over its content and the main task will be going after the state appropriation request.

HUF hopes that its partners will help define the role of the agency around affordable housing. Carolina Cardozo asked what would be the agency ask in the housing realm. Otto Valenzuela shared that HUF believes the agency can do the most at the local level, getting funding to assist clients. Robby Holroyd suggested putting housing on the agenda because there is going to be strong legislation on affordable housing. Environment and Affordable Housing are two priorities of Rep. Passadomo, the incoming Senate Leader. It will intend to foster innovation and change zoning and density among others. How can HUF engage the private sector? A lot of the affordable housing in the state has a deed restriction for 30 years, which are about to term out. Carolina Cardozo indicated she believes this is one of the biggest issues of the year. Robby shared HUF should not be the leader of the Housing change. But the agency should pay attention to the unintended consequences and the benefits any change would bring to its clients.

Dr. Nasse asked if Ashley Boxer has reviewed the agenda. Otto Valenzuela shared she has not reviewed it yet because the agency is still defining the program that will be attached to the state appropriation request.

Dr. Nasse asked Robby Holroyd who is the lead in the Housing area. He mentioned it started in Miami-Dade county and then in Broward County. Broward is the most cost-burdened county in the nation. In this post-pandemic world, so many people moved into the state and now the cost of housing is burdening all 67 counties of Florida. There is not enough housing for the entire population. The severity and purpose are different for each county. Seasonal crop labors verse regular housing for hospitality workers. Florida is a million residences short. There is a tie-in with Work Force Development as well. A lot of housing advocate money is going to the Panhandle due to the last hurricanes, but there was a housing crisis pre-storm. It is expected this will shift to Southwest Florida.

Dan Schevis asked if anyone has come up with local strategies. Robby Holroyd said no. Nothing public has been laid forward. The willingness is there but there are no concrete examples. He mentioned we also need to think of unintended consequences such as development gentrification in communities of color. There is a Broward Housing Trust Fund and HUF should leverage its relationship with the County.

Otto Valenzuela will present a final draft of the agenda in November, which will be voted on by HUF's Board of Directors.

Other Business

It was discussed the November meeting will have many committee members who cannot attend on the 4th, therefore the meeting will be moved to November 18th @ 9 am. The calendar invite has already been sent out.

Adjourn

At 9:46 am.

Next Meeting: Friday, November 18th, 2022 @ 9 am

Dear Secretary Becerra,

As advocates for immigrants and expanded access to health care, we urge you to allow recipients of Deferred Action for Childhood Arrivals (DACA) to enroll in health insurance through the Affordable Care Act, Children's Health Insurance Program (CHIP), and Medicaid. Under the Affordable Care Act, all people with [lawfully present](#) immigration statuses—which includes people granted deferred action—are eligible for enrollment in qualified health plans. Similarly, under the CHIP Reauthorization Act of 2009 states can elect to [cover](#) lawfully present children and pregnant people in Medicaid and CHIP. However, in 2012, the Department of Health and Human Services (HHS) decided that grantees of deferred action under the DACA policy memo [would not be](#) considered lawfully present for these coverage options, despite the absence of any statutory exception.

Now that the Department of Homeland Security's (DHS) 2012 memo establishing DACA will be [replaced](#) by a final regulation, it is time for HHS to address this decade-long disparity. In the preamble to the new final rule, DHS states that, with respect to the programs under its jurisdiction, "DACA recipients are provided deferred action and should continue to be deemed 'lawfully present' like all other deferred action recipients—as they have been since the start of DACA." However, DHS also notes that, "any future revision of this determination for Medicaid, CHIP, or with respect to the ACA Exchange and private market programs would need to be made by HHS." Doing so not only would be consistent with DHS's interpretation, it would advance President Biden's policy priorities, such as Executive Orders [13985](#) on racial equity and [14070](#), strengthening access to health care. By making people with DACA eligible for insurance programs, HHS can extend coverage to hundreds of thousands of people without action from Congress.

People with DACA face deep health care disparities: 39% of DACA eligible individuals are [uninsured](#), more than [three times](#) the rate of the general population. One survey [found](#) that 47% of people with DACA delayed care because of their immigration status and 67% said that they or a family member have been unable to pay medical bills. During the COVID-19 pandemic, DACA recipients disproportionately have [served](#) as essential workers, especially in the health care sector, despite lacking equitable access to protect their own health.

With pending [court action](#), the future of DACA is uncertain, but that makes the imperative for HHS to act even more pressing. While other recipients of deferred action are eligible for these coverage programs, DACA recipients face the continuing [consequences](#) of uninsurance, such as unmet mental health needs and medical debt. Taking steps to improve people with DACA's health and ability to participate fully in economic and civic life would help achieve the goals of the policy. Therefore, we ask you to act as soon as possible to issue the necessary regulations and guidance so that people with DACA can obtain the health care they need and deserve.

Sincerely,

Center for Law and Social Policy
National Immigration Law Center
United We Dream
UnidosUS

**Hispanic Unity of
Florida**
Marketing Committee
Meeting Notes
Thursday, October 12, 2022

Present: Francisco Rivera, Christina Paradowski, Felina Furer, Maggie Martinez, Shani Wilson, Felipe Pinzon, and Kathy Gallego.

Excused: Lesli Franco and Ana Arguello.

Absent: Maguana Jean, Christopher Dongo, Boris Espinoza, and Henry Rojas.

Call to Order/ Roll Call

Began at 9:05 am.

**Approve the March and April Minutes, with notes from the May 2022 meeting.
Not voted upon as quorum was not reached.**

Switching to Zoom from Teams

Kathy Gallego shared that moving forward, the committee will meet through Zoom. She will work on deleting the Microsoft Teams lingering meeting.

Introduce New Development and Marketing Associate

Kathy Gallego welcomed Maggie Martinez, HUF's Development and Marketing Associate. She indicated Maggie has been nothing but an asset to the department (she comes from HUF's Education department) and has a keen eye for design. She has a bachelor's degree in communication and a Master's in Social Work. She is also a proud graduate of the University of Florida.

Upcoming Projects/Events

- a. **Christina Paradowski read to U4K:** Christina not only read to the kids but also donated the books to each child. Christina mentioned Dan has such a special "Grandpa" touch that he transmits easily and it's something she's leaning on.
- b. **Hurricane Ian Communication:** Kathy Gallego shared the agency's hurricane communication plan and asked the committee to like and share HUF's social media posts. The agency worked to continue providing information as Hurricane Ian approached Florida. Kathy met with Juliana Esguerra, Data Management and IT Associate Director regarding HUF's phone system to provide a simple message to the community.
- c. **Hispanic Heritage Month Celebration:** Kathy Gallego shared HUF's robust plan which included a special end-of-the-month video and a kickoff video for the board members, staff, and clients.
- d. **Cooking with the CEO - Florida Blue Grant Announcement Event:** The event will take place next Wednesday, October 19th at HUF. A healthy meal will be created on-site with the help of the Inter Miami chef. There will be a professional videographer and photographer on site to capture the event.
- e. **2022 Read for the Record U4Kids:** Thursday, Oct 27th, Dr. Jeffrey Nasse and Carolina Cardozo will be reading a special book to the kids. The same book will be read nationwide.
- f. **Special event with Florida Prosperity Partnership and Share Our Strength-Facebook/IG Live:** HUF will host its first-ever Facebook Live with 2 partners. Felipe Pinzon will be presenting during a 30-minute live chat that intends to share the impact and key lessons from this year's extended VITA services and CTC campaign.
- g. **Donor Recognition Event:** This event will take place Saturday, November 19th at HUF. It will be a brunch to thank donors. Invitations will be sent out this week.
- h. **Website Update:** HUF is part of a cohort with Force for Good. Two hours a week are being donated to work on the agency's new website, but they don't have a graphic designer or WordPress experts, reason why they are working mostly on content. HUF wants to have a functioning calendar, language translator,

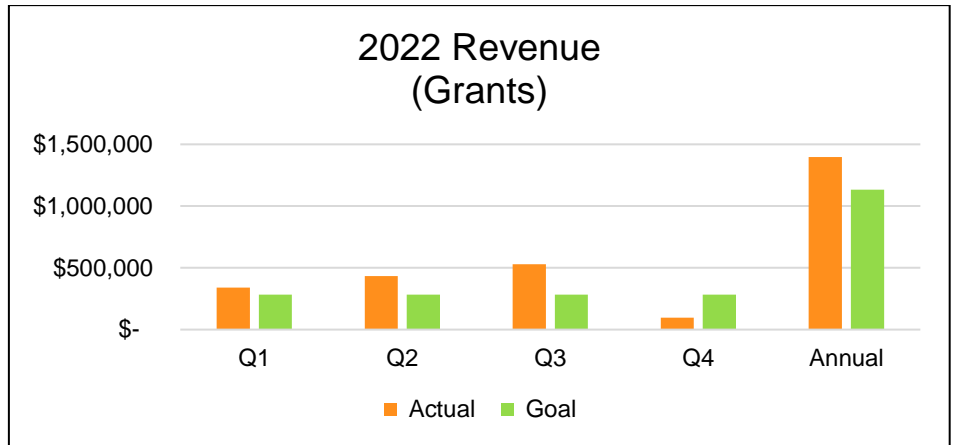
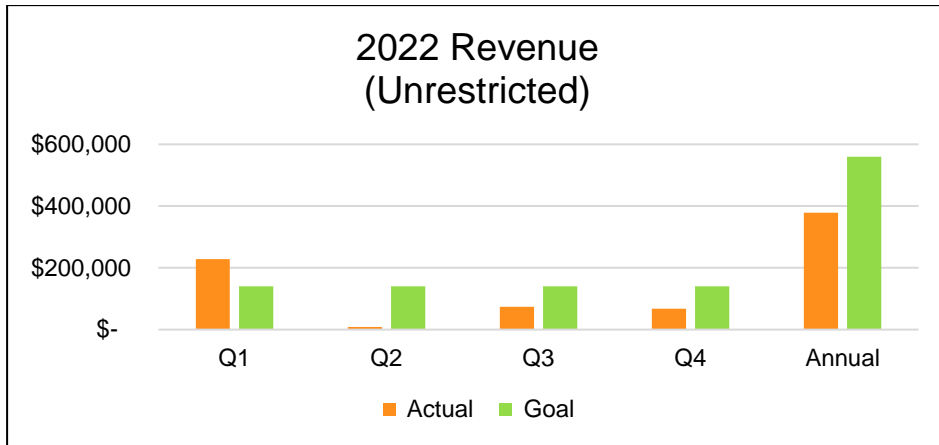
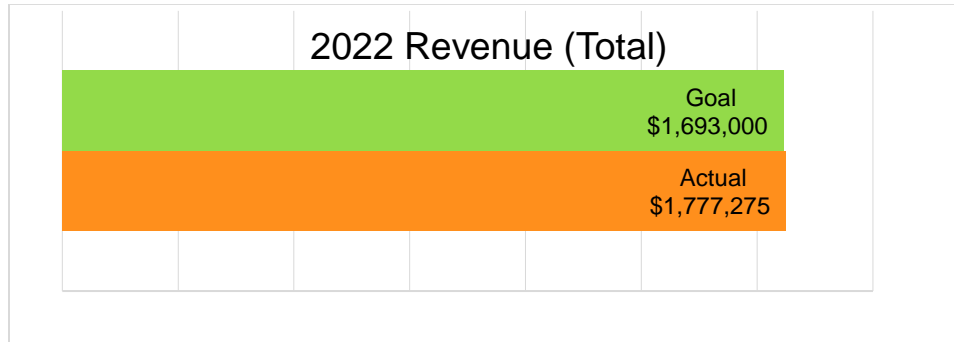
and plugins. The team is working on several upgrades. Francisco Rivera will go over the website flow structure and finalized version once it is almost ready to go.

Kathy will reach out to other committee members regarding attendance and the timing of the meeting. The committee expects more engagement and will work on having more members attend regularly.

Adjourn

At 9:33 am.

Next Meeting: Thursday, November 10, 2022 @9am



Unrestricted			Temporarily Restricted (Grants)		
	Actual	Goal		Actual	Goal
Q1	\$227,834	\$140,000	Q1	\$340,506	\$283,250
Q2	\$8,884	\$140,000	Q2	\$433,746	\$283,250
Q3	\$74,074	\$140,000	Q3	\$528,101	\$283,250
Q4	\$68,075	\$140,000	Q4	\$96,056	\$283,250
Annual	\$378,866	\$560,000	Annual	\$1,398,409	\$1,133,000

Breakdown of Unrestricted Revenue

Type	2022 BUDGET	2022 ACTUAL	2022 Variance
Annual Campaign	\$17,500	\$12,098	(\$5,402)
Circle of Friends	\$70,000	\$46,838	(\$23,162)
Corporate	\$275,000	\$194,400	(\$80,600)
Corporate (MY)	\$25,000	\$25,000	\$0
Events	\$65,000	\$10,000	(\$55,000)
Major Gifts	\$65,000	\$65,000	\$0
Major Gifts (MY)	\$40,000	\$25,000	(\$15,000)
Miscellaneous	\$2,500	\$531	(\$1,969)
Total	\$560,000	\$378,867	(\$181,133)

Breakdown of Temporarily Restricted (Grant) Revenue

2022 BUDGET	2022 ACTUAL	2022 Variance
\$ 1,133,000	\$1,398,409	\$265,409

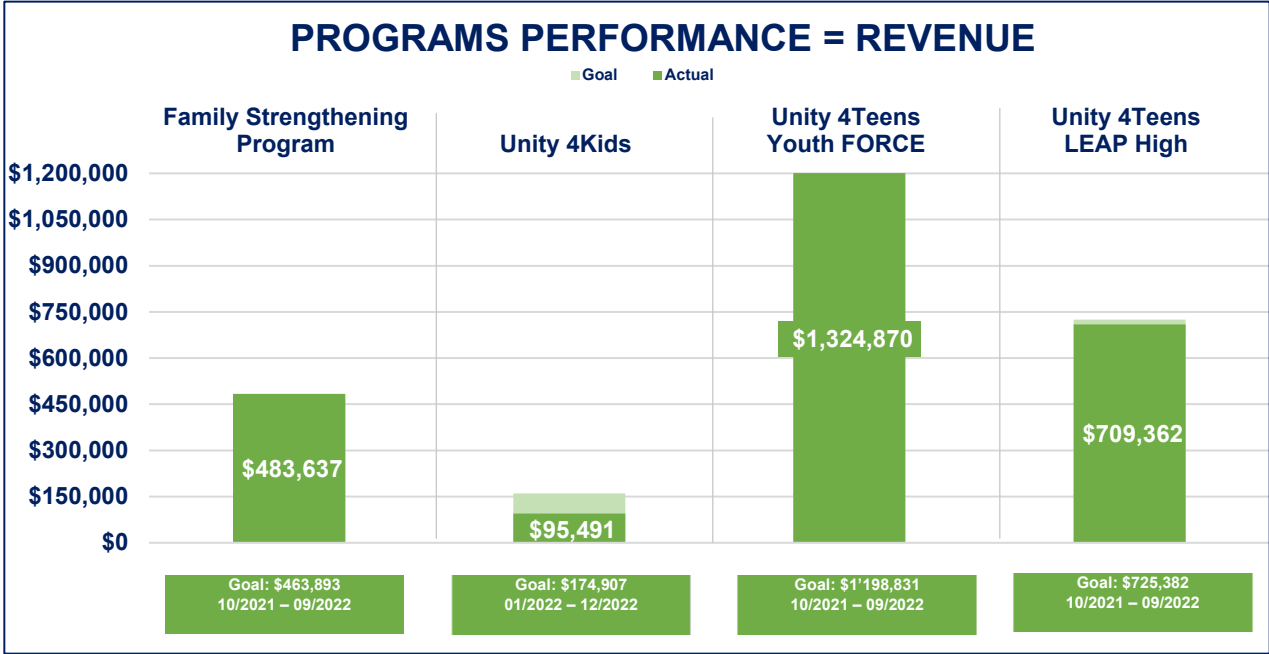
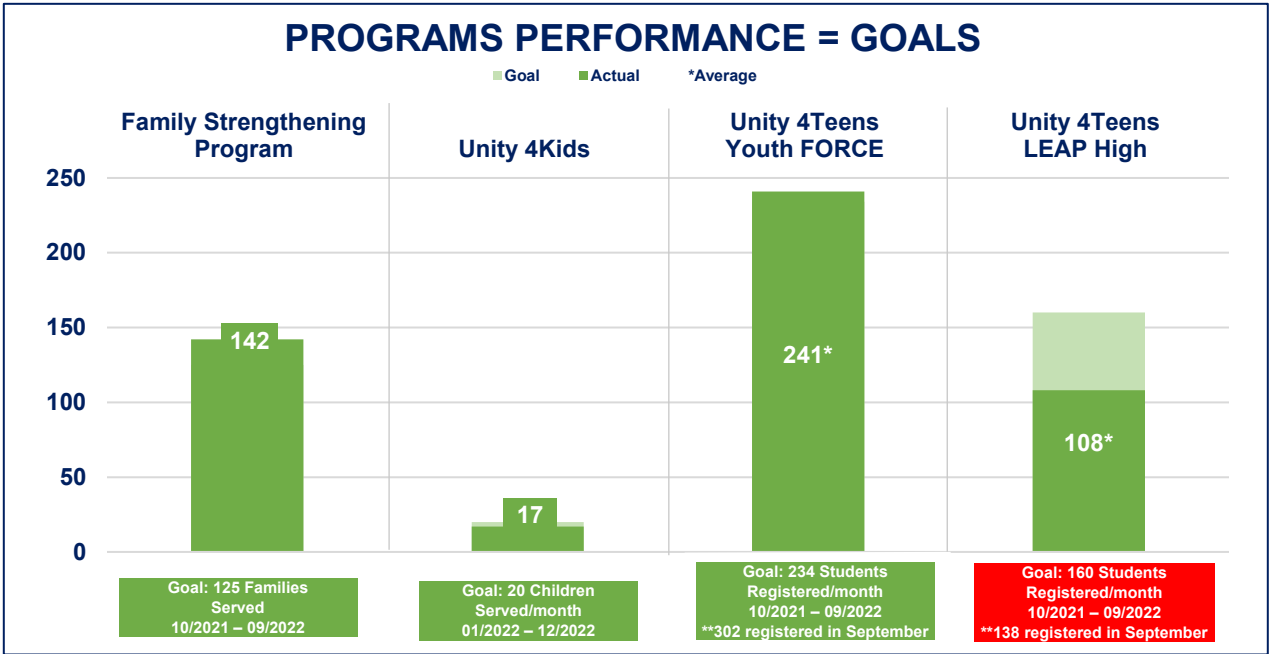
Grant Pipeline			Grants Submitted			Grants Awarded		
Month	# of Requests	\$ Value of Requests	Month	# of Requests	\$ Values of Requests	Month	# of Awards	\$ Value of Awards
July	1	\$ 25,000	February	1	\$ 25,000	January	3	\$ 151,000
August	1	\$ 20,000	May	1	\$ 50,000	February	5	\$ 102,900
October	5	\$ 190,000	June	2	\$ 25,000	March	11	\$ 910,377
November	4	\$ 42,000	July	1	\$ 100,000	April	3	\$ 44,500
December	1	\$ 50,000	August			May	5	\$ 344,214
TBD	8	\$ 193,257	September	5	\$ 458,960	June	4	\$ 345,000
Grand Total	20	\$ 520,257	October	2	\$ 85,000	July	4	\$ 73,000
			Grand Total	12	\$ 743,960	August	3	\$ 201,450
						Grand Total	38	\$ 2,172,441
Pitch Pipeline			Pitches Submitted			Pitches Awarded		
Month	# of Requests	\$ Value of Requests	Month	# of Requests	\$ Value of Requests	Month	# of Awards	\$ Value of Awards
October	6	\$ 25,500	March	1	\$ 5,000	March	1	\$ 15,000
Grand Total	6	\$ 25,500	April	1	\$ 5,000	April	1	\$ 5,000
			August	1	\$ 5,000	May	1	\$ 10,000
			September	1	\$ 15,000	August	3	\$ 29,000
			Grand Total	4	\$ 30,000	Grand Total	6	\$ 59,000



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EDUCATION SEPTEMBER 2022

*Note: Projections and goals have been adjusted due to the COVID-19 pandemic



Based on current results and if future projections are met:

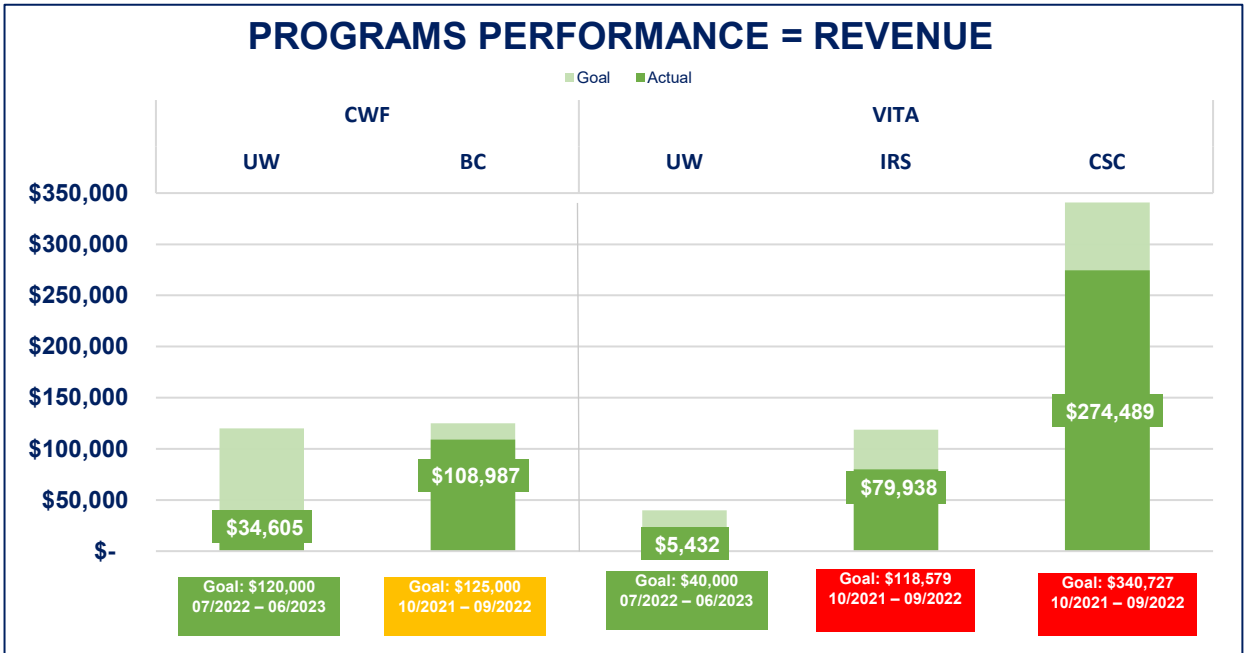
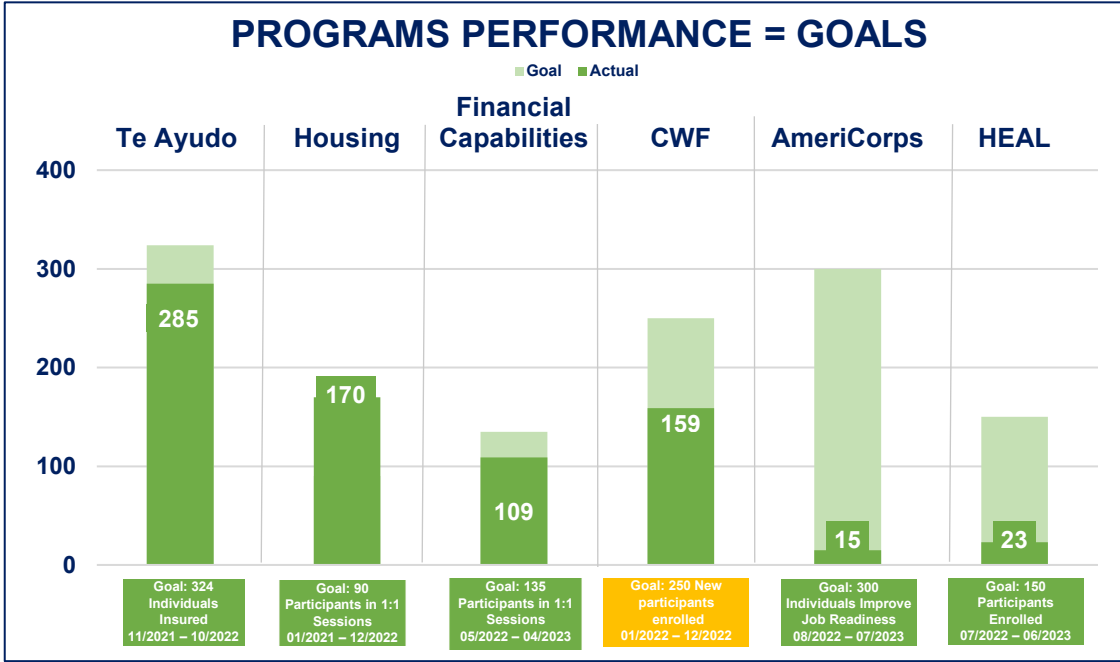
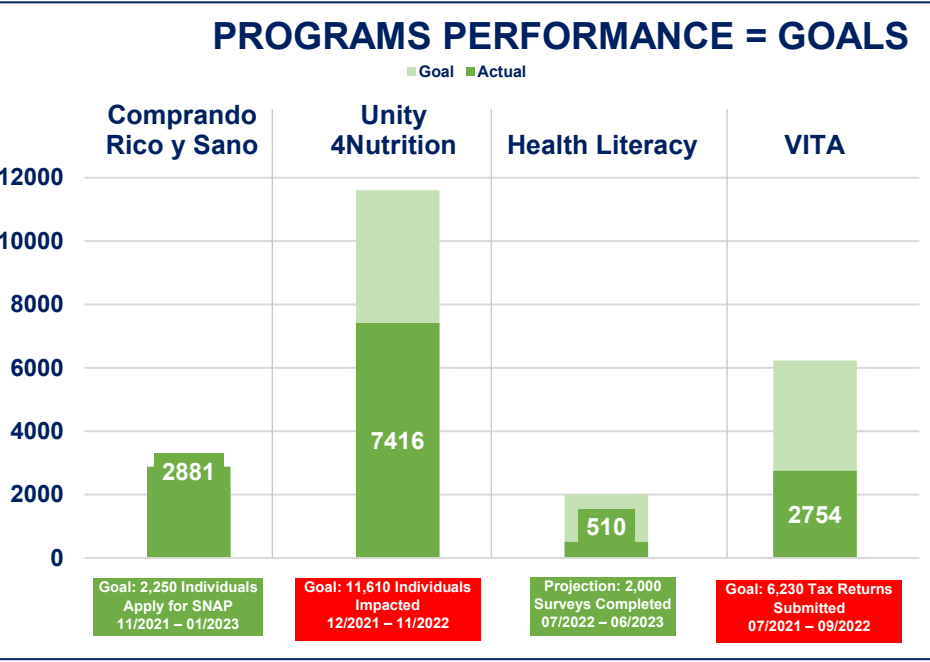
- On track to meet goals/projections
- Close to being on track to meet goals/projections
- Not on track to meet goals/projections

*Unity 4Teens Program Performance Goals are based on the average students registered.



Empowering a New Generation of Americans

ECONOMIC DEVELOPMENT SEPTEMBER 2022



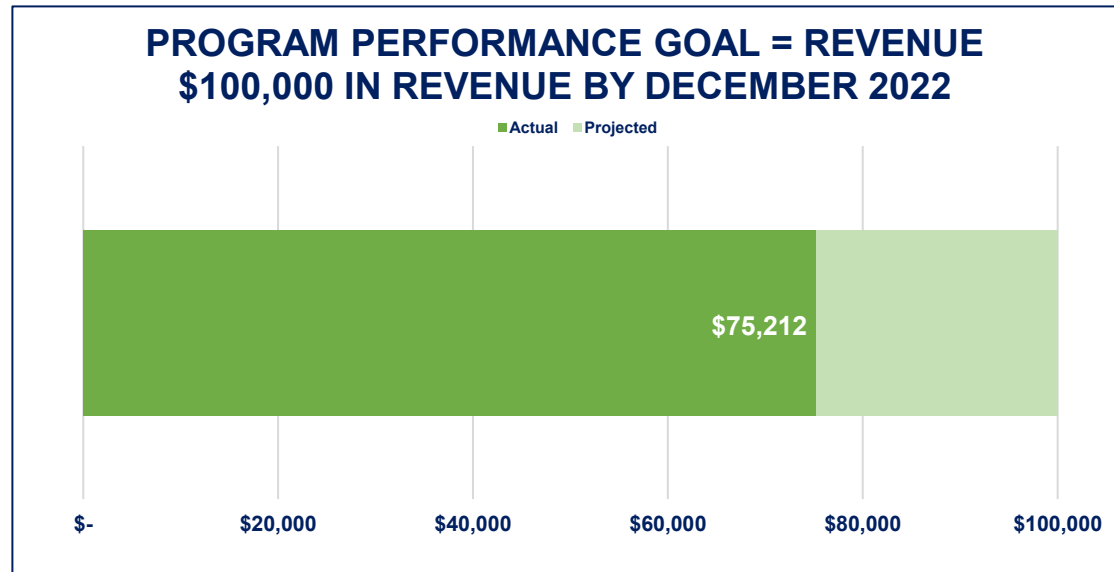
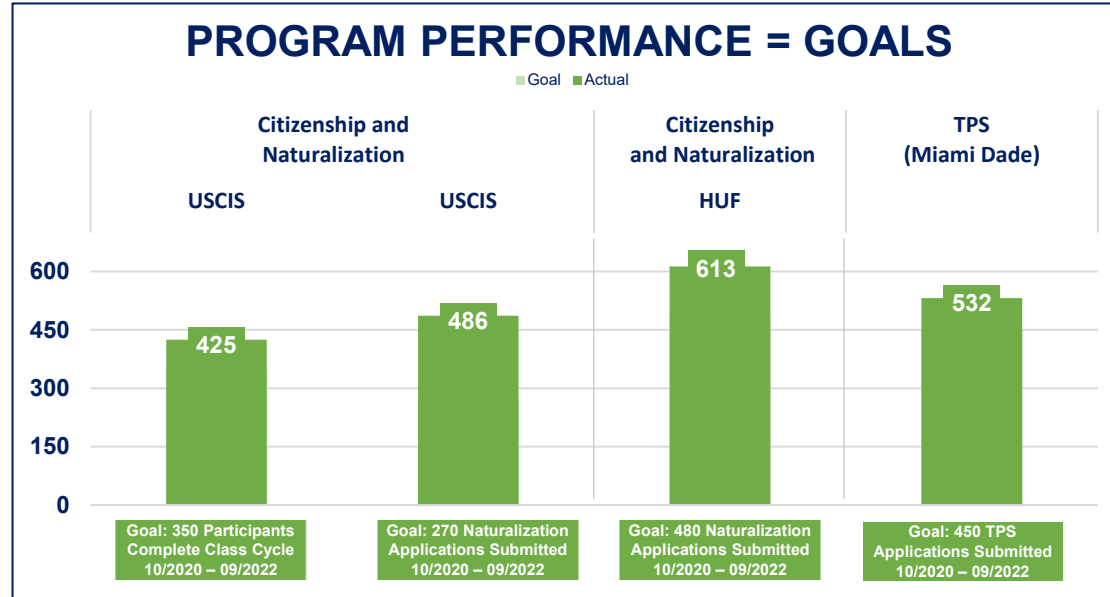
Based on current results and if future projections are met:

- On track to meet goals/projections
- Close to being on track to meet goals/projections
- Not on track to meet goals/projections



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CIVIC ENGAGEMENT SEPTEMBER 2022



Based on current results and if future projections are met:

- On track to meet goals/projections
- Close to being on track to meet goals/projections
- Not on track to meet goals/projections