Form <b>JJU</b>
-----------------

# EXTENDED TO MAY 15, 2025 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

6 Open to Public Inspection

ΑΙ	For th	e 2023 calendar year, or tax year beginning UL 1, 2023 and e	ending JT	JN 30, 2024										
B	Check if applicab	e: C Name of organization		D Employer iden	tificat	tion number								
	Addre	e HISPANIC FOUNDATION OF SILICON VALLEY												
	Name		77-04819	21										
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	nber											
	Final return	1961 THE ALAMEDA	543											
	ated	Nmonded												
	return	SAN UOSE, CA 95120	H(a) Is this a grou	p retu	rn									
	Applie tion	ates?	Yes X No											
pending SAME AS C ABOVE H(b) Are all subordinates include														
<u> </u>	Tax-ex	empt status: 🗴 501(c)(3) 🗌 501(c) ( ) (insert no.) 🗌 4947(a)(1) o	or 527	If "No," attac	h a lis	t. See instructions								
	Websi			H(c) Group exemp	otion r	number								
		organization: X Corporation Trust Association Other	L Year	of formation: 1998	MS	State of legal domicile: CA								
Pa	art I													
Ð	1	Briefly describe the organization's mission or most significant activities:		E HEALTH,										
& Governance		EDUCATION & LEADERSHIP OF THE HISPANIC COMMUNITY IN SILICON V												
sr në	2	Check this box if the organization discontinued its operations or dispose		1	asset									
Ň	3	Number of voting members of the governing body (Part VI, line 1a)		3	15									
ന് പ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	15									
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	10									
iti	6	Total number of volunteers (estimate if necessary)		6	100									
Activities	7 a	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	<u></u>		7b	0.								
			Prior Year	_	Current Year									
ē	8	Contributions and grants (Part VIII, line 1h)		1,191,12		2,380,659.								
enu	9	Program service revenue (Part VIII, line 2g)	19,64		25,806.									
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	66,91		64,516.									
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-2,66		-324,012.								
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,275,02		2,146,969.								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		600,46		805,373.								
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0. 993,377.								
es	15		ries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 523,9											
sue	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.								
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 312, 1				4 005 444								
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		730,16		1,007,411.								
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,854,61		2,806,161.								
	19	Revenue less expenses. Subtract line 18 from line 12		-579,58		-659,192.								
S OL				ginning of Current Ye		End of Year								
Net Assets or	20	Total assets (Part X, line 16)	4,856,94		4,521,462.									
etA	21	Total liabilities (Part X, line 26)		391,50	_	326,797.								
	art II	Net assets or fund balances. Subtract line 21 from line 20		4,465,43	٥.	4,194,665.								
		-				and a seat half of the								
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			r my kn	iowledge and belief, it is								
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	nas any knowledge.										

Sign	Signature of officer			Date							
Here	re RON GONZALES, PRESIDENT & CEO										
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Check	PTIN							
Paid	MICHAEL J. BRYANT	MICHAEL J. BRYANT	04/02/25	self-employed	P01568974						
Preparer	Firm's name BRYMAR CPA, LLP			Firm's EIN 93-	93-2001788						
Use Only	Firm's address 17 ASPEN WAY										
WATSONVILLE, CA 95076 Phone no.831-288-1720											
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes	No					
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions. 332001 12-21-23			Form <b>990</b>	(2023)					

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2023) HISPANIC FOUNDATION OF SILICON VALLEY	77-0481921	Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
•	THE HISPANIC FOUNDATION OF SILICON VALLEY IS DEDICATED TO EMPOWERING		
	THE LIVES AND FUTURES OF LATINOS IN SILICON VALLEY THROUGH COMMUNITY		
	PHILANTHROPY, INVESTMENT IN EDUCATIONAL EXCELLENCE, LEADERSHIP		
	DEVELOPMENT, AND THE CONVENING AND ENGAGING OF THE REGION'S DYNAMIC		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	L	Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by expe	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expension	ses. and
	revenue, if any, for each program service reported.		,
4a	(Code:) (Expenses \$ 817,571. including grants of \$) (Revenue	¢	)
та	PROGRAM 1: HISPANIC FOUNDATION COLLEGE SUCCESS CENTER	Φ	)
	THE HFCSP'S PRIMARY OBJECTIVES ARE TO CONTRIBUTE TO HIGHER HIGH SCHOOL		
	GRADUATION RATES; IMPROVE COLLEGE READINESS, INCREASE STUDENT AND		
	PARENT KNOWLEDGE ABOUT THE COLLEGE JOURNEY, GROWING NUMBERS OF STUDENTS		
	ATTENDING COLLEGE; INCREASE COLLEGE GRADUATION RATES, AND INCREASE THE		
	NUMBER OF LATINOS EMPLOYED IN THE HIGH TECH INDUSTRY.		
	THE HISPANIC FOUNDATION COLLEGE SUCCESS CENTER (HFCSC), A HUB DESIGNED		
	FOR LATINO YOUTHS AND PARENTS TO INCREASE EDUCATIONAL OPPORTUNITIES WAS		
	OPENED (THE FIRST OF ITS KIND IN THE REGION). A ONE-STOP HUB THAT		
	ENCAPSULATES OUR "CRADLE TO CAREER" COURSE OF ACTION EMPOWERING MIDDLE		
4b	(Code:) (Expenses \$ 944,918. including grants of \$ 805,372. ) (Revenue	\$	)
	PROGRAM 2: LATINOS IN TECHONOLOGY SCHOLARSHIP		
	THE LATINOS IN TECHNOLOGY SCHOLARSHIP SUPPORTS LATINO COLLEGE STUDENTS		
	IN 3 WAYS:		
	FINANCIAL: WE FINANCIALLY SUPPORT THIRD AND FOURTH-YEAR LATINO STUDENTS		
	WHO HAVE DECLARED A MAJOR IN A STEM-RELATED FIELD AT A 4-YEAR		
	UNIVERSITY WITH SCHOLARSHIPS RENEWABLE FOR UP TO THREE YEARS.		
	PROFESSIONAL DEVELOPMENT: ALL OF OUR LATINOS IN TECHNOLOGY SCHOLARS		
	HAVE THE OPPORTUNITY TO PARTICIPATE IN OUR CAREER LAUNCH ACADEMY AND		
	CONEXIONES MENTORSHIP PROGRAM TO DEVELOP THEMSELVES AS YOUNG		
	PROFESSIONALS		
	INTERNSHIPS: WE ACTIVELY WORK TO PIPELINE OUR SCHOLARS INTO SUMMER		
4-		•	25,806.)
4c	(Code:) (Expenses \$126,225. including grants of \$) (Revenue PROGRAM 3: LATINO BOARD LEADERSHIP ACADEMY	\$	)
	CURRENTLY, FEWER THAN 3% OF LATINOS SERVE ON NONPROFIT BOARDS IN		
	SILICON VALLEY. WE SEE THAT AS AN URGENT CALL TO ACTION. OUR LATINO		
	BOARD LEADERSHIP ACADEMY RECRUITS, TRAINS, AND GUIDES LATINOS TO SERVE		
	ON LOCAL BOARDSAN ESSENTIAL STEP TO ENSURING THAT INVALUABLE AND		
	UNDERREPRESENTED VOICES ARE HEARD.		
	LBLA IS A 10-WEEK HYBRID PROGRAM WHERE PARTICIPANTS WILL LEARN THE		
	FOUNDATIONAL SKILLS NEEDED TO SUCCEED AS A NONPROFIT BOARD MEMBER.		
	PARTICIPANTS WILL LEARN ABOUT VARIOUS NONPROFIT ORGANIZATIONS SEEKING		
	TO DIVERSIFY AND ENHANCE THE REPRESENTATION OF THE COMMUNITY ON THEIR		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 249,697. including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses2,138,411.		
		F	orm <b>990</b> (2023)
332002	2 12-21-23 SEE SCHEDULE O FOR CONTINUATION(S)		
	2		

17010402 164619 HIS0001

<sup>2023.05070</sup> HISPANIC FOUNDATION OF SI HIS00011

Form 990 (2023) HISPANIC FOUNDATIO HISPANIC FOUNDATION OF SILICON VALLEY 77 - 0481921

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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	9		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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
<b>L</b>	Part VI	<u>11a</u>	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446	х	
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
Ь	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<b> </b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b> </b>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
332003	12-21-23	Form	990	(2023)

Form **990** (2023)

17010402 164619 HIS0001

2023.05070 HISPANIC FOUNDATION OF SI HIS00011

Form 990 (			FOUNDATION		
Part IV	Checklist	of Required Se	chedules <sub>(c</sub>	contin	nued)

77 - 0481921

			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	22	Х	
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	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		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	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	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	32		х
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	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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	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	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	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 23			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
332004	12-21-23	Form	990	(2023)
	4			

2023.05070 HISPANIC FOUNDATION OF SI HIS00011

	1990 (2023) HISPANIC FOUNDATION OF SILICON VALLEY	77-048192	1	P	age <b>5</b>		
Fai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
•		1		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10	.				
	filed for the calendar year ending with or within the year covered by this return		0	х			
			2b		x		
			3a				
	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		4-		x		
<b>b</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	·	4a				
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts						
Fo			5a		x		
			5a 5b		x		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50 50				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organiz						
Ua	any contributions that were not tax deductible as charitable contributions?		6a		x		
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gi						
D	were not tax deductible?						
7	Organizations that may receive deductible contributions under section 170(c).		6b				
		vided to the navor?	7a		x		
			7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require						
Ũ	to file Form 8282?		7c		x		
Ь	If "Yes," indicate the number of Forms 8282 filed during the year						
e			7e				
f			7f				
g			7g				
h			7h				
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.						
а			9a				
b			9b				
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:		.				
а	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.)						
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.						
а	· · · · · · · · · · · · · · · · · · ·		13a				
	Note: See the instructions for additional information the organization must report on Schedule O.		.				
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						
с	Enter the amount of reserves on hand 13c						
14a			14a		X		
			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?		15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.				v		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	<i>!</i>	16		X		
4-	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities		4-		1		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
00000	If "Yes," complete Form 6069.		Form	9 <b>90</b>	(2002)		
332005	5 12-21-23		LOLU		(2023)		

Form	990 (2023) HISPANIC FOUNDATION OF SILICON VALLEY			481921		Р	age 6			
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough 1	7b below, and	d for a "	No" r	espon	se			
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.									
	Check if Schedule O contains a response or note to any line in this Part VI						X			
Sec	tion 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	1a		15						
	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 0.									
b	b Enter the number of voting members included on line 1a, above, who are independent 1b 1									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with ar	ny other							
	officer, director, trustee, or key employee?			L	2		x			
3	Did the organization delegate control over management duties customarily performed by or under the									
	of officers, directors, trustees, or key employees to a management company or other person?			L	3		x			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?	L	4		x			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		x			
6	Did the organization have members or stockholders?			L	6		x			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	ne or							
	more members of the governing body?			L	7a		x			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhold	lers, or							
	persons other than the governing body?				7b		x			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
а	The governing body?				8a	Х				
	Each committee with authority to act on behalf of the governing body?				8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at	the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue C	ode.)							
				г		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?				10a		x			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			L	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	filing the form	n?	11a	Х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			_						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to confli	cts?		12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," de	scribe							
	on Schedule O how this was done				12c	Х				
13	Did the organization have a written whistleblower policy?				13	Х				
14	Did the organization have a written document retention and destruction policy?				14	X				
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	ependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official			Г	15a	X				
b	Other officers or key employees of the organization				15b		X			
	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 arrangen	nent wit	ha	Ļ						
	taxable entity during the year?				16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's	3	-						
	exempt status with respect to such arrangements?				16b					
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	ld 990-1	(section 501	(c)(3)s (	only)	availal	ole			
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website X Another's website X Upon request Other (explain		,							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of	interest polic	y, and	financ	cial				
	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 boo	ks and	records							
	MARGARITA DEAVILA - 408-216-7612									
	1961 THE ALAMEDA, SAN JOSE, CA 95126					000				
332006	12-21-23				Form	990	(2023)			
104	6 00.164610.01700001 0002.05020.01700.0170	<b>T</b> ~		. ~-	~-	··	a			
U4	02 164619 HIS0001 2023.05070 HISPANIC	FUU	NDA.I. TOV	1 OF	ST	н⊥	ວບບ			

011

Form 990 (2023)	HISPANIC FOUNDATION OF SILICON VALLEY	77-0481921	Page /								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated											
Employees, and Independent Contractors											
Check if Sch	nedule O contains a response or note to any line in this Part VII										
Section A. Officers, D	irectors, Trustees, Key Employees, and Highest Compensated Employees										
<b>1a</b> Complete this table	1a. Complete this table for all persons required to be listed. Beport compensation for the calendar year ending with or within the organization's tax year										

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Posit		osition ck more than one			Reportable	Reportable	Estimated
	hours per	box	oox, unless pofficer and a		rson i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dii	ee -			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		vold	t con	~	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RON GONZALES	40.00		_	0	-		4			
PRESIDENT & CEO				х				209,634.	0.	11,348.
(2) CLARA ROA	40.00									
CHIEF OPERATIONS AND DEVEL				х				171,600.	0.	21,639.
(3) MARGARITA DEAVILA	40.00									
OPERATION MANAGER				Х				107,916.	0.	0.
(4) ISAURA GAETA	1.00									
BOARD CHAIR		Х		х				٥.	0.	0.
(5) BEATRIZ MEDINA PRATT	0.50									
VICE CHAIR		Х		Х				0.	0.	0.
(6) STEVEN MARTINEZ	0.50									
BOARD TREASURER		Х		Х				٥.	0.	0.
(7) MICHAEL ALVAREZ	0.50									
2ND VICE CHAIR		Х		х				٥.	0.	0.
(8) CARLOS BOHORQUEZ	0.50									
BOARD MEMBER		Х						٥.	0.	0.
(9) JUAN CUEVA	0.50									
BOARD MEMBER		Х						٥.	0.	0.
(10) KATIA MCCLAIN	0.50									
BOARD MEMBER		Х						٥.	0.	0.
(11) LINDSEY NEWBERN	0.50									
BOARD MEMBER		Х						٥.	0.	0.
(12) MICHAEL WALLACE	0.50									
BOARD MEMBER		Х						0.	0.	0.
(13) JAVIER DIAZ	0.50									
BOARD MEMBER		Х						0.	0.	0.
(14) MEREDITH MANCHACK HALL	0.50									
BOARD MEMBER		Х						0.	0.	0.
(15) CYNTHIA TENIENTE-MATSON	0.50									
BOARD MEMBER		Х						0.	0.	0.
(16) DEBORAH TILSON	0.50									
BOARD MEMBER		х						0.	0.	0.
(17) GABRIEL DE LA ROSA	0.50									
BOARD MEMBER		Х						0.	0.	0.
332007 12-21-23										Form <b>990</b> (2023)

332007 12-21-23

Form 990 (2023)

Form 99	0 (2023) HISPANIC FOUN	NDATION OF	SIL	ICO	N VZ	ALL	EY			77-04	8192	1	Р	age <b>8</b>
Part V	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	<b>(A)</b> Name and title		Name and title     Average hours per week     Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related		an	<b>(F)</b> stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org an	pensa om th anizat d relat anizati	ie tion ted
(18) C.	AROLYN HERZOG	0.50												
BOARD	MEMBER		X						0.		0.			0.
	ıbtotal								489,150.		0.		32,	987.
	otal from continuation sheets to Part VI								0. 489,150.		0.		30	0. 987.
<b>2</b> To	otal (add lines 1b and 1c) otal number of individuals (including but non- ompensation from the organization								,	000 of reportable				3
													Yes	No
	d the organization list any <b>former</b> officer,													v
	e 1a? If "Yes," complete Schedule J for so or any individual listed on line 1a, is the su											3		X
	d related organizations greater than \$150											4	x	
	d any person listed on line 1a receive or a											-		
	ndered to the organization? If "Yes." com											5		Х
Section	n B. Independent Contractors													
	omplete this table for your five highest co	-									ensat	ion fro	om	
th	e organization. Report compensation for t (A)	the calendar ye	ear e	endir	ng wi	ith c	or wi	thin	i the organization's tax yo (B)	ear.		(0	<u>יי</u>	
	Name and business	address	NO	NE					Description of s	ervices	С	ompe		n
								_						
	tal number of independent contractors (in	•	ot lir	nited	d to t		se lis <sup>.</sup>	ted	above) who received mo	ore than				
\$1	00,000 of compensation from the organiz	zation					0					Form	<b>990</b> (	(2023)

332008 12-21-23

Part VIII       Statement of Revenue         Check if Schedule O contains a response or note to any line in this Part VIII         (A)       (B)       (C)         Total revenue       Related or exempt function revenue       (D)         statement of Revenue         Total revenue       Related or exempt function revenue       (C)         Total revenue       Related or exempt function revenue       (C)       Unrelated business reven         Statement of Revenue       (C)         <	(D) Revenue excluded from tax under sections 512 - 514
(A)       (B)       (C)         Total revenue       Related or exempt function revenue       Unrelated business rever         1 a       Federated campaigns       1a         b       Membership dues       1b         c       Fundraising events       1c         d       Related organizations       1d         d       Related organizations       1d         e       Government grants (contributions) f       1e       300,000.         f       All other contributions, gifts, grants, and similar amounts not included above       1f       1,403,557.         g       Noncash contributions included above       1g       \$         b	Revenue excluded from tax under
Supervised       1 a       Federated campaigns       1 a       1 a       Image: Constraint of the second of	Revenue excluded from tax under
b       Membership dues       1b         c       Fundraising events       1c       677,102.         d       Related organizations       1d         e       Government grants (contributions)       1e       300,000.         f       All other contributions, gifts, grants, and similar amounts not included above       1f       1,403,557.         g       Noncash contributions included in lines 1a-1f       1g \$       2,380,659.         model       LBLA TUITION AND FEES       611710       25,806.         b	
b Membership dues   c Fundraising events   d Related organizations   e Government grants (contributions)   f All other contributions, gifts, grants, and similar amounts not included above   g Noncash contributions included in lines 1a-1f   h Total. Add lines 1a-1f   b	
Business Code       Messiness Code       Messiness Code         b       611710       25,806.       25,806.         c       611710       25,806.       0         d       611710       25,806.       0         f       All other program service revenue       0       0       0         g       Total. Add lines 2a-2f       25,806.       0       0         3       Investment income (including dividends, interst, and       61.516       61.516	
Business Code       Messiness Code       Messiness Code         b       611710       25,806.       25,806.         c       611710       25,806.       0         d       611710       25,806.       0         f       All other program service revenue       0       0       0         g       Total. Add lines 2a-2f       25,806.       0       0         3       Investment income (including dividends, interst, and       61.516       61.516	
Business Code       Business Code       Image: Code </td <td></td>	
Business Code       Business Code       Image: Code </td <td></td>	
Business Code       Messiness Code       Messiness Code         b       611710       25,806.       25,806.         c       611710       25,806.       0         d       611710       25,806.       0         f       All other program service revenue       0       0       0         g       Total. Add lines 2a-2f       25,806.       0       0         3       Investment income (including dividends, interst, and       61.516       61.516	
Business Code       Business Code       Image: Code </td <td></td>	
Business Code       Business Code       Image: Constraint of the state of	
2 a         LBLA TUITION AND FEES         611710         25,806.         25,806.           b	
b	
g Total. Add lines 2a-2f     25,806.       3 Investment income (including dividends, interest, and     11516	
g Total. Add lines 2a-2f     25,806.       3 Investment income (including dividends, interest, and     11516	
g Total. Add lines 2a-2f     25,806.       3 Investment income (including dividends, interest, and     11516	
g Total. Add lines 2a-2f     25,806.       3 Investment income (including dividends, interest, and     11516	
g Total. Add lines 2a-2f     25,806.       3 Investment income (including dividends, interest, and     11516	
3 Investment income (including dividends, interest, and	
other similar amounts) 64,516. 64,516.	
4 Income from investment of tax-exempt bond proceeds	
5 Royalties	
(i) Real (ii) Personal	
6 a Gross rents 6a	
b Less: rental expenses 6b	
c Rental income or (loss) 6c	
d Net rental income or (loss)	
7 a Gross amount from sales of (i) Securities (ii) Other	
assets other than inventory <b>7a</b>	
<b>b</b> Less: cost or other basis	
and sales expenses     7b       c     Gain or (loss)       7c	
•         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •	
d       Net gain or (loss)         8       a         Gross income from fundraising events (not including \$ 677,102. of	
8 a Gross income from fundraising events (not including \$677,102of	
contributions reported on line 1c). See	
Part IV, line 18	
b Less: direct expenses	
c Net income or (loss) from fundraising events	-324,674.
9 a Gross income from gaming activities. See	
Part IV, line 19	
b Less: direct expenses 9b	
c Net income or (loss) from gaming activities	
10 a 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	
9 Business Code	
11 a   MISCELLANEOUS INCOME   900099   662.	662.
11 a       MISCELLANEOUS INCOME       900099       662.         b	
d All other revenue     662.	
Image: Total revenue. See instructions         2,146,969.         90,322.	
332009 12-21-23	0324,012.

Part IX Statement of Functional Expenses

HISPANIC FOUNDATION OF SILICON VALLEY

77-0481921 Page 10

#### 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 (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 788,410 788,410. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 16,963 16,963. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 430,918 238,095. 128,974. 63,849 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 414,006. 255,330. 68,472. 90,204. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 89,691 51,183, 10,152 28,356. Other employee benefits 9 58,762. 35,470 7,689 15,603. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal \_\_\_\_\_ Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A), amount, list line 11g expenses on Sch 0.) 7,110 4,885 2,225. Advertising and promotion 12 6,948 5,641. 36,065 23,476. 13 Office expenses 10,600, 7,157. 1,074 2,369. 14 Information technology 15 Royalties 83,463 51,044. 8,386 24,033. 16 Occupancy 13,402 7,660, 5,266 476. Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 5,712. 3,177. 2,185 350. Conferences, conventions, and meetings ..... 19 20 Interest Payments to affiliates 21 4,523 6,825 582 1,720. 22 Depreciation, depletion, and amortization ..... 8,654. 4,505. 1,807. 2,342. 23 Insurance 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 0.) PROFESSIONAL SERVICE FE 579,244, 579,244. а PROGRAM SERVICE FEES 149,727 7,350. 137,377 5,000. b 60,843. 50,916, 7,750. 2,177. FOOD С PAYROLL PROCESSING FEES 22,471 22,471 d 23,295, 13,908 6,718 2,669. All other expenses е 312,139. 2,138,411 355,611 2,806,161 Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

10

332010 12-21-23

Form **990** (2023)

17010402 164619 HIS0001

					5 5 7		
	1	Cash - non-interest-bearing			9,740.	1	7,543.
	2	Savings and temporary cash investments			3,397,180.	2	929,627.
	3	Pledges and grants receivable, net			104,167.	3	266,250.
	4	Accounts receivable, net			136,250.	4	108,400.
	5	Loans and other receivables from any current or				_	· ·
	-	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif		-			
		under section 4958(f)(1)), and persons described	-			6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ass	9				39,500.	9	76,932.
		Land, buildings, and equipment: cost or other			, .		, .
	100	basis. Complete Part VI of Schedule D	102	43,364.			
	h			24,688.	16,110.	10c	18,676.
	11	Less: accumulated depreciation		,		11	
	12	Investments - other securities. See Part IV, line 1			823,623.	12	2,876,927.
	13	Investments - program-related. See Part IV, line 1			13		
	14			13			
	14	Intangible assets		330,373.	14	237,107.	
	16	Other assets. See Part IV, line 11			4,856,943.	16	4,521,462.
	17	Total assets. Add lines 1 through 15 (must equa			62,750.	17	84,683.
	18	Accounts payable and accrued expenses		18			
	19	Grants payable		19			
	20	Deferred revenue			20		
	20	Tax-exempt bond liabilities		In a state D		20	
	22	Escrow or custodial account liability. Complete F Loans and other payables to any current or form			21		
ies	~~	trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes		F		22	
Lia	00					22	
	23	Secured mortgages and notes payable to unrela	•	·····		23 24	
	24	Unsecured notes and loans payable to unrelated		24			
	25	Other liabilities (including federal income tax, par parties, and other liabilities not included on lines					
			,	·	328,755.	05	242,114.
	06	of Schedule D			391,505.	25 26	326,797.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che		X	331,303.	20	520,157.
es		•	ck nere				
nce	07	and complete lines 27, 28, 32, and 33.		-	2,025,133.	07	2,694,356.
ala	27	Net assets without donor restrictions			2,440,305.	27	1,500,309.
а В	28	Net assets with donor restrictions			2,440,303.	28	1,500,505.
E		Organizations that do not follow FASB ASC 9	ов, спеск г	ere 🔄			
Ъ.		and complete lines 29 through 33.					
sts	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balanc	30	Paid-in or capital surplus, or land, building, or eq		£ 1		30	
¢t A	31	Retained earnings, endowment, accumulated inc		·····	1 165 120	31	
ž	32	Total net assets or fund balances		·····	4,465,438.	32	4,194,665.
	33	Total liabilities and net assets/fund balances			4,856,943.	33	4,521,462.

HISPANIC FOUNDATION OF SILICON VALLEY

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

77 - 0481921

**(B)** End of year

**(A)** Beginning of year

Page 11

Form 990 (2023) Part X Balance Sheet

Form	1990 (2023) HISPANIC FOUNDATION OF SILICON VALLEY	77-0481921	-	Pa	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				<u>.</u>
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	146,	969.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	806,	161.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	659,	192.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,	465,	438.
5	Net unrealized gains (losses) on investments	5		88,	420.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		300,	000.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			-1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,	194,	665.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
		-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	o.			
2a		····· -	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis	-			
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,	•	x	
	review, or compilation of its financial statements and selection of an independent accountant?	·····	2c	Δ	
0-	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	aule O.			
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		0-		x
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	eo audit	0		1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	<u> </u>

Form **990** (2023)

SCHEDULE A
------------

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

#### Name of the organization

Nan	ne of t	the organization						Employer	identification number		
				F SILICON VALLEY					77-0481921		
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must o	complete th	nis part.) S	ee instruction	S.			
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	d or operate	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X	An organization that norma	Ily receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from th	e general j	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or		
		university:									
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	oort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	s support f	rom gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.		
		See section 509(a)(2). (Con	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	or section !	509(a)(2).	See section &	509(a)(3). (	Check the box on		
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.			
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to req	gularly appoint or elect a	i majority o	f the direc	tors or trustee	es of the su	upporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	ving		
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	• • • •					ly integrate	ed with,		
	_	its supported organization									
d		Type III non-functionally	• •								
		that is not functionally int	•		-		-	an attentiv	/eness		
	_	requirement (see instructi	,	•							
е		Check this box if the orga					Type I, Type	II, Type III			
	<b>-</b> .	functionally integrated, or		nally integrated supporti	ng organiz	ation.					
f		er the number of supported on vide the following informatior	•	d organization(o)							
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other		
		organization	( )	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir		support (see instructions)		
				above (see instructions))	165						
Tota	1										

Part II

HISPANIC FOUNDATION OF SILICON VALLEY

77-0481921 Page 2

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.) Dublic Cump

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,153,248.	2,463,217.	2,438,717.	3,413,808.	3,571,785.	14,040,775.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	2,153,248.	2,463,217.	2,438,717.	3,413,808.	3,571,785.	14,040,775.
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)						3,525,058.
	Public support. Subtract line 5 from line 4.						10,515,717.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
7	Amounts from line 4	2,153,248.	2,463,217.	2,438,717.	3,413,808.	3,571,785.	14,040,775.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	752.	5,206.	518.	16,839.	96,134.	119,449.
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.)	249,409.	368,970.	445,196.	115,284.	93,665.	1,272,524.
11	Total support. Add lines 7 through 10						15,432,748.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	519,969.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
See	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	68.14 %
15	Public support percentage from 2022					15	76.70 %
<b>16</b> a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual		•				
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	olicly supported or	ganization		
b	10% -facts-and-circumstances test	•					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	<u>, 16b, 17a, or 17b</u>	, check this box a		
						Schedule A	(Form 990) 2023

Schedule A (Form 990) 2023
----------------------------

#### 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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 20	023 (f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513							
4								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
8 Sec	Public support. (Subtract line 7c from line 6.)							
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 20	023 (f) Total	
	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b							
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>	
14	First 5 years. If the Form 990 is for the	0					с . Г	
50	check this box and stop here		contago					
	Public support percentage for 2023 (I			aluma (f))		15		0/
	Public support percentage from 2023 (i Public support percentage from 2022					16		<u>%</u> %
	ction D. Computation of Invest							70
	Investment income percentage for 20			ne 13. column (f))		17		%
18	Investment income percentage from					18		%
	<b>33 1/3% support tests - 2023.</b> If the					· · · · ·	Id line 17 is not	
	more than 33 1/3%, check this box ar							
b	33 1/3% support tests - 2022. If the							
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization	n did not check a	box on line 14, 19	<u>a, or 19b, check th</u>	his box and see ins	structions		
33202	23 12-21-23					Sch	nedule A (Form 990) 2	023
			15					

<sup>2023.05070</sup> HISPANIC FOUNDATION OF SI HIS00011

1

2

3a

3b

3c

4a

Yes No

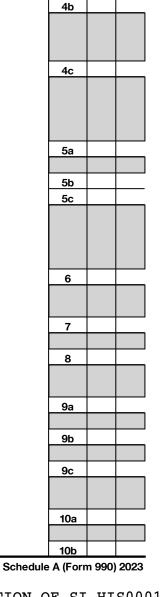
#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

332024 12-21-23



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</i> <b>Part VI</b> <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i>			
	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u>Sec</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		165	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	-		
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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	;).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	is).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
h				
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

332025 12-21-23

#### HISPANIC FOUNDATION OF SILICON VALLEY Schedule A (Form 990) 2023 Part IV Supporting Organizations (continued)

a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide

11 Has the organization accepted a gift or contribution from any of the following persons?

11c below, the governing body of a supported organization? **b** A family member of a person described on line 11a above?

Section B. Type I Supporting Organizations

<u>detail in Part</u> VI.

77-0481921 Page 5

11a

11b

11c

Yes No

Yes No

Schedule A (Form 990) 2023 17 2023.05070 HISPANIC FOUNDATION OF SI HIS00011

17010402 164619 HIS0001

Sche	dule A (Form 990) 2023 HISPANIC FOUNDATION OF SILICON VA	LLEY		77-0481921	Page 6
Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instr	uctions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
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			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see	

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

Schedule A (Form 990) 2023

3

7

8

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8

				-	
9	9 Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				
				Sc	chedule A (Form 990) 2023

77-0481921 Page 7

**Current Year** 

<u>Schedule A</u>	Form 990) 2023 HISPANIC FOUNDATION OF SILICON VALLEY	77-0481921	Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lin 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; P Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	es 1 and 2; Part IV, Section art V, Section B, line 1e; Pa	n C,
FORM 990,	SCHEDULE A, 2023 COLUMN		
THE 2023	COLUMN INCLUDES A THE SHORT YEAR PERIOD 6 MONTHS ENDED JUNE		
30, 2023,	AND FISCAL YEAR ENDING JUNE, 2024.		
332028 12-21-2		Schedule A (Form	990) 2023
10400	20 64610 HTC0001 2022 05070 HTCD2NTC FOID		

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

## 2023

Employer identification number

Internal Revenue Service	
Name of the organization	-

Schedule B

Department of the Treasury

(Form 990)

HISPANIC FOUNDATION OF SILICON VALLEY	77-0481921
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

#### **General Rule**

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

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 for an *exclusively* set in the set of the parts unless the set of the parts unless the set of the parts unless to this organization because it received *nonexclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set of the parts unless the set of the parts unless total set of the

**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).

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

Name of or	ganization					
HISPANIC	FOUNDATION	OF	SILICON	VALLE	У	
Dort I	Contribut	re	(a a a in a tur			

Schedule B (Form 990) (2023)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$695,833.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions           \$125,000.	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Page 2

Employer identification number

77-0481921

22 2023.05070 HISPANIC FOUNDATION OF SI HIS00011

323452 12-26-23

17010402 164619 HIS0001

Name of organization

Page 2

Employer identification number

HISPANIC FOUNDATION OF SILICON VALLEY

77-0481921

Part I	Contributors	(see instructions). Use duplicate cop

pies of Part I if additional space is needed.

	-		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$75,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$300,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-20	6-23		Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

17010402 164619 HIS0001

Name of or	ganization		Employer identification number
HISPANIC	FOUNDATION OF SILICON VALLEY		77-0481921
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	1.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - - - - - - - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - \$	

24

Schedule B (Form 990) (2023)

2023.05070 HISPANIC FOUNDATION OF SI HIS00011

Schedule B (Form 990) (2023)

<sup>323453 12-26-23</sup> 

Schedule B (F	orm 990) (2023)
---------------	-----------------

Page 4

ame of organi	zation			Employer identification numb
	JNDATION OF SILICON VALLEY			77-0481921
from	m any one contributor. Complete columns (a)	) through (e) and the following charitable, etc., contributions of \$	a line entry. For or	1(c)(7), (8), or (10) that total more than \$1,000 for the ye ganizations e year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
Part I	(b) Purpose of gift	(c) Use of g		
		(e) Transfe	er of gift	
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
		(e) Transfe	er of gift	
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
Part I				(a) 2000 paor of non give to non
		(e) Transfe	er of gift	
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
3454 12-26-23				Schedule B (Form 990) (2

17010402 164619 HIS0001

25 2023.05070 HISPANIC FOUNDATION OF SI HIS00011

SCHEDUL		ntal Financial Statements		OMB No. 1545-0047		
(Form 990)		, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				
Department of the Trea Internal Revenue Servi	sury Ge Go to www.irs.gov/Form	Attach to Form 990. n990 for instructions and the latest information.		Open to Public Inspection		
Name of the org	me of the organization Employ					
	HISPANIC FOUNDATION OF S			77-0481921		
		ised Funds or Other Similar Funds or A	ccounts. (	Complete if the		
org	anization answered "Yes" on Form 990, Part IV	,				
		(a) Donor advised funds	(b) Funds and	d other accounts		
	per at end of year					
2 Aggregate	value of contributions to (during year)					
	value of grants from (during year)					
	value at end of year					
		s in writing that the assets held in donor advised fun				
		n's exclusive legal control?		Yes No		
	<b>č</b>	or advisors in writing that grant funds can be used of	2			
	• •	or or donor advisor, or for any other purpose confer	0			
		e organization answered "Yes" on Form 990, Part IV		Yes No		
			, line 7.			
	of conservation easements held by the organi					
	ervation of land for public use (for example, rec	,				
	ection of natural habitat	Preservation of a cert	lified historic s	structure		
	ervation of open space	uslified concernation contribution in the form of a co	noor otion on	compart on the last		
2 Complete day of the		ualified conservation contribution in the form of a co		it the End of the Tax Yea		
-			2a			
			2a 2b			
		structure included on line 2a	20 2c			
	c       Number of conservation easements on a certified historic structure included on line 2a       2c         d       Number of conservation easements included on line 2c acquired after July 25, 2006, and not					
			2d			
		, released, extinguished, or terminated by the organ	· · · · · · · · · · · · · · · · · · ·	the tax		
year						
·	states where property subject to conservation	easement is located				
	rganization have a written policy regarding the					
	and enforcement of the conservation easemen			Yes No		
6 Staff and v	olunteer hours devoted to monitoring, inspecti	ing, handling of violations, and enforcing conservation		during the year		
7 Amount of	expenses incurred in monitoring, inspecting, h	nandling of violations, and enforcing conservation ea	sements durir	ng the year		
8 Does each	conservation easement reported on line 2d ab	oove satisfy the requirements of section 170(h)(4)(B)	i)			
and sectio	n 170(h)(4)(B)(ii)?			Yes No		
9 In Part XIII	describe how the organization reports conser	vation easements in its revenue and expense staten	nent and			
balance sh	eet, and include, if applicable, the text of the f	ootnote to the organization's financial statements th	at describes t	he		
	n's accounting for conservation easements.					
	•	s of Art, Historical Treasures, or Other S	Similar Ass	ets.		
Со	nplete if the organization answered "Yes" on F	orm 990, Part IV, line 8.				
<b>1a</b> If the orga	nization elected, as permitted under FASB ASC	C 958, not to report in its revenue statement and ba	ance sheet wo	orks		
of art, hist	prical treasures, or other similar assets held for	public exhibition, education, or research in furthera	nce of public			
· •		financial statements that describes these items.				
-	-	C 958, to report in its revenue statement and balanc				
art, histori	al treasures, or other similar assets held for pu	ublic exhibition, education, or research in furtheranc	e of public ser	vice,		
-	following amounts relating to these items.					
(i) Reven	ue included on Form 990, Part VIII, line 1		\$			
.,						
-		I treasures, or other similar assets for financial gain,	provide			
the followi	ng amounts required to be reported under FAS	B ASC 958 relating to these items:				

ä	a Revenue included on Form 990, Part \	/III, line 1	 	 	 
	Assets included in Form 990, Part X		 	 	 

b	Assets included in Form 990, I	Part

 $\mbox{LHA}~$  For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2023

\$

\$

332051 09-28-23

17010402 164619 HIS0001

26 2023.05070 HISPANIC FOUNDATION OF SI HIS00011

	Sche		OUNDATION OF SI						-048192			<sub>age</sub> 2
collection terms (check all that apply).       a       b       Coholarly research         b       Coholarly research       c       Other         c       Previse actription of the organization solicit or receive donations of art, historical treasures, or other similar assets       to be soft the organization solicit or receive donations of art, historical treasures, or other similar assets         c       Drivide do the organization solicit or receive donations of art, historical treasures, or other similar assets       to be soft the organization solicit or receive donations or other inflammations agent of the organization solection?         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, frustee, custodian, or other inform galaxies       Ves         b       I'Yes, 'weglin the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       16       16         d       Additions during the year       16       17         e       Di Yes, 'weglin the mancement in Part XIII.       20. Di the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         b       I'Yes, 'weglin the arrangement in Part XIII.       (a) Current year (b) Prior year (c) Two years back (c) Two years back (c) Four year balaxies	Par	t III Organizations Maintaining C	collections of Ar	t, Hist	orical Tre	easures, or	r Other	Similar As	sets <sub>(</sub>	continu	ued)	
a       Public exhibition       d       Lcan or exchange program         b       Scholarly research       e       Other	3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following that	make sigi	nificant use o	f its			
b       Scholary research       e       Other         c       Previse description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII.         5       Uning the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part XI. 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. Line 21.       It is sho organization include an amount on Form 990, Part X. Line 21.         1a       Is the organization include an amount on Form 990, Part X. Line 21. for escrow or custodial account liability?       Yes         2a       Did the organization include an amount on Form 990, Part X. Line 21. for escrow or custodial account liability?       Yes         2a       Did the organization include an amount on Form 990, Part X. Line 21. for escrow or custodial account liability?       Yes         2a       Did the organization answered 'Yes' on Form 990, Part XI. Line AXIII       Part VI       Endowment FundS Complete if the organization answered 'Yes' on Form 990, Part XI. Line AXIII         4a       Beginning of year balance       [a) Ourrent year (b) Prory year (b) Prory years back (c) Four years back (c) F		collection items (check all that apply).										
c       Preservation for future generations         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's collections of at, historical treasures, or other similar assets         10       be sold to raise funds rather than to be maintained as part of the organization's collection?         Part IV       Escrew and Custodial Arrangements         11       is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 980, Part X;         12       is the organization include an anount on Form 980, Part X, line 21, for escrew or custodial account liability?       Vee         14       Is the organization include an amount on Form 980, Part X, line 21, for escrew or custodial account liability?       Vee         15       Did the organization include an amount on Form 980, Part X, line 21, for escrew or custodial account liability?       Vee         16       Id       Id       Id       Id         20       Did the organization include an amount on Form 980, Part X, line 21, for escrew or custodial account liability?       Vee         17       Endowment FundS Completer if the organization answerd "Yes" on Form 900 Part IV, line 10.       Inter years back (d) Three years back (e) Four years         18       Beginning of year balance       Im       Im       Im <td>а</td> <td>Public exhibition</td> <td>c</td> <td>1 🗌 k</td> <td>Loan or exc</td> <td>hange progra</td> <td>am</td> <td></td> <td></td> <td></td> <td></td> <td></td>	а	Public exhibition	c	1 🗌 k	Loan or exc	hange progra	am					
Provide a description of the organization's collectors and explain how they further the organization's emerge purpose in Part XIII.     During the year, did the organization solicit or receive donations of at, historical treasures, or other similar assets     to be solid to raise hunds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 990, Part X     If 'Yes," explain the arrangement in Part XIII and complete the following table:         Complete an amount on Form 990, Part X, line 21.     If 'Yes," explain the arrangement in Part XIII and complete the following table:         Complete an amount on Form 990, Part X, line 21.     If of the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?     Ves     If 'Yes' explain the arrangement in Part XIII.     Part V Endowment Form 990, Part X, line 21. for escrow or custodial account liability?     Ves     If 'Yes' explain the arrangement in Part XIII.     Reginning of year balance     (a) Current year     (b) Prior year     (c) Two years back     (d) Three years back     (d) Four years     (e) Four years     (e) Four years     (c) Two years back     (d) Three years back     (e) Four years     (b) Prior year     (c) Two years back     (d) Three years back     (e) Four years     (b) Prior year     (c) Two years back     (d) Three years back     (e) Four years     (b) Prior year     (c) Two years back     (d) Three years back     (e) Four years     (b) Prior year     (c) Two years back     (d) Three years back     (e) Four years     (b) Prior year     (c) Two years back     (d) Three years back     (e) Four years     (b) Prior year     (c) Two years back     (d) Three years back     (e) Four year     (b) Prior year     (c) Two years back     (d) Three years back     (e) Four y	b	Scholarly research	e	•	Other							
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part M Escrow and Custodial Arrangements Complete if the organization answered 'Ves' on Form 990, Part IV, line 90, Part IV, line 90, Part X, line 21. Ta is the organization angement in Part XII and complete the following table:  B eginning balance B eginning to year balance B eginning function the organization answered 'Yes' on Form 900, Part X, line 21, for secrow or custodial account liability B eff 'Yes' explain the arrangement in Part XII. Check here if the explanation has been provided in Part XII B eginning of year balance B eginni	с	Preservation for future generations										
top sold to raise funds rather than to be maintained as part of the organization's collection?         Yes           Part IV         Escrow and Custodial Arrangements         Complete the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21, is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes           b         If 'Yes,' explain the arrangement in Part XIII and complete the following table:         Amount         Amount           c         Beginning balance         1d         1d         1d         1d           d         Additions during the year         1d         1d         1d         1d           e         Distributions during the year         1d         1d         1d         1d           e         Distributions during the year         1d         1d         1d         1d           Part V         Endowment in Part XIII. Check here if the explanation has been provided in Part XIII         Pertice         1d         1d         1d           Part V         Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1d	4	Provide a description of the organization's c	ollections and explai	n how th	ney further th	ne organizatio	n's exemp	ot purpose in	Part XIII			
Part IV       Escrow and Custodial Arrangements complete if the organization answerd *Yes* on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Ia       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Yes         b       If *Yes,* explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         b       If *Yes,* explain the arrangement in Part XIII. Check here if the organization answered *Yes* on Form 990. Part IV, line 10.         Part V       Endowment Funds Complete if the organization answered *Yes* on Form 990. Part IV, line 10.         Part V       Endowment Funds Complete if the organization answered *Yes* on Form 990. Part IV, line 10.         Fart W       Endowment funds Complete if the organization answered *Yes* on Form 990. Part IV, line 10.         Contributions       1       1         c       Net investment earnings, gains, and losses       1       1         d       Grants or scholarships       1       1       1         d       Administrative expenses       1       1       1       1<	5	During the year, did the organization solicit of	or receive donations	of art, hi	istorical treas	sures, or othe	er similar a	ssets				
Part IV       Escrow and Custodial Arrangements complete if the organization answerd *Yes* on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Ia       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Yes         b       If *Yes,* explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         b       If *Yes,* explain the arrangement in Part XIII. Check here if the organization answered *Yes* on Form 990. Part IV, line 10.         Part V       Endowment Funds Complete if the organization answered *Yes* on Form 990. Part IV, line 10.         Part V       Endowment Funds Complete if the organization answered *Yes* on Form 990. Part IV, line 10.         Fart W       Endowment funds Complete if the organization answered *Yes* on Form 990. Part IV, line 10.         Contributions       1       1         c       Net investment earnings, gains, and losses       1       1         d       Grants or scholarships       1       1       1         d       Administrative expenses       1       1       1       1<		to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	ollection?			Υ	'es		No
reported an amount on Form 900, Part X, line 21.         1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 980, Part X?         b If 'Yes, 'explain the arrangement in Part XIII and complete the following table:         c Beginning balance         1d         d Additions during the year         1e         1d         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         2b If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII         Part V       Endowment Funds: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         (e) Current year       (b) Prior year         1a Beginning of year balance       (e) Current year         b Contributions       (e) Current year         c Ontributions       (e) Current year         1a Beginning of year balance       (e) Ourrent year         b Contributions       (e) Control years         c Other expenditures for facilities       (f) Ourrent year         and programs       (f) Administrative expenses         g End of year balance       (f) Prior year         f Administrative expenses       (f) Prior year end load administered for the organization by:         g End of year balance       f	Par						Yes" on Fo	orm 990, Part	IV, line	9, or		
on Form 990, Part X?       Yes         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         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         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Yes         Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part X, line 10.       (a) Current year         la       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years         a       Grants or scholarships       (b) Current year       (b) Prior year       (c) Two years back       (e) Four years         d       Grants or scholarships       (b) Current year       (b) Prior year       (c) Two years back       (e) Four years         d       Grants or scholarships       (b) Current year       (b) Prior year       (c) Two years back       (e) Four years         d       Grat or scholarships       (c) Attras					0							
on Form 990, Part X?       Yes         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         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         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Yes         Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part X, line 10.       (a) Current year         la       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years         a       Grants or scholarships       (b) Current year       (b) Prior year       (c) Two years back       (e) Four years         d       Grants or scholarships       (b) Current year       (b) Prior year       (c) Two years back       (e) Four years         d       Grants or scholarships       (b) Current year       (b) Prior year       (c) Two years back       (e) Four years         d       Grat or scholarships       (c) Attras	1a	Is the organization an agent, trustee, custod	ian, or other interme	diary for	- contributior	ns or other as	sets not in	ncluded				
b       If "Yes," explain the arrangement in Part XIII and complete the following table:									Υ	'es		No
c       Beginning balance       1c         1d       1d         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         2       Did the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years         1a       Beginning the setimated part Sill       (d) Current year       (d) Three years back       (e) Four years         1a       Beginning of year balance       (e) Two years back       (f) Three years back       (e) Four years         1a       Contributions       (f) Educations for facilities       (f) Administrative expenses       (f) Administrative expenses       (f) Four years	b											
d Additions during the year       1d         e Distributions during the year       1d         e Distributions during the year       1d         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custolal account liability?       Yes         Part V       Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Part V       Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         i Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years         i A thinvistions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years         i C Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years         g C Atof year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years         g End of year balance       (b) Prior year       (c) Two years back       (e) Four years       (f) Administrative expenses       (f) Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designa		······································							Ar	nount		
d Additions during the year       1d         e Distributions during the year       1d         1 Ending balance       1d         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         Part V       Endowment Funds Complete if the organization answered Yees' on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years         c Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years         g Chot rexpenditures for facilities       (a) Current year end balance (line 1g, column (a)) held as:       (b) Prior year balance       (c) Term endowment       %         g End of year balance       %       %       %       %       %       %         b Permane endowment       %       %       %       %       %       %       %         9 Are there endowment funds not in the possession of the organization that are held and administered for the organizations?       (i) Unrelated organizations?       (a) (i)       (a) (	с	Beginning balance						1c				
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         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Yes         Part V       Endowment Funds: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back (f) Three years back (f) Three years back (f) Four years back in the organization and programs in the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.         b       Contributions       (b) Prior year       (c) Two years back (f) Three years back (f) Four years back in the organization answered "Yes" on Form 990, Part IV, line 10.         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back in the programs in and programs.         e       Other expenditures for facilities       (b) Prior year of the current year end balance (line 1g, column (a)) held as:       (c) Three years back in the program in the organization by:       (i) Unrelated organizations?       (a) (i)         b       Permanent endowment												
f       Ending balance												
2a       Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability?       Yes         Part V       Endowment Funds: Complete if the organization answere' Yes' on Form 990, Part W, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (c) Three years back       (e) Four years         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (c) Three yea												
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII         Part V       Endowment Funds: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years         c       Net investment earnings, gains, and losses       (a) Current year       (c) Provide the stimates       (c) Two years back       (c) Two years         c       Other expenditures for facilities       (c) Provide the stimated percentage of the current year end balance (line 1g, column (a)) held as:       (c) Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       (c) Permanent funds not in the possession of the organization that are held and administered for the organization by:       (i) Unrelated organizations?       (j) Permanent funds not in the possession of the organization that are held and administered for the organization by:       (i) Unrelated organizations?       (j) Permanent funds.         d       Describio in Part XIII the intended uses of the organization's endowment funds.       (j) Part VI       (j) Part VI       (j) P								·				No
Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years         1a       Beginning of year balance       (c) Two years back       (d) Three years back       (e) Four years         c       Net investment earnings, gains, and losses       (c) Two years       (c) Two years back       (e) Four years         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years         c       Other expenditures for facilities       (c) Two years back       (d) Two years       (c) Two years back       (d) Two years         f       Administrative expenses       (c) Two years back       (d) Two years       (d) Two years       (d) Two years       (f) Two years		•						•	•			1
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years         1a       Beginning of year balance										<u></u>		<u> </u>
1a       Beginning of year balance       Image: Contributions       Image: Contributions         b       Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         c       Other expenditures for facilities       Image: Contributions       Image: Contributions       Image: Contributions         c       Other expenditures for facilities       Image: Contributions       Image: Contributions       Image: Contributions         c       Other expenditures for facilities       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contrites       Image: Contributions				1				d) Three years I	back (e	Four v	vears	back
b       Contributions	1a	Beginning of year balance			,			. ,		<u> </u>		
c       Net investment earnings, gains, and losses												
d Grants or scholarships												
e Other expenditures for facilities and programs												
and programs												
f       Administrative expenses	e											
g End of year balance	f											
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%         main 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?         3a(ii)       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 (other)         (b)       Buildings         c       Leasehold improvements         d       Equipment         d       Equipment												
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?         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 Buildings	-	,		l o (lipo 1	a oolumn (o							
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: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4</li> <li>Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> 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.         (d) Book value depreciation           1a         Land				•	g, column (a	)) field as.						
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:       Yes         (i)       Unrelated organizations?       3a(i)       3a(i)         (ii)       Related organizations?       3a(ii)       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       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.       (d) Book value basis (investment)         b       Buildings				70								
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: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organization?</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (investment)</li> <li>(i) Accumulated depreciation</li> <li>(i) Accumulated depreciation</li></ul>												
3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes         (i)       Unrelated organizations?       3a(i)         (ii)       Related organizations?       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.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value basis (investment)         b       Buildings       1       1         Land       1       1       1         b       Buildings       1       1         c       Leasehold improvements       1       1         d       Equipment       1       1       1         d       Equipment       1       1       1       1	C		-									
organization by:       Yes         (i) Unrelated organizations?       3a(i)         (ii) Related organizations?       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.       3b         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         1a Land	2-		•	otion the	t are hold a	ad administar	ad for the					
(i) Unrelated organizations?       3a(i)         (ii) Related organizations?       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.       3b         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.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land	38		ession of the organiza	ation the	at are neiù ar	nu auminister	ed for the			•	Vac	No
(ii) Related organizations?       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.       3b         Part VI       Land, Buildings, and Equipment       3c         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         b Buildings       1a       Land       14       11, 535.       9, 997.       1, 11, 535.         d Equipment       11, 535.       9, 997.       1, 17.       14       14       14       14		5							Г			110
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         1a       Land       1a       Land       1a       1a       1a         b       Buildings       111,535.       9,997.       1,         d       Equipment       11,535.       9,997.       1,												
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         1a       Land		(II) Related organizations?							·····		_	
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	D								L	30		
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	4 Par			wment	tunas.							
Description of property     (a) Cost or other basis (investment)     (b) Cost or other basis (other)     (c) Accumulated depreciation     (d) Book value       1a Land	I UI			) Part I	/ line 11a S	See Form 990	Part X lir	ne 10				
Image: transmission of the system of the									(-1)	Deeli		
1a Land		Description of property					• •		(a)	BOOK	value	3
b Buildings		Lored		neny	Dasis		depr	COIALION				
c Leasehold improvements         11,535.         9,997.         1,           d Equipment         21,000.         11,535.         9,997.         1,									-			
d Equipment 11,535. 9,997. 1,												
						11 535		0 007				<u> </u>
e Other   31,829, 14,691, 17.								-				538.
		Other						14,691.				138.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B))	Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X. line 1	10c. column	<u>(B))</u>						676.

Schedule D (Form 990) 2023 HISPANIC FOUNDATI	ON OF SILICON VALLEY	7	7-0481921	Page
Part VII Investments - Other Securities				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	d-of-year market	value
1) Financial derivatives				
<ul> <li>Closely held equity interests</li> </ul>				
3) Other				
(A) INVESTMENTS	2,876,927.	END-OF-YEAR MARKET VALUE		
(B)	_,,			
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	2,876,927.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets				
Complete if the organization answered "Yes" of		Td. See Form 990, Part X, line 15.	(1) Declar	
	Description		(b) Book v	
(1) DEPOSITS				7,207
(2) RIGHT-OF-USE			2	229,900
(3)				
(4)				
(5)				
(6) (7)				
<u>(6)</u> (7)				
(6) (7) (8)				
(6) (7) (8) (9)	<i>(B</i> ))			237,107
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col.	<i>(</i> B))		2	237,107
(6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, line 15, col. Part X Other Liabilities		1e or 11f. See Form 990 Part X line 2	•	237,107
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability		1e or 11f. See Form 990, Part X, line 2	5.	
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability		1e or 11f. See Form 990, Part X, line 2	•	
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes		1e or 11f. See Form 990, Part X, line 29	5.	value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) CURRENT PORTION LEASE LIABILITIES		1e or 11f. See Form 990, Part X, line 2	5. ( <b>b)</b> Book v	value 90,539
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) CURRENT PORTION LEASE LIABILITIES (3) LT PORTION OF LEASE LIABILITIES		1e or 11f. See Form 990, Part X, line 2	5. ( <b>b)</b> Book v	value 90,539
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) CURRENT PORTION LEASE LIABILITIES (3) LT PORTION OF LEASE LIABILITIES (4)		1e or 11f. See Form 990, Part X, line 2	5. ( <b>b)</b> Book v	value 90,539
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X. line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CURRENT PORTION LEASE LIABILITIES (3) LT PORTION OF LEASE LIABILITIES		1e or 11f. See Form 990, Part X, line 2	5. ( <b>b)</b> Book v	value 90,539
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CURRENT PORTION LEASE LIABILITIES (3) LT PORTION OF LEASE LIABILITIES (4)		1e or 11f. See Form 990, Part X, line 2	5. ( <b>b)</b> Book v	value 90,539
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CURRENT PORTION LEASE LIABILITIES (3) LT PORTION OF LEASE LIABILITIES (4) (5)		1e or 11f. See Form 990, Part X, line 2	5. ( <b>b)</b> Book v	value 90,539
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CURRENT PORTION LEASE LIABILITIES (3) LT PORTION OF LEASE LIABILITIES (4) (5) (6)		1e or 11f. See Form 990, Part X, line 2	5. ( <b>b)</b> Book v	value 90,539
(6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, line 15. col. Part X Other Liabilities Complete if the organization answered "Yes" of Complete if the organization of liability (1) Federal income taxes (2) CURRENT PORTION LEASE LIABILITIES (3) LT PORTION OF LEASE LIABILITIES (4) (5) (6) (7) (8)		1e or 11f. See Form 990, Part X, line 2	5. ( <b>b)</b> Book v	value 90,539
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CURRENT PORTION LEASE LIABILITIES (3) LT PORTION OF LEASE LIABILITIES (4) (5) (6) (7)	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	5. (b) Book v	237,107 value 90,539 151,575

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

Sche		DATION OF SILICON VALL			77-0481921	Page 4
Par	t XI Reconciliation of Revenue per	Audited Financial State	ments With Re	evenue per Ret	turn	
	Complete if the organization answered "۲	Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audi	ited financial statements			1	2,641,800.
2	Amounts included on line 1 but not on Form 990	, ,				
а	Net unrealized gains (losses) on investments			88,420.		
b	Donated services and use of facilities					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		2d	406,411.		
е					2e	494,831.
3	Subtract line <b>2e</b> from line <b>1</b>				3	2,146,969.
4	Amounts included on Form 990, Part VIII, line 12		1.1			
а	Investment expenses not included on Form 990,					
b	Other (Describe in Part XIII.)		4b			0
С					4c	0.
5	Total revenue. Add lines 3 and 4c. (This must eq t XII Reconciliation of Expenses per			vpapsas par P	5	2,146,969.
Fa				xpenses per n	leium	
	Complete if the organization answered "					2 212 571
1	Total expenses and losses per audited financial				1	3,212,571.
2	Amounts included on line 1 but not on Form 990	, ,				
a	Donated services and use of facilities					
b	Prior year adjustments					
c	Other losses			406 411		
d	Other (Describe in Part XIII.)			406,411.		406 411
е					2e	406,411.
3	Subtract line <b>2e</b> from line <b>1</b>				3	2,806,160.
4	Amounts included on Form 990, Part IX, line 25,		1 1			
а	Investment expenses not included on Form 990,					
b	Other (Describe in Part XIII.)		4b			
с	Add lines <b>4a</b> and <b>4b</b>				4c	0.
5	Total expenses. Add lines 3 and 4c. (This must e	equal Form 990, Part I, line 18.)			5	2,806,160.
Pa	rt XIII Supplemental Information					
	de the descriptions required for Part II, lines 3, 5, 2d and 4b; and Part XII, lines 2d and 4b. Also cor				; Part X, line 2; F	Part XI,
PARI	YX, LINE 2:					
IN A	CCORDANCE WITH GAAP, AN ORGANIZATION	I MUST RECOGNIZE THE TA	X BENEFIT			
ASSC	CIATED WITH ANY TAX POSITIONS TAKEN	FOR TAX RETURN PURPOSE	S WHEN IT IS			
MORE	LIKELY THAN NOT THE POSITION WILL B	BE SUSTAINED. THE ORGA	NIZATION			
DOES	NOT BELIEVE THERE ARE ANY MATERIAL	UNCERTAIN TAX POSITION	S AND			
ACCO	RDINGLY, WILL NOT RECOGNIZE ANY LIAB	ILITY OR BENEFIT FOR U	NRECOGNIZED			
TAX	POSITIONS. FOR THE YEAR ENDED JUNE	30, 2024, THERE WAS NO	TAX RELATED			
INTE	REST OR PENALTIES RECORDED OR INCLUD	ED IN THE FINANCIAL ST	ATEMENTS.			
PARI	XI, LINE 2D - OTHER ADJUSTMENTS:					
SPEC	IAL EVENT EXPENSE		406,411.			
			•			

332054 09-28-23

Schedule D (Form 990) 2023

Schedule D	(Form 990)	) 2023

HISPANIC FOUNDATION OF SILICON VALLEY

Part XIII Supplemental Information (continued)	STRICON VALUET	77-0481921	Page
ART XII, LINE 2D - OTHER ADJUSTMENTS:			
,			
PECIAL EVENT EXPENSE	406,411.		
		Schedule D (Form	n <b>990) 2</b> 0
2055 09-28-23		•	-

17010402 164619 HIS0001

 $^{30}_{\rm 2023.05070\ HISPANIC\ FOUNDATION\ OF\ SI\ HIS00011$ 

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2023
Department of the Treasury Internal Revenue Service			Open to Public Inspection					
Name of the organization		o www.irs.gov/Form990 for instruc	tions	and t	ne latest information	<u>ו.</u>	Employer id	dentification number
5		DUNDATION OF SILICON VALLEY					77-0481	
	ing Activities.	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, li	ine 17	7. Form 990-I	EZ filers are not
<ol> <li>Indicate whether th         <ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> </ul> </li> <li>2 a Did the organization key employees list</li> </ol>	<ul> <li>1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>f Solicitation of government grants</li> <li>c Phone solicitations</li> <li>g Special fundraising events</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> <li>b Yes</li> <li>No</li> <li>b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be</li> </ul>							
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have cu or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by undraiser ed in col. (i)	
			Yes	No	-			
Total				I				
	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from	registration
g.								

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

HISPANIC FOUNDATION OF SILICON VALLEY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	
				MISCELLANEOUS	NONE	(d) Total events
			FOUNDATION BALL	EVENT	0	(add col. (a) through
			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
Ine						
Revenue	1	Gross receipts	735,685.	23,154.		758,839.
	2	Less: Contributions	677,102.			677,102.
	3	Gross income (line 1 minus line 2)	58,583.	23,154.		81,737.
	4	Cash prizes				
ő	5	Noncash prizes				
bense	6	Rent/facility costs	13,440.	35,964.		49,404.
Direct Expenses	7	Food and beverages	82,320.			82,320.
ā	8	Entertainment	1,300.			1,300.
		Other direct expenses	45,496.	227,891.		273,387.
		Direct expense summary. Add lines 4 through	9 in column (d)			406,411.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			-324,674.
Pa	rt I	<b>II</b> Gaming. Complete if the organization \$\$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	reported more than	
anue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
xpenses	3	Noncash prizes				

9 Enter the state(s) in which the organization conducts gaming activities:

7 Direct expense summary. Add lines 2 through 5 in column (d)

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

4 Rent/facility costs

5 Other direct expenses

6 Volunteer labor

a Is the organization licensed to conduct gaming activities in each of these states? \_\_\_\_\_ Yes b If "No," explain: \_\_\_\_\_ Yes

Yes

No

%

Yes

No

%

Yes

No

%

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain: \_\_\_\_\_\_

332082 09-13-23

Direct Exp

Schedule G (Form 990) 2023

No

No

Sch	edule G (Form 990) 2023	HISPANIC FOUNDATION OF SILICON VALLEY 77	-0481921	Page 3
11	Does the organization conduct ga	ming activities with nonmembers?		s 🗌 No
12		eficiary or trustee of a trust, or a member of a partnership or other entity formed		
			Yes	s 🗌 No
13	Indicate the percentage of gaming	a activity conducted in:		
			13a	%
				<u>%</u>
		e person who prepares the organization's gaming/special events books and records:	. 130	70
14	Enter the name and address of th	e person who prepares the organization's gaming/special events books and records.		
	Name			
	Address			
			<u> </u>	<u> </u>
15a	Does the organization have a con	tract with a third party from whom the organization receives gaming revenue?	Yes	s 🛄 No
b	If "Yes," enter the amount of gam	ing revenue received by the organization \$ and the amount		
	of gaming revenue retained by the	e third party \$		
c	If "Yes," enter name and address	of the third party:		
	Name			
	Address			
16	Gaming manager information:			
	5			
	Name			
	Gaming manager compensation	\$		
	daming manager compensation	Ψ		
	Description of services provided			
	Description of services provided			
	Director/officer	Employee Independent contractor		
47	Mandatan, distributional			
17	<b>,</b>	atata laurta malya akamitakia diatuiku tiana fuana tika ananina mwananala ta		
a		state law to make charitable distributions from the gaming proceeds to	Yes	
			[1] Te:	s 🛄 No
D		required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activit rt IV Supplemental Infor	ies during the tax year   \$ mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I		0 0 10
га			Part III, lines s	9, 90, 100,
	15b, 15c, 16, and 17b, as	applicable. Also provide any additional information. See instructions.		
3000	83 00 13 23	Cab	edule C (Ear	m 990) 2023
33208	83 09-13-23	33		11 330/ 2023

Part IV	Supplemental Information	(continued)
332084 04-01-	23	Schedule G (Form 990)

SCHEDULE I (Form 990)		G GO Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States <sup>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.</sup>	d Other Assistance to Organizations, ts, and Individuals in the United States mization answered "Yes" on Form 990, Part IV, line 21 or 2	ce to Organi s in the Unit on Form 990, Parl	zations, ed States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		-	Go to www.irs.	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	990. the latest informa	tion.		Open to Public Inspection
Name of the organization	HISPANIC FOUNDATION OF SILICON VALLEY	TION OF SILI	CON VALLEY					Employer identification number 77-0481921
Part I General Info	General Information on Grants and Assistance	l Assistance						
1 Does the organizati	Does the organization maintain records to substantiate the amount of the	substantiate the		or assistance, the c	jrantees' eligibility	for the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
Criteria used to awa	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Ince?? adures for monito	ring the use of grant f	unds in the I Inited	States			A Yes No
art 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.	omestic Organiz. .000. Part II can t	ations and Domestic	omestic Governments. Con if additional space is needed.	omplete if the orga ed.	nization answered "Y	es" on Form 990, Part I	V, line 21, for any
1 (a) Name and address of organization or government	ress of organization rnment	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SVCF INSPIRE, LLC 2440 WEST EL CAMINO REAL, SUITE 300 MOUNTAIN VIEW, CA 94040	JLC AMINO REAL, SUITE 300 CA 94040	20-5205488	501C3	775,714.	0.			EDUCATIONAL
VARIOUS C/O ORGANIZATION 1961 THE ALAMEDA SAN JOSE, CA 95126	961 THE ALAMEDA			12,695.	0.			EDUCATIONAL
2 Enter total number 3 Enter total number	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	l government org: isted in the line 1	anizations listed in the	line 1 table	-			1.
a.	on Act Notice, see the	Instructions for	Form 990.					Schedule I (Form 990) 2023

LHA 332101 11-01-23

Schedule   (Form 990) 2023 HISPANIC FOUNDATION OF SILICON VALLEY	SILICON VALL	ЕҮ			77-0481921 Page 2
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.	. Complete if the	organization answe	ired "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COVID RELIEF CHECK	67	16,750.	0.	LSOST	COVID RELIEF CHECK
REIMBURSEMENT	2	213.	0.	COST	REIMBURSEMENT
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
FORM 990, SCHEDULE I, PART I, LINE 2					
ALL PAYMENTS ARE PROVIDED TO THE SILICON VALLEY COMMUNITY	MUNITY FOUNDATION	ATION			
5013 TO PROVIDE SCHOLARSHIPS. THE ELIGIBILITY REQUIREMENT	<b>LREMENTS FOR A</b>	4			
SCHOLARSHIP ARE AS FOLLOWS: MUST BE OF LATINO OR HI	OR HISPANIC ORIGIN,	И, НАVЕ			
A DECLARED MAJOR AND BEEN ACCEPTED INTO A STEM PROGRAM,	FRAM, COLLEGE				
STUDENTS ENTERING THEIR JUNIOR OR SENIOR YEAR AT A	4-YEAR COLLEGE,	<b>3E, AND</b>			
A 3.0 GPA. ADDITIONAL REQUIREMENTS CAN BE FOUND ON	THE HISPANIC				
FOUNDATION WEBSITE.					

36

Schedule I (Form 990) 2023

SCHEDULE J (Form 990)		Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		OMB No. 1545-0047		
				Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the		Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.
Name of the organization Employer ide					on nui	nber
		HISPANIC FOUNDATION OF SILICON VALLEY	77-048	81921		
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate 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.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b	<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimburgement or provision of all of the organization dependent of the organization of the o					
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			. <u>1b</u>		<u> </u>
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?			. 2		
•	3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
3	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.					
	Compensation committee       Written employment contract         Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       X					
	Form 990 of other organizations					
4	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:					
а	- Descive a severance neument or change of control neument?		4a		X	
b			41		x	
с	•	eive payment from an equity-based compensation arrangement?				x
	•	nes 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	<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation</li> </ul>					
	contingent on the r	evenues of:				
а	The organization?			5a		X
		ation?		5b		x
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r	5				
	a The organization?		<u>6a</u>		X	
b	Any related organiz	ation?		6b		X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ıe			
				. 8		X
9		id the organization also follow the rebuttable presumption procedure described in		-		
	Regulations section		<u> </u>	9		
For	Paperwork Reduct	ion Act Notice, see the Instructions for Form 990.	Schedul	e J (Forr	n 990)	2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023 HISPANIC	C FO	HISPANIC FOUNDATION OF SILICON	ICON VALLEY		77-0481921			Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	nploy	/ees, and Highest C	ompensated Empl	oyees. Use duplica	te copies if additional s	pace 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.	e rep orm 99	orted on Schedule J 90, Part VII.	, report compensati	on from the organiz	ation on row (i) and fror	n related organizations	s, described in the instr	uctions, on row (ii).
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.	d indi	ividual must equal th	ie total amount of Fo	orm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and (E	:) amounts for that indiv	idual.
		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	I	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RON GONZALES	Ü	209,634.	0.	.0	.0	11,348.	220,982.	0.
		•0	.0	.0	.0	•0	0	0.
(2) CLARA ROA	Ξ	171,600.	0.	0.	.0	21,639.	193,239.	0.
CHIEF OPERATIONS AND DEVEL	: 🗐	0.	0.	0.	.0	0.	0.	0.
	(i)							
	(ii)							
	(j)							
	(ii)							
	(i)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ē							
	(ii)							
	Ē							
	(ii)							
	Ē							
	(ii)							
	Ξ							
	▣							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
							Schedu	Schedule J (Form 990) 2023

38

# 332112 11-06-23

Schedule J (Form 990) 2023 HISPANIC FOUNDATION OF SILICON VALLEY	77-0481921	Page 3
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.	part for any additional information.	
	Schedule J (Form 990) 2023	90) 2023

332113 11-06-23

SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 77-0481921

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

HISPANIC FOUNDATION OF SILICON VALLEY

HISPANIC COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SCHOOL, HIGH SCHOOL, AND COLLEGE STUDENTS AND THEIR PARENTS TO EXCEL

THROUGH EDUCATION EFFORTS. HFSC HELPS BOTH STUDENTS AND PARENTS OBTAIN

INFORMATION ON COLLEGE ACCESS, ADVICE, GUIDANCE, WORKSHOPS, AND ONLINE

RESOURCES."

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

INTERNSHIP PROGRAMS WITH OUR INVESTORS."

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

BOARD.

PARTICPANTS WILL JOIN A NETWORK OF OVER 600 COMMITTED FELLOWS AND WILL

HAVE THE OPPORTUNITY TO PARTICIPATE IN ALUMNI EVENTS.

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

ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 IS BROUGHT TO THE

BOARD OF DIRECTORS FOR APPROVAL. ONCE APPROVED, THE FORMS ARE FILED.

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

ORGANIZATION'S CONFLICT OF INTEREST POLICY STATES, "IT IS THE

RESPONSIBILITY OF THE BOARD AND EMPLOYEES TO VOLUNTEER INFORMATION

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

REGARDING POTENTIAL CONFLICTS OF INTEREST BEFORE PARTICIPATING IN ANY

DISCUSSION OR NEGOTIATIONS RELATING TO THE ORGANIZATION." ANNUALLY BOARD

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization HISPANIC FOUNDATION OF SILICON VALLEY	Employer identification number 77-0481921
MEMBERS AND EMPLOYEES ARE REQUIRED TO SIGN OFF ON A COPY OF THE CONFLICT OF	
INTEREST POLICY AND ADVISE THE ORGANIZATION OF ANY EXISTING OR POTENTIAL	
CONFLICTS OF INTEREST. THE CHAIR OF THE BOARD AND THE CEO ARE JOINTLY	
RESPONSIBLE FOR MONITORING THIS PROCESS.	
FORM 990, PART VI, SECTION B, LINE 15A:	
PROCESS FOR TOP OFFICIAL THE CEO'S COMPENSATION IS SET ANNUALLY BY THE	
BOARD OF DIRECTORS. THE	
PROCESS BEGINS WITH A PERFORMANCE EVALUATION OF THE CEO'S PAST	
ACCOMPLISHMENTS. COMPENSATION IS BASED ON THE MARKET VALUE DETERMINED BY	
THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ALL GOVERNING DOCUMENTS ARE	
CENTRALLY MAINTAINED IN THE FOUNDATION'S OFFICE. COPIES ARE MADE AVAILABLE	
UPON REQUEST IN EITHER "HARD OR SOFT" VERSION DEPENDING ON THE PREFERENCE	
OF THE REQUESTING PARTY.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	_
ROUNDING -1.	_
332212 11-14-23	Schedule O (Form 990) 2023