## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

A I	or th	ne 2015 calendar year, or tax year beginning , 201	5, and end	ling		,	20	
_		C Name of organization			D Employer idea	ntification n	ımber	
В	Check if a	oplicable: HISPANIC INFORMATION AND TELECOMMUNICATION	S		13-3112	2110		
	Addre							
	7	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	е	E Telephone nui	mber		
	Initial	return 63 FLUSHING AVENUE	211		(212) 96	6-5660		
	Final termi	return/ City or town, state or province, country, and ZIP or foreign postal code						
	Amer	ded BROOKLYN NY 11205			<b>G</b> Gross receipts	s \$ 2	21,974	,534.
		F Name and address of principal officer MICHAFI D NITEVES			H(a) Is this a grou	up return for	Yes	X No
	_ pena	63 FLUSHING AVE BROOKLYN, NY 11205			subordinates <b>H(b)</b> Are all subord	I	Yes	No
ī	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(	1) or !	527		ch a list. (see in	structions)	
	Websi	te: WWW.HITN.ORG	, -		H(c) Group exemp	ption number	<b>•</b>	
K		of organization: X Corporation Trust Association Other	L Yea	r of formati	ion: 1981 <b>M</b>			NY
	art l	Summary	1 - 1 - 1					
		Briefly describe the organization's mission or most significant activities: TO A.	DVANCE T	THE EDI	UCATTONAL	. CULTI	IRAT.	
ø		AND SOCIO-ECONOMIC ASPIRATIONS OF HISPANICS IN						
anc		RICO.						
ern	2	Check this box ▶ if the organization discontinued its operations or dispo	sed of more	 than 25%	of its net assets			
Governance	3	Number of voting members of the governing body (Part VI, line 1a)				<b>3</b>		6.
	4	Number of independent voting members of the governing body (Part VI, line 1b)				4		6.
ies	5	Total number of individuals employed in calendar year 2015 (Part V, line 1a)				5		53.
ctivities &	_	Total number of volunteers (estimate if necessary)				6		$\frac{-33.}{7.}$
Act	72	Total unrelated business revenue from Part VIII, column (C), line 12				7a		0.
		Net unrelated business taxable income from Form 990-T, line 34				7b		0.
_	- 5	TVEL UITTERACEU DUSTITESS TAXABLE ITTCOME HOM FORM 990-1, IIITE 34			Prior Year		Current Y	
	8	Contributions and grants (Part VIII, line 1h)			4,718,54		4,435	
Revenue	9	Program service revenue (Part VIII, line 2g)		•	2,514,42		3,586	
Ver	_	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		•	144,46			,054.
Re	10 11	Other revenue (Part VIII, column (A), lines 5, 4, and 70)			105,08			,115.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			7,482,51		8,089	
	13				7,402,31	0.	0,009	0.
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0.		0.
	4-	Benefits paid to or for members (Part IX, column (A), line 4)			4,778,11		5,599	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10			4,770,11	0.	3,377	0.
Expenses	10a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25) ▶48,35	ο	-		0.		
X	47				8,167,54		7,491	121
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			12,945,65			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		• ——	-5,463,13		3,091 4,997	
- S	19	Revenue less expenses. Subtract line 18 from line 12		_	ning of Current Y		End of Yea	
ance	20	Total access (Part V. line 4C)			68,757,03		4,261	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		-	$\frac{00,737,03}{1,235,02}$			
a et	21	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20.		-	67,522,01		1,875	
	22 Irt II	Signature Block	<u></u>		07,322,01	7 .   7	4,303	, /13.
		nalties of perjury, I declare that I have examined this return, including accompanying sche	dules and sta	temente a	nd to the best of	f my knowle	dae and h	aliof it is
		ect, and complete. Declaration of preparer (other than officer) is based on all information of w				IIIy Kilowici	age and b	
					10/0	3/2016		
Sig	ın	Signature of officer			Date	3/2010		
He		KENNEDY D. PAUL CFO						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	Date		Ch	if PTIN		
Paid	t	C. El-		12/201/	Check 6 self-employe	J ''	1 5 2 2 / (	3.5
Pre	parer	CURTIS YOUNG	1 10/0	3/201	• 1		153349	
Use	Only	Firm's name ►GRANT THORNTON LLP			Firm's EIN ► 3			
N4~:	, the '	Firm's address >757 THIRD AVE 2ND FLOOR NEW YORK, NY 10017-2013				212-599-		
		RS discuss this return with the preparer shown above? (see instructions)				Х		No (2045)
ror	rape	rwork Reduction Act Notice, see the separate instructions.					Form <b>99</b> (	<b>u</b> (2015)

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Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	HITN IS A HISPANIC FOCUSED ORGANIZATION THAT COMBINES THE UNIQUE
	ABILITY TO REACH THIS GROWING POPULATION THROUGH A MULTIMEDIA
	COMBINATION OF TV BROADCASTING, THE INTERNET, APPS, TRANSMEDIA
	MATERIALS AND COMMUNITY BASED INITIATIVES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$6,719,738 including grants of \$0) (Revenue \$13,513,135)
	HITN IS THE FIRST SPANISH PUBLIC SERVICE MEDIA NETWORK.
	ESTABLISHED IN 1983 AS A NON-PROFIT ORGANIZATION WITH THE MISSION
	TO ADVANCE THE EDUCATIONAL, CULTURAL, AND SOCIO-ECONOMIC
	ASPIRATIONS OF ITS VIEWERS IN THE U.S. AND PUERTO RICO. HITN IS
	ALSO THE LARGEST HOLDER OF EBS SPECTRUM (UTILIZED FOR BROADBAND
	SERVICES) IN THE UNITED STATES. NO OTHER HISPANIC FOCUSED
	ORGANIZATION COMBINES THE UNIQUE ABILITY TO REACH THIS GROWING
	POPULATION THROUGH A MULTIMEDIA COMBINATION OF TV BROADCASTING,
	THE INTERNET, AND COMMUNITY BASED INITIATIVES.
4h	(Code: ) (Expenses \$ 4,365,467. including grants of \$ 0. ) (Revenue \$ 0. )
.~	LAMP (LEARNING APPS MEDIA PARTNERSHIP) FUNDED BY THE U.S.
	DEPARTMENT OF EDUCATION - THIS PROGRAM IS A 5 YEAR PROJECT WITH
	PARTNER MICHAEL COHEN GROUP. PROGRAM OBJECTIVE IS TO PROVIDE
	CURRICULUM IN LITERACY AND MATHEMATICS TO BE DELIVERED THROUGH
	TRANSMEDIA PLATFORMS FOR INSTRUCTION AT THE PRE-K LEVEL. HITN AND
	PARTNERS WILL DEVELOP AND EVALUATE TRANSMEDIA PROPERTIES THAT WILL
	CROSS MULTIPLE PLATFORMS AND WILL ENGAGE STUDENTS AND PROMOTE
	ACHIEVEMENT IN ESSENTIAL LITERACY AND MATHEMATICS SKILLS.
10	(Code: ) (Expenses \$ 70,996. including grants of \$ 0. ) (Revenue \$ 73,487. )
40	
	ATTACHMENT 1
	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
44	Total program service expenses   11 156 201

**4e** Total program service expenses ►

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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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 Revenue Procedure 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 temporarily restricted			
	endowments, permanent endowments, or 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,"		3.7	
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	445		77
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	444		v
اہ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses	116	- 1	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete		21	
124	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>			
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
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
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Χ

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Part I	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		21	
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		Х
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Λ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3.7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			•
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
55	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
	10. Hotel 7 th 1 of the ood file of opening to complete deficació de.			

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Par				
	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			
	Effect the number of Forms W-20 included in line 1a. Effect-0- in not applicable.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Za	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 53			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).	<b>-</b> -		37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		Λ
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year			37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
8 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	u		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> 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			
	Enter the amount of reserves on hand			_
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Sect	ion 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	5				
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?	2		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х		
6	Did the organization have members or stockholders?	6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			X		
	one or more members of the governing body?					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?	7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following:					
а	The governing body?	8a	X			
b	Each committee with authority to act on behalf of the governing body?	8b	X	-		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			37		
Cooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	- 1	X		
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	<i>∃.)</i> Yes	No		
		10a		X		
	Did the organization have local chapters, branches, or affiliates?	IVa				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b				
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	<u> </u>		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	1 Tu				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	124				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
·	describe in 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	Х			
15	Did the process for determining compensation of the following persons include a review and approval by					
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	X			
b	Other officers or key employees of the organization	15b	Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?	16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?	16b				
Secti	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY,					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	c)(3)s	only)		
	available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and		
	financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and record KENNEDY PAUL 63 FLUSHING AVENUE BROOKLYN, NY 11205 646-731-3632	ls:▶				

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Part VII

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Week (list any)   Officer and a director/trustee)   from the organizations (w-2/1099-MISC)   from the organizations (	other compensation from the organization
CHAIRPERSON (THRU 5/12/15)         0.         X         X         0.         0           (2)SULEIKA CABRERA - DRINANE         1.00         X         0.         0           BOARD MEMBER         0.         X         0.         0           (3)MURRAY GREGORSON         1.00         X         X         0.         0           CHAIRPERSON         0.         X         X         0.         0           (4)NELSON DENNIS         1.00         X         0.         0           BOARD MEMBER         0.         X         0.         0           (5)MICHAEL D. NIEVES         40.00         X         347,496.         0           (6)LINDA HERNANDEZ         1.00         X         347,496.         0           BOARD MEMBER         0.         X         0.         0           (7)ANGEL CRUZ         1.00         X         0.         0           BOARD MEMBER         0.         X         0.         0           (8)MARYANN R. MARRAPODI         40.00         X         314,133.         0           CLO & CDO         0.         X         314,133.         0           (9)KENNEDY PAUL         40.00         X         215,785. </th <th>and related organizations</th>	and related organizations
(2)SULEIKA CABRERA - DRINANE	0.
BOARD MEMBER   0.	
CHAIRPERSON       0. X X X       0. 0         (4)NELSON DENNIS       1.00       0. 0         BOARD MEMBER       0. X X       0. 0         (5)MICHAEL D. NIEVES       40.00       347,496. 0         CEO (AS OF 07/01/15)       0. X X       347,496. 0         (6)LINDA HERNANDEZ       1.00       0. X         BOARD MEMBER       0. X       0. 0         (7)ANGEL CRUZ       1.00       0. X         BOARD MEMBER       0. X       0. 0         (8)MARYANN R. MARRAPODI       40.00       0. X         CLO & CDO       0. X       314,133. 0         (9)KENNEDY PAUL       40.00       X         CHIEF FINANCIAL OFFICER       0. X       215,785. 0         (10)JONATHAN GUERRA       40.00	0.
CHAIRPERSON       0. X X X       0. 0         (4)NELSON DENNIS       1.00       0. 0         BOARD MEMBER       0. X X       0. 0         (5)MICHAEL D. NIEVES       40.00       347,496. 0         CEO (AS OF 07/01/15)       0. X X       347,496. 0         (6)LINDA HERNANDEZ       1.00       0. X         BOARD MEMBER       0. X       0. 0         (7)ANGEL CRUZ       1.00       0. X         BOARD MEMBER       0. X       0. 0         (8)MARYANN R. MARRAPODI       40.00       0. X         CLO & CDO       0. X       314,133. 0         (9)KENNEDY PAUL       40.00       X         CHIEF FINANCIAL OFFICER       0. X       215,785. 0         (10)JONATHAN GUERRA       40.00	
BOARD MEMBER	0.
(5)MICHAEL D. NIEVES       40.00         CEO (AS OF 07/01/15)       0. X       X       347,496.       0         (6)LINDA HERNANDEZ       1.00       0. X       0. 0         BOARD MEMBER       0. X       0. 0       0         BOARD MEMBER       0. X       0. 0       0         (8)MARYANN R. MARRAPODI       40.00       0. X       314,133. 0         (9)KENNEDY PAUL       40.00       X       215,785. 0         (10)JONATHAN GUERRA       40.00       0. X       215,785. 0	
CEO (AS OF 07/01/15)       0. X       X       347,496.       0         (6)LINDA HERNANDEZ       1.00       0. X       0. 0         BOARD MEMBER       0. X       0. 0         BOARD MEMBER       0. X       0. 0         (8)MARYANN R. MARRAPODI       40.00       314,133. 0         CLO & CDO       0. X       314,133. 0         (9)KENNEDY PAUL       40.00       X       215,785. 0         (10)JONATHAN GUERRA       40.00       X       215,785. 0	0.
Column   C	19,419.
BOARD MEMBER         0. X         0. 0           (7)ANGEL CRUZ         1.00         0. 0           BOARD MEMBER         0. X         0. 0           (8)MARYANN R. MARRAPODI         40.00         314,133. 0           CLO & CDO         0. X         314,133. 0           (9)KENNEDY PAUL         40.00         215,785. 0           (10)JONATHAN GUERRA         40.00	
BOARD MEMBER       0. X       0. 0         (8)MARYANN R. MARRAPODI       40.00       X       314,133. 0         CLO & CDO       0. X       314,133. 0         (9)KENNEDY PAUL       40.00       X       215,785. 0         (10)JONATHAN GUERRA       40.00	0.
BOARD MEMBER       0. X       0. 0         (8)MARYANN R. MARRAPODI       40.00       X       314,133. 0         CLO & CDO       0. X       314,133. 0         (9)KENNEDY PAUL       40.00       X       215,785. 0         (10)JONATHAN GUERRA       40.00       X       215,785. 0	
CLO & CDO 0. X 314,133. 0  (9)KENNEDY PAUL 40.00  CHIEF FINANCIAL OFFICER 0. X 215,785. 0  (10)JONATHAN GUERRA 40.00	0.
(9)KENNEDY PAUL       40.00         CHIEF FINANCIAL OFFICER       0.       X       215,785.       0         (10)JONATHAN GUERRA       40.00       0.	
CHIEF FINANCIAL OFFICER 0. X 215,785. 0  (10)JONATHAN GUERRA 40.00	6,746.
(10)JONATHAN GUERRA 40.00	
	26,423.
GENERAL COUNSEL         0.         X         218,361.         0	22,689.
(11)STEPHANIE B. SHAW 40.00	
DIRECTOR OF HR         0.         X         152,030.         0	7,938.
(12)ERICA D. BRANCH-RIDLEY 40.00 VP & EXECUTIVE PRODUCER 0. X 199,685.	9,535.
(13)MANUEL A. FERREIRA 40.00	
DIRECTOR OF ENGINEERING 0. X 170,388.	6,198.
(14)SIMON J. GOULDSTONE 40.00	
SENIOR PRODUCER 0. X 147,074. 0	288.

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Part VII Section A. Officers, Directors, Tr		y En	nplo			and H	ligl	1	ed Employees (c	ontinue		
(A) Name and title	Average hours per week (list any hours for related	box,	unles er and	Pos neck ss pe	rson lirect	e than o	an ee)	(D)  Reportable compensation from the	Reportable compensation from related organizations	com	(F) timated nount of other pensation om the	f
	organizations below dotted line)	i e Q	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	anizatio d related anization	d
15) PEDRO R. HERRERA	40.00											
DIRECTOR, INFORMATION TECH.	0.					Х		133,174.	0.		5,2	290.
		-										
1h Sub-total								1,764,952.	0.		99,2	36
1b Sub-total c Total from continuation sheets to Part VII. S	Section A							133,174.	0.			290.
d Total (add lines 1b and 1c)							<b>•</b>	1,898,126.	0.	1	04,5	
2 Total number of individuals (including but not reportable compensation from the organization	limited to t	hose					o re	ceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheo										3		X
4 For any individual listed on line 1a, is the organization and related organizations granizations individual	reater than	\$15	50,0	00?	' If	"Yes	s," (	complete Schedu	le J for such	4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "	accrue co	mpen	sati	on f	fron	n any	un	related organization	on or individual	5		X
Section B. Independent Contractors	,,,					22.0.1	,- 57					
Complete this table for your five highest concompensation from the organization. Report												

year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 8

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Part VIII	Statement of Re	venue

		Check if Schedule O contains a respon	nse or note to an	y line in this Part VII	I		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts T	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
	С	Fundraising events 1c					
	d	Related organizations 1d					
	е	Government grants (contributions) 1e	4,428,340.				
her just	f	All other contributions, gifts, grants,					
<u></u> <u>‡</u>		and similar amounts not included above . 1f	7,050.				
Cor	g	Noncash contributions included in lines 1a-1f: \$		4 405 000			
	<u>h</u>	Total. Add lines 1a-1f	Business Code	4,435,390.			_
Program Service Revenue	20	CABLE SUBSCRIBER REVENUE	517000	1,481,370.	1,481,370.		
Re	2a b	TELEVISION PRODUCTION REVENUE	900099	18,019.	18,019.		
/ice	C	AIRTIME LEASE	515100	12,013,746.	12,013,746.		
Ser	d	HEALTHY BODEGA INITIATIVE	900099	73,486.	73,486.		
E	e						
ogra	f	All other program service revenue					
<u>_</u>	g	Total. Add lines 2a-2f	▶	13,586,621.			
	3	Investment income (including divider	nds, interest,				
		and other similar amounts)	▶	116,306.			116,306.
	4	Income from investment of tax-exempt bond	•	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c d	Rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other	0.			
		assets other than inventory 3,818,102.					
	b	Less: cost or other basis					
		and sales expenses 3,885,354.					
	С	Gain or (loss)67,252.					
	d	Net gain or (loss)	▶	-67,252.			-67,252.
<u>o</u>	8a	Gross income from fundraising					
enc		events (not including \$					
Other Revenue		of contributions reported on line 1c).					
her		See Part IV, line 18 a					
₹		Less: direct expenses b					
	C	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities.  See Part IV, line 19					
	b	Less: direct expenses b					
	C	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances					
	b	Less: cost of goods sold					
	С			0.			
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	18,115.			18,115.
	b						
	С						
	d	All other revenue					
	12	Total. Add lines 11a-11d		18,115.	12 506 601		CF 163
		i otali evellue. Ode ili oti uoti Olio.		18,089,180.	13,586,621.		67,169.

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## Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX									
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.								
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.								
3 Grants and other assistance to foreign organizations, foreign governments, and foreign									
individuals. See Part IV, lines 15 and 16	0.								
4 Benefits paid to or for members	0.								
5 Compensation of current officers, directors, trustees, and key employees	1,008,552.	850,518.	154,085.	3,949.					
6 Compensation not included above, to disqualified									
persons (as defined under section 4958(f)(1)) and	0.								
persons described in section 4958(c)(3)(B)  7 Other salaries and wages	3,643,522.	3,072,601.	556,653.	14,268.					
8 Pension plan accruals and contributions (include	3,013,322.	3,072,001.	330,033.	11,200.					
section 401(k) and 403(b) employer contributions	0.								
9 Other employee benefits	460,067.	391,269.	67,079.	1,719.					
10 Payroll taxes	487,692.	417,914.	68,034.	1,744.					
11 Fees for services (non-employees):	,	,		,					
a Management	0.								
b Legal	333,522.	290,536.	41,912.	1,074.					
c Accounting	147,717.	128,678.	18,563.	476.					
d Lobbying	37,000.	32,231.	4,650.	119.					
e Professional fundraising services. See Part IV, line 17	0.								
f Investment management fees	33,834.	33,834.							
<b>9</b> Other. (If line 11g amount exceeds 10% of line 25, column									
(A) amount, list line 11g expenses on Schedule O.)	0.								
12 Advertising and promotion	206,796.	198,042.	8,535.	219.					
13 Office expenses	269,476.	169,199.	97,771.	2,506.					
14 Information technology	220,499.	192,080.	27,709.	710.					
15 Royalties	0.	254.664	120 210	2 240					
16 Occupancy	488,316.	354,664.	130,312.	3,340.					
17 Travel	267,301.	215,926.	50,091.	1,284.					
18 Payments of travel or entertainment expenses	0.								
for any federal, state, or local public officials	57,699.	55,311.	2,328.	60.					
19 Conferences, conventions, and meetings	0.	33,311.	2,320.	00.					
20 Interest	0.								
22 Depreciation, depletion, and amortization	143,072.	89,613.	52,123.	1,336.					
23 Insurance	90,303.	54,168.	35,232.	903.					
24 Other expenses. Itemize expenses not covered	·								
above (List miscellaneous expenses in line 24e. If									
line 24e amount exceeds 10% of line 25, column									
(A) amount, list line 24e expenses on Schedule O.)									
aOUTSIDE SERVICES	2,084,906.	1,816,194.	261,997.	6,715.					
bCONTRACT_EXPENDITURES	1,295,883.	1,295,883.							
cTRANSMISSION_EXPENSE	507,510.	488,868.	18,176.	466.					
dREPAIRS AND MAINTENANCE	434,645.	270,760.	159,789.	4,096.					
e All other expenses	872,952.	737,912.	131,666.	3,374.					
25 Total functional expenses. Add lines 1 through 24e	13,091,264.	11,156,201.	1,886,705.	48,358.					
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)	0.			Farry 000 (0045)					

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#### Part X **Balance Sheet**

Пе	ILA	Dalatice Stieet					1 1
		Check if Schedule O contains a response of	r note	e to any line in this P	art X		
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			13,423.	1	15,655.
	2	Savings and temporary cash investments			6,534,162.	2	3,764,396.
	3	Pledges and grants receivable, net	481,963.	3	1,050,659.		
	4	Accounts receivable, net			336,310.	4	273,043.
	5	Loans and other receivables from current and the	forme	r officers, directors,			
		trustees, key employees, and highest co	omper	nsated employees.			
		Complete Part II of Schedule L			0.	5	0.
	6	Loans and other receivables from other disqualified pers					
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
G		organizations (see instructions). Complete Part II of Sche	dule L		0.	6	0.
Assets	7	Notes and loans receivable, net			0.	7	0.
Ass	8	Inventories for sale or use			0.	8	0.
-	9	Prepaid expenses and deferred charges			322,155.	9	235,435.
	10 a	Land, buildings, and equipment: cost or					
			10a				
	b	Less: accumulated depreciation		•	217,823.		97,355.
	11	Investments - publicly traded securities			4,825,487.		4,592,674.
	12	Investments - other securities. See Part IV, line 11			0.		0.
	13	Investments - program-related. See Part IV, line 11			0.		0.
	14	Intangible assets			0.		0.
	15	Other assets. See Part IV, line 11			56,025,714.		64,231,990.
	16	Total assets. Add lines 1 through 15 (must equal			68,757,037.	16	74,261,207.
	17	Accounts payable and accrued expenses	1,119,070.	17	1,727,001.		
	18	Grants payable	0.	18	0.		
	19	Deferred revenue			86,590.	19	84,325.
	20	Tax-exempt bond liabilities		· · · · · · · · · · · · · · · · · · ·	0. 0.		0.
	21	Escrow or custodial account liability. Complete Pa			0.	21	0.
Liabilities	22	Loans and other payables to current and for					
Ē		trustees, key employees, highest compen disqualified persons. Complete Part II of Schedule			٥	22	0.
Lia	23	Secured mortgages and notes payable to unrelate			0.		0.
	24	Unsecured notes and loans payable to unrelated			0.		0.
	25	Other liabilities (including federal income tax,			<u> </u>	24	<u> </u>
	23	parties, and other liabilities not included on lines					
		of Schedule D			29,360.	25	64,168.
	26	Total liabilities. Add lines 17 through 25			1,235,020.	26	1,875,494.
		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check			-	
ĭ	27	Unrestricted net assets			67,522,017.	27	72,385,713.
galg	28	Temporarily restricted net assets			0.	28	0.
Þ	29	Permanently restricted net assets			0.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
se	31	Paid-in or capital surplus, or land, building, or equ	iipmer			31	
Net Assets	32	Retained earnings, endowment, accumulated inco				32	
Net	33				67,522,017.	33	72,385,713.
_	34	Total liabilities and net assets/fund balances	<u>.</u>	<u></u>	68,757,037.	34	74,261,207.
_							Form <b>990</b> (2015)

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Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		18,0	89,1	.80.	
2	2 Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1	3		4,9	97,9	16.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	(	57,5	22,0	17.	
5	Net unrealized gains (losses) on investments	5		-1	34,2	220.	
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		72,3	85,7	13.	
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	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 audi	ted o	n a				
	separate basis, consolidated basis, or both:						
	Separate basis X 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	oversi	ght				
	of the audit, review, or compilation of its financial statements and selection of an independent accounts and selection of an independent accounts.	ounta	nt?	2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	ı in				
	Schedule O.						
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in				
	the Single Audit Act and OMB Circular A-133?			3a	Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	X		

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

### **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.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public

Inspection

**Employer identification number** Name of the organization HISPANIC INFORMATION AND TELECOMMUNICATIONS 13-3112110 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of support (see (described on lines 1-9 listed in your governing other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

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

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

Sec	tion A. Public Support										
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,777,650.	4,769,909.	7,205,293.	4,718,543.	4,435,390.	27,906,785.				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.				
4	Total. Add lines 1 through 3	6,777,650.	4,769,909.	7,205,293.	4,718,543.	4,435,390.	27,906,785.				
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)						0.				
6	Public support. Subtract line 5 from line 4.						27,906,785.				
	tion B. Total Support										
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total				
7	Amounts from line 4	6,777,650.	4,769,909.	7,205,293.	4,718,543.	4,435,390.	27,906,785.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,476.	65,533.	26,406.	105,356.	116,306.	336,077.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	61,706.	522,394.	500,186.	105,082.	18,115.	1,207,483.				
11	Total support. Add lines 7 through 10						29,450,345.				
12	Gross receipts from related activities, etc. (s	ee instructions)				12	86,802,934.				
13	<b>First five years.</b> If the Form 990 is for organization, check this box and <b>stop here</b>										
Sec	tion C. Computation of Public Sup	oort Percenta	ge								
14	Public support percentage for 2015 (lin	ne 6, column (f)	divided by line	11, column (f))		14	94.76%				
15	Public support percentage from 2014					15	94.59%				
16a	331/3% support test - 2015. If the o	rganization did	not check the b	oox on line 13,	and line 14 is	331/3 % or more					
	this box and <b>stop here</b> . The organization	•		-							
b	331/3% support test - 2014. If the o	•									
	check this box and stop here. The orga	· · · · · · · · · · · · · · · · · · ·									
17a	10%-facts-and-circumstances test - 2	_									
	10% or more, and if the organization					-	•				
	Part VI how the organization meets t			_			upported				
b	organization	<b>2014.</b> If the org	janization did no	ot check a box	on line 13, 16	a, 16b, or 17a,					
	15 is 10% or more, and if the orga						-				
	Explain in Part VI how the organization supported organization						publicly				
18	Private foundation. If the organization										
	instructions	instructions									

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

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

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

Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·	·	·	
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(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 performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	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						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
40	carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	ation's first. seco	nd, third. fourth	, or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and <b>stop here</b> .	•	·				` ` ` ` _
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8,			mn (f))		15	%
16	Public support percentage from 2014 Sche					16	%
	tion D. Computation of Investmen					- 1	,3
17	Investment income percentage for 2015 (lin			3, column (f))		17	%
18	Investment income percentage from 2014 S					18	%
	331/3% support tests - 2015. If the org						
	17 is not more than 331/3%, check this						
h	331/3% support tests - 2014. If the orga						
~	line 18 is not more than 331/3%, check						. $\square$
20	<b>Private foundation.</b> If the organization of		•	•			<del></del>

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#### Part IV **Supporting Organizations**

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

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9с		
10 a	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 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

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10b

determine whether the organization had excess business holdings.)

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				- 3
Part l	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations	110		
			Yes	No
4	Did the directors, trustees, or membership of one or more supported expenientions have the newer to			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Saction	on C. Type II Supporting Organizations	2		
Section	on c. Type ii Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
'	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	Did the consideration with the control of the consistent consideration by the least describe (fith consideration)		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
_	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
J	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on 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 ins	structi	ons):	
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 government entity (see	instru		
2	Activities Test. Answer (a) and (b) 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		
L				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	L	

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	5	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con			structions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	1.4		
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functionall	y-integra	ted Type III supporting	organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2015

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Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
\$	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b	Evenes from 2012			
C	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

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**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II - OTHER INCOME											
DESCRIPTION	2011	2012	2013	2014	2015	TOTAL					
HURRICANE RELIEF RECOVERY		500,000.	500,000.			1,000,000.					
MISCELLANEOUS	61,706.	22,394.	186.		18,115.	102,401.					
FEDERAL TAX REFUND 2007				105,064.		105,064.					
AMEX REBATE - SAVING AT WORK				18.		18.					
TOTALS	61,706.	522,394.	500,186.	105,082.	18,115.	1,207,483.					

4999AN 700J

#### Schedule B (Form 990, 990-EZ, or 990-PF)

#### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

13-3112110

Department of the Treasury ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization HISPANIC INFORMATION AND TELECOMMUNICATIONS

Organiza	tion type (check one):	
Filers of:		Section:
Form 990	or 990-EZ	X 501(c)(3 ) (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
Note. Onlinstruction	y a section 501(c)(7), (ns.	rered by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General F	Rule	
		ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.
Special R	tules	
X	regulations under sect 13, 16a, or 16b, and the	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line hat received from any one contributor, during the year, total contributions of the greater of (1) he amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	contributor, during the	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
	contributor, during the contributions totaled m during the year for an of General Rule applies t	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such nore than \$1,000. If this box is checked, enter here the total contributions that were received <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the or this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions the during the year

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization HISPANIC INFORMATION AND TELECOMMUNICATIONS

Employer identification number 13-3112110

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	U.S. DEPT. OF EDUCATION (READY TO LEARN)  400 MARYLAND AVENUE, SW  WASHINGTON, DC 20202	\$\$ 4,428,340.	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.)
(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.)

Name of organization HISPANIC INFORMATION AND TELECOMMUNICATIONS

Employer identification number

13-3112110

Part II	Noncash Prop	erty (sec	e instructions	) Use du	plicate co	nies of Pai	rt II if additi	onal space is ne	eded
	110110aoii i 10p	<b>O. L.J.</b> (OO.		,. <del> </del>	phoate co	pico oi i ai	it ii ii aaaiti	orial opaco lo rio	Jaca.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

(Form 990, 990-EZ, or 990-PF) (2015)			Page 4						
rganization HISPANIC INFORMATION A	ND TELECOMMUNIC	CATIONS	Employer identification number						
(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the	the year from any ions completing Part e year. (Enter this in	one contributor. ( t III, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.						
·	·								
(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held						
Transferencia nama addressa as			nobin of transferor to transferor						
Transièree's name, address, ai	IU ZIF + 4	- Relatio	nship of transferor to transferee						
(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held						
Transferee's name address ar			nship of transferor to transferee						
(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held						
(e) Transfer of gift									
Transferee's name, address, ar	Relatio	nship of transferor to transferee							
(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held						
(e) Transfer of gift									
Transferee's name, address, ar	Relatio	onship of transferor to transferee							
	Transferee's name, address, ar  (b) Purpose of gift  (b) Purpose of gift  (b) Purpose of gift  (b) Purpose of gift	Exclusively religious, charitable, etc., contributions to on (10) that total more than \$1,000 for the year from any the following line entry. For organizations completing Par contributions of \$1,000 or less for the year. (Enter this in Use duplicate copies of Part III if additional space is needed (b) Purpose of gift (c) Use  (c) Use	Genization HISPANIC INFORMATION AND TELECOMMUNICATIONS						

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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

## **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047
20**15** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

•	(see separate instructions), the				
	Section 501(c)(4), (5), or (6) org	ganizations: Complete Part III.		1	
Nam	ne of organization			Employer ide	ntification number
		ND TELECOMMUNICATIONS		13-31	
Pa	rt I-A Complete if the	organization is exempt under	section 501(c) or i	is a section 527 orgar	nization.
1	Provide a description of the	e organization's direct and indirect p	oolitical campaign ac	ctivities in Part IV.	
2	Political expenditures			▶\$	
3				-	
Pai	rt I-B Complete if the	organization is exempt under s	section 501(c)(3).		
1		cise tax incurred by the organizatio		5 ▶\$	
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
-					
	If "Yes," describe in Part IV.				Les Line
	rt I-C Complete if the	organization is exempt under	section 501(c), ex	cept section 501(c)(3	<u>).</u>
1		expended by the filing organization			<i>y</i> -
ı					
_					
2	Enter the amount of the fill	ng organization's funds contributed	i to otner organizati	ons for section	
_		ies			
3		enditures. Add lines 1 and 2. En			
	Did the Clienters are the C			· · · · · · · · · · · · · · · · · · ·	
4 5	Enter the names addresses	le Form 1120-POL for this year? s and employer identification numb	or (FINI) of all coation	n FO7 political organiza	Yes No
Э		s and employer identification numb its. For each organization listed, en			
		stributions received that were prom			
		nd or a political action committee (			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(C) EIIV	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If
					none, enter -0
(1)					
(2)					
` '					
(3)					
(-,					
(4)					
(')					
(5)					
(3)			1		
/e\					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2015

De	.~	_
Pa	ıи	е

Scr	nedule C (Form 990 or 990-EZ) 2015	ITSPAN	TC INFOR	MATION AND TE	LECOMMONICA.	TIONS 13-3	TIZIIU Page Z
Pa	art II-A Complete if the organic section 501(h)).	anizatio	on is exen	npt under sectior	501(c)(3) and	filed Form 5768 (ele	ction under
Α				o an affiliated grou I share of excess l		rt IV each affiliated g litures).	roup member's
В	Check ▶ if the filing organ	nization	checked I	oox A and "limited	control" provision	ons apply.	
	Limits o	n Lobb	ying Expen	ditures		(a) Filing	(b) Affiliated
	(The term "expenditu	res" me	eans amour	nts paid or incurred.	)	organization's totals	group totals
18	a Total lobbying expenditures to in	fluence	public opin	ion (grass roots lobb	ying)		
	<b>b</b> Total lobbying expenditures to in						
	c Total lobbying expenditures (add						
	d Other exempt purpose expenditu						
•	e Total exempt purpose expenditu	res (ado	l lines 1c ar	nd 1d)			
	f Lobbying nontaxable amount. E						
	columns.			_			
	If the amount on line 1e, column (a)	or (b) is:	The lobbying	ng nontaxable amount	is:		
	Not over \$500,000		20% of the	amount on line 1e.			
	Over \$500,000 but not over \$1,000,	000	\$100,000 pl	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,50	0,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,0	00,000	\$225,000 pl	us 5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000		\$1,000,000				
Ç	g Grassroots nontaxable amount (	enter 25	5% of line 1f	)			
ŀ	<b>h</b> Subtract line 1g from line 1a. If z	zero or le	ess, enter -0				
i	i Subtract line 1f from line 1c. If zo						
j	j If there is an amount other tha				•		
	reporting section 4911 tax for th	is year?					Yes No
				raging Period Unde			
	(Some organizations that						nns below.
		See	the separa	te instructions for I	ines 2a through	2f.)	
_		1 - 6 - 6		aditaman Daminan A.V.		!.a.d	
_		LODE	ying Exper	nditures During 4-Yo	ear Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a)	2012	<b>(b)</b> 2013	<b>(c)</b> 2014	(d) 2015	(e) Total
28	a Lobbying nontaxable amount						
_ k	b Lobbying ceiling amount (150% of line 2a, column (e))						
_	<b>c</b> Total lobbying expenditures						
_	<b>d</b> Grassroots nontaxable amount						
_	e Grassroots ceiling amount (150% of line 2d, column (e))						
f	f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2015

JSA

5E1265 1.000 4999AN 700J V 15-7F PAGE 27

	dule C (Form 990 or 990-EZ) 2015						Page 3
Pa	Tt II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 576	88		
For	and "Van" response on lines to through ti heless provide in Port IV a detailed	(a	a)		(b	)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?		Х				
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х				
С	Media advertisements?		Х				
d	Mailings to members, legislators, or the public?		Х				
е	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?		X				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>	X			2.5	
i	Other activities?	X					,000
j	Total. Add lines 1c through 1i		37			37	,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X				
b	If "Yes," enter the amount of any tax incurred under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
c d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		х				
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)		octio			
ıα	501(c)(6).	(6)(3)	, UI 3	ectioi	•		
	σσ.(σ <sub>)</sub> (σ).					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				3		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection	า		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	OR (	b) Pa	rt III-A	, line	3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou						
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	ne				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	obbyir	ng				
	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
	Tt IV Supplemental Information						
	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d gro	up list	); Part	II-A, li	nes 1	and
2 (s	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.						
SCI	HEDULE C, PART II-B						
тит	FOLLOWING GROUPS PROVIDED ADVICE AND COUNSEL ON ISSUES DEALING W	rTH		_			
STA	ATE AND FEDERAL GOVERNMENTAL BODIES: \$12,000 - E-COPERNICUS \$25,00	00 –					
URI	BAN CONNECTIVE SOLUTIONS						

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2015

JSA 5E1500 1.000

# SCHEDULE D (Form 990)

# Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

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

► Attach to Form 990.

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

2015
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

► Information about Schedule D (Form State of the organization

Employer identification number

HIS	PANIC INFORMATION AND TELECOMMUNICATIONS	13-3112110
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds o	r Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year) .	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	I in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?.	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant f	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)  Preservation	of a historically important land area
	Protection of natural habitat Preservation	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	n the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termi	nated by the organization during the
	tax year 🕨	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspec	tion, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
	<b>&gt;</b> \$	
8	$Does\ each\ conservation\ easement\ reported\ on\ line\ 2(d)\ above\ satisfy\ the\ requirements\ of\ sectors$	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue an	
	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	cial statements that describes the
Do	organization's accounting for conservation easements.	ar Cimilar Accets
Га	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	er Sillillar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, edupublic service, provide, in Part XIII, the text of the footnote to its financial statements that de	revenue statement and balance sheet ucation, or research in furtherance of scribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its works of art, historical treasures, or other similar assets held for public exhibition, edu	revenue statement and balance sheet
	public service, provide the following amounts relating to these items:	
	(i) Revenue included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	=
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	
a	Revenue included in Form 990, Part VIII, line 1	
<u>b</u>	Assets included in Form 990, Part X	<u></u>

Schedule D (Form 990) 2015

Page 2 Schedule D (Form 990) 2015

Par	t III Organizations Maintainin	g Collect	tions of	Art, His	torical T	reasur	es,	or Oth	ner Simila	r Asse	ts (contil	nued)
3	Using the organization's acquisition	n, accessi	on, and	other reco	rds, checl	k any o	f the	follow	ing that a	e a sigr	ificant us	e of its
	collection items (check all that apply	<b>/</b> ):			_							
а	Public exhibition			d		or excha						
b	Scholarly research			e	Other							
С	Preservation for future genera											
4	Provide a description of the organi	ization's c	ollections	s and expl	ain how t	they fur	ther	the or	ganization's	exemp	t purpose	in Part
_	XIII.	12. 24										
5	During the year, did the organization									_		
Por	assets to be sold to raise funds rather tive Escrow and Custodial Arr			ained as pa	art or the o	organiza	ation	s collec	ction?		Yes	No
Pai	Escrow and Custodial Arr Complete if the organization 990, Part X, line 21.			s" on Forn	n 990, Pa	art IV, li	ine 9	, or re	ported an	amount	on Form	l
1 a	Is the organization an agent, trustee	e, custodia	an or oth	er intermed	diary for c	ontribut	tions	or othe	r assets not			
	included on Form 990, Part X?									[	Yes	No
b	If "Yes," explain the arrangement in	Part XIII a	and com	plete the fo	llowing tab	ole:						
									Ar	nount		
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f O-	Ending balance			Dant V II:			1f	_	!'-!	:11:4-0	V	N.
2a	Did the organization include an amo										Yes	No
Par	If "Yes," explain the arrangement in <b>tV Endowment Funds.</b>	Pail Aiii.	Check ii	ere ii trie e	хріапаціоп	nas be	en pi	ovided	On Part Alli			
Гаг	Complete if the organization	on answe	red "Yes	s" on Forn	n 990. Pa	art IV. I	ine 1	0.				
	eemprote ii tire ergamzati	(a) Curre		(b) Pri		(c) Tw			(d) Three ye	ars back	(e) Four ye	ears back
1.	Paginning of year halance			()	,	(-,	- ,		(-)		(-)	
1a	Beginning of year balance Contributions											
b	Net investment earnings, gains,											
·	and losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of		ent year	end baland	e (line 1g,	column	(a))	held as	:			
а	Board designated or quasi-endowme			_%								
b	Permanent endowment >	%										
С	Temporarily restricted endowment		%	4000/								
20	The percentages on lines 2a, 2b, ar Are there endowment funds not in the				ation that	ara bal	d and	d admir	sistered for	·ho		
Sa	organization by:	ne posses	551011 01 11	ne organiza	ation that	are nei	u and	a aumin	iistereu ioi	ii ie	Ye	es No
	(i) unrelated organizations										3a(i)	
	(ii) related organizations										3a(ii)	
b	If "Yes" on line 3a(ii), are the related										3b	
4	Describe in Part XIII the intended us	•										
Par							P.	44	F: 1	200 5	4 V 11 4	
	Description of property	ion answe	ered "Ye	other basis	m 990, P │ <b>(b)</b> Cost o	art IV,	line	11a. S	ee Form S	990, Par	t X, IINE 1 I) Book value	10.
	Description of property			stment)		ther)	1515		eciation	٠,	i) book value	; 
1 a	Land											
b	Buildings											
C	Leasehold improvements					336,34	_		36,341.			
d	Equipment					341,67	_		84,345.			7,329.
<u>e</u>	Other	(-1) (				236,50			96,479.			,026.
ı ota	I. Add lines 1a through 1e. (Column	(a) must e	equal Fori	m 990, Pan	x, colum	n (B), lin	ne 10	c.)	<u></u> ▶		97	7,355.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015			Page .
Part VII Investments - Other Securities.  Complete if the organization answer	ered "Yes" on Form 990	), Part IV, line 11b. See Form 990,	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on:
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answer	ered "Yes" on Form 990	), Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	on:
		Cost or end-of-year marke	et value
(1)			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.	•		
Complete if the organization answer	ered "Yes" on Form 990	). Part IV. line 11d. See Form 990.	Part X. line 15.
	) Description	,,, , , , , , , , , , , , , , , , , , ,	(b) Book value
(1) AIRTIME LICENSES			1,700,000
(2) AIRTIME ACCESS RECEIVABLE			62,497,489
(3) SECURITY DEPOSITS			34,395
(4) OTHER ASSETS			106
(5)			
(6)			
<u>(7)</u> <u>(8)</u>			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 15.)		64,231,990
Part X Other Liabilities. Complete if the organization answer line 25.	ered "Yes" on Form 990	), Part IV, line 11e or 11f. See Forn	n 990, Part X,
1. (a) Description of liability	(b) Book valu	ue l	
(1) Federal income taxes			
(2) DEFERRED RENT	10,	168.	
(3) DEFERRED COMPENSATION PAYABLE	54,	000.	
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u> (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.) ▶ 64,	168.	
2. Liability for uncertain tay positions. In Part VIII. provide	the text of the feetness to	the experientions financial statements the	1

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

JSA 5E1270 1.000

X

Schedule D (Form 990) 2015 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	17,954,960.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	-134,220.
3	Subtract line 2e from line 1	3	18,089,180.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	18,089,180.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	13,091,264.
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	
	Donated services and use of facilities		
a b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
u e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	13,091,264.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		· · ·
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	-	
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,091,264.
Part	XIII Supplemental Information.		
2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

JSA 5E1271 1.000 Schedule D (Form 990) 2015

Page 5

### Part XIII Supplemental Information (continued)

PART X, LINE 2

HITN FOLLOWS THE ACCOUNTING GUIDANCE FOR UNCERTAINTIES IN INCOME TAX PROVISIONS WHICH REQUIRE THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. HITN DOES NOT BELIEVE ITS ACTIVITIES RESULT IN ANY UNCERTAIN TAX POSITIONS. THE TAX YEARS ENDED 2012, 2013, AND 2014 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

Schedule D (Form 990) 2015

JSA 5E1226 1.000

#### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

HISPANIC INFORMATION AND TELECOMMUNICATIONS

Employer identification number 13-3112110

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or réimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
Ū	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			
	X Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only costion FOM/s\/2\) FOM/s\/4\) and FOM/s\/20\) argonizations must complete lines F. O.			
E	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
5	compensation contingent on the revenues of:			
2	The organization?	5a		Х
a b	Any related organization?	5b		X
b	If "Yes" to line 5a or 5b, describe in Part III.	36		21
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
Ū	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
MARYANN R. MARRAPODI	(i)	264,133.	50,000.	0.	0.	6,746.	320,879.	0.	
1CLO & CDO	(ii)	0.	0.	0.	0.	0.	0.	0.	
KENNEDY PAUL	(i)	215,785.	0.	0.	18,000.	8,423.	242,208.	0.	
2CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
STEPHANIE B. SHAW	(i)	152,030.	0.	0.	0.	7,938.	159,968.	0.	
3DIRECTOR OF HR	(ii)	0.	0.	0.	0.	0.	0.	0.	
ERICA D. BRANCH-RIDLEY	(i)	199,685.	0.	0.	0.	9,535.	209,220.	0.	
4VP & EXECUTIVE PRODUCER	(ii)	0.	0.	0.	0.	0.	0.	0.	
MANUEL A. FERREIRA	(i)	170,388.	0.	0.	0.	6,198.	176,586.	0.	
5DIRECTOR OF ENGINEERING	(ii)	0.	0.	0.	0.	0.	0.	0.	
JONATHAN GUERRA	(i)	203,361.	15,000.	0.	18,000.	4,689.	241,050.	0.	
6GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
MICHAEL D. NIEVES	(i)	347,496.	0.	0.	18,000.	1,419.	366,915.	0.	
7CEO (AS OF 07/01/15)	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
_13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2015

JSA 5E1291 1.000

Schedule J (Form 990) 2015

#### Part | Supplemental Information

Complete this part to 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.

SCHEDULE J, PART I, LINE 7

THESE WERE MERIT BASED BONUSES. BOTH INDIVIDUALS ACHIEVED CERTAIN PERFORMANCE GOALS AND AS A RESULT RECEIVED BONUSES.

SCHEDULE J, PART II

MICHAEL NIEVES' REPORTABLE COMPENSATION INCLUDES \$162,500 OF COMPENSATION FROM FORM 1099 AS HE PERFORMED PROFESSIONAL SERVICES FOR HITN PRIOR TO BECOMING CEO ON 07/01/2015.

SCHEDULE J, PART III

IN 2015, FOLLOWING CONSULTATION WITH AN INDEPENDENT COMPENSATION

CONSULTANT, HITN CREATED AN ELIGIBLE DEFERRED COMPENSATION PLAN (THE

PLAN) OF A NON-GOVERNMENTAL TAX-EXEMPT ENTITY WITHIN THE MEANING OF

SECTION 457(B) OF THE INTERNAL REVENUE SERVICE CODE OF 1986, AS AMENDED.

THE PLAN WAS ESTABLISHED FOR CERTAIN MEMBERS OF THE EXECUTIVE TEAM AND IS

FUNDED SOLELY BY EMPLOYER CONTRIBUTIONS. THE ASSETS OF THE PLAN ARE THE

LEGAL ASSETS OF HITN UNTIL THEY ARE DISTRIBUTED TO PARTICIPANTS, AND

THEREFORE THE PLAN ASSETS AND CORRESPONDING LIABILITY ARE REPORTED IN THE

STATEMENT OF FINANCIAL POSITION. PLAN ASSETS, AT FAIR VALUE, AT DECEMBER

Schedule J (Form 990) 2015

JSA

Schedule J (Form 990) 2015

#### Part || Supplemental Information

Complete this part to 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.

31, 2015 TOTALED \$54,000 AND ARE CLASSIFIED AS LEVEL 1 WITHIN THE FAIR

VALUE HIERARCHY. DURING THE YEAR ENDED DECEMBER 31, 2015 EMPLOYER

CONTRIBUTIONS TOTALED \$54,000 AND NO PAYMENTS WERE MADE DURING THE YEAR.

Schedule J (Form 990) 2015

JSA 5E1505 1.000

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

### Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2015

Open to Public Inspection

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 990-EZ.

Employer identification number

HISPANIC INFORMATION AND TELECOMMUNICATIONS

13-3112110

FORM 990, PART VI, LINE 11A

A DRAFT COPY OF THE FORM 990 IS PROVIDED TO EACH OF HITN'S BOARD MEMBERS AT A BOARD MEETING. THE FORM 990 IS REVIEWED AND THE BOARD IS PROVIDED THE OPPORTUNITY TO ASK QUESTIONS AND DISCUSS ANY SUGGESTED CHANGES WITH MANAGEMENT. THE BOARD WILL THEN BE ASKED TO APPROVE THE SUBMISSION OF THE FINAL VERSION BEFORE IT IS ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12

HITN MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. BOARD MEMBERS, CEO, COO, CFO AND SENIOR STAFF ARE ALL SUBJECT TO THE CONFLICT OF INTEREST POLICY WHICH REQUIRES DECISION-MAKING ON ANY TRANSACTION THAT WOULD AFFECT THEIR MATERIAL FINANCIAL INTEREST OR THAT WOULD SIGNIFICANTLY AFFECT THEIR PERSONAL INTEREST THEREBY CREATING A CONFLICT OF INTEREST OR THE APPEARANCE OF CONFLICTS.

UPON DISCLOSURE OF A CONFLICT OF INTEREST OR POTENTIAL CONFLICT OF

INTEREST, THE AUDIT COMMITTEE OF THE BOARD WILL REVIEW THE MATTER AND

DETERMINE WHETHER TO APPROVE OR RATIFY SUCH MATTER IF THE TERMS OF SUCH

TRANSACTION ARE DETERMINED TO BE FAIR, REASONABLE AND IN THE BEST

INTEREST OF HITN, AFTER EVALUATING ALTERNATIVE TRANSACTIONS, HITN'S

MISSION AND RESOURCES AND WHETHER SUCH TRANSACTION COULD RESULT IN

IMPERMISSIBLE PRIVATE BENEFIT.

FORM 990, PART VI, LINE 15A AND 15B

THE BOARD OF DIRECTORS ESTABLISHES COMPENSATION FOR THE CEO. IN 2016 THE BOARD OF DIRECTORS CONTRACTED AN INDEPENDENT COMPENSATION CONSULTANT TO COMPLETE A COMPENSATION STUDY ON THE ORGANIZATIONS TOP THREE OFFICERS.

THE RESULTS OF THE STUDY WERE REVIEWED BY THE BOARD OF DIRECTORS AT THE JULY 2016 AND SEPTEMBER 2016 BOARD MEETINGS. THESE RESULTS WERE USED BY THE BOARD OF DIRECTORS TO ASSIST IN ESTABLISHING COMPENSATION LEVELS FOR THE ORGANIZATIONS TOP THREE OFFICERS. PRIOR TO 2016, AN INDEPENDENT COMPENSATION STUDY WAS COMPLETED FOR THE TOP FOUR OFFICERS IN 2015.

FORM 990, PART VI, LINE 19

HITN'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, LINE 4

THE BYLAWS WERE AMENDED IN ORDER TO ESTABLISH THE OCCURANCE OF QUARTERLY MEETINGS OF THE BOARD OF DIRECTORS AND FIX THE TIME AND LOCATION FOR EACH SUCH MEETING. ADDITIONALLY, THE PROCESS AND NOTICE REQUIREMENTS FOR SPECIAL MEETINGS OF THE BOARD OF DIRECTORS WERE CLARIFIED.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

THE HEALTHY BODEGA INITIATIVE IS FUNDED BY BRONX HEALTH REACH
THROUGH A REACH GRANT PROVIDED BY THE U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION. PROGRAM OBJECTIVE IS TO COMBAT THE OBESITY
EPIDEMIC PLAGUING NEW YORK CITY'S MOST VULNERABLE NEIGHBORHOODS.
HITN AND PARTNERS WILL WORK DIRECTLY WITH BODEGA OWNERS IN A LIVE

Name of the organization	Employer identification number
HISPANIC INFORMATION AND TELECOMMUNICATIONS	13-3112110

ATTACHMENT 1 (CONT'D)

TRAINING ENVIRONMENT AND ASSIST THEM ON HOW TO PROCURE, SELL, AND PROMOTE HEALTHIER FOOD AND BEVERAGE OPTIONS IN THEIR STORES IN A FINANCIALLY SUSTAINABLE WAY.

Schedule O (Form 990 or 990-EZ) 2015

HITN WILL PRODUCE TRAINING VIDEOS AND WRITTEN MATERIALS WHICH WILL BE MADE AVAILABLE ONLINE TO BODEGA OWNERS. THE TRAINING WILL BE COUPLED WITH AN EXTENSIVE COMMUNITY OUTREACH CAMPAIGN PROVIDING CONSUMER EDUCATION AND INCENTIVES TO MAKE HEALTHY FOODS AFFORDABLE AND DESIRABLE.

#### ATTACHMENT 2

#### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
VALROD MEDIA INC 1951 NW 7TH AVE 3RD FLOOR MIAMI, FL 33146	STRATEGY	214,500.
QUINN EMANUEL URQHART & SULLIVAN, LLP 865 S. FIGUEROA ST 10TH FLOOR LOS ANGELES, CA 90017	LEGAL	209,826.
XPERTEKS COMPUTER CONSULTANCY, INC. 1001 AVENUE OF THE AMERICAS #2301 NEW YORK, NY 10018	IT CONSULTANT	182,118.
GABRIEL ASSOCIATES, INC. 215 EAST 11TH STREET NEW YORK, NY 10029	PROFESSIONAL SVCS	150,000.
PRYOR CASHMAN 7 TIMES SQUARE NEW YORK, NY 10029	LEGAL	147,958.

V 15-7F

#### SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

### **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

HISPANIC INFORMATION AND TELECOMMUNICATIONS

13-3112110

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if appl	icable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HITN-PUERTO RICO, LLC	13-3112110					
63 FLUSHING AVE	BROOKLYN, NY 11205	TITLE HOLDING	DE	0.	0.	HITN
(2) CW WIRELESS INVESTMENT, LLC	13-3112110					
63 FLUSHING AVE	BROOKLYN, NY 11205	TITLE HOLDING	DE	0.	0.	HITN
(3) HITN SPECTRUM, LLC	13-3112110					
63 FLUSHING AVE	BROOKLYN, NY 11205	TITLE HOLDING	DE	0.	0.	HITN
(4) HITN-CHARLOTTESVILLE, LLC	13-3112110					
63 FLUSHING AVE	BROOKLYN, NY 11205	TITLE HOLDING	DE	0.	0.	HITN SPECTRU
(5) HITN-DALLAS FORT WORTH, LLC	13-3112110					
63 FLUSHING AVE	BROOKLYN, NY 11205	TITLE HOLDING	DE	0.	0.	HITN SPECTRU
(6) HITN-GRAND RAPIDS, LLC	13-3112110					
63 FLUSHING AVE	BROOKLYN, NY 11205	TITLE HOLDING	DE	0.	0.	HITN SPECTRU

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	g) 512(b)(13) rolled ity?
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

#### SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

### **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

HISPANIC INFORMATION AND TELECOMMUNICATIONS

13-3112110

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HITN-MAUI, LLC	13-3112110					
63 FLUSHING AVE	BROOKLYN, NY 11205	TITLE HOLDING	DE	0.	0.	HITN SPECTRU
(2) HITN-MOBILE, LLC	13-3112110					
63 FLUSHING AVE	BROOKLYN, NY 11205	TITLE HOLDING	DE	0.	0.	HITN SPECTRU
(3) HITN-NEW YORK, NY, LLC	13-3112110					
63 FLUSHING AVE	BROOKLYN, NY 11205	TITLE HOLDING	DE	0.	0.	HITN SPECTRU
(4) HITN-STOCKTON, LLC	13-3112110					
63 FLUSHING AVE	BROOKLYN, NY 11205	TITLE HOLDING	DE	0.	0.	HITN SPECTRU
(5) HITN-TOM'S RIVER, LLC	13-3112110					
63 FLUSHING AVE	BROOKLYN, NY 11205	TITLE HOLDING	DE	0.	0.	HITN SPECTRU
(6) HITN-WASHINGTON, D.C. D,	LLC 13-3112110					
63 FLUSHING AVE	BROOKLYN, NY 11205	TITLE HOLDING	DE	0.	0.	HITN SPECTRU

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 conti	g) 512(b)(13) rolled ity?
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

Part III	Identification of Relate because it had one or	•			•	0	nswered "Yes"	on Form	990, Part IV,	line 34	_
Na	(a)	(b)	(c)	(d)	<b>(e)</b> Predominant	(f)	(g)	(h)	(i) Code V-LIBI	(j) General or	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Dispro	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	ij) eral or aging tner?	(k) Percentage ownership
		oounity)		,			Yes	No		Yes	No	
_(1)	_											ı
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(1 controlle entity?
(1)							Yes No
(2)							
(3)							
(4) (5)							
(6)							
(7)							

JSA

Schedule R (Form 990) 2015

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Schedule R (Form 990) 2015

Dor	Transactions With Polated Organizations Complete if the organization answered "Vo	o" on Form 000 Por	+ IV/ line 24 25h or 26			
Par	<del>_</del>	s on Form 990, Par	1 IV, IIII 34, 330, 01 36.		1	
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Ye	s No
1	During the tax year, did the organization engage in any of the following transactions with one or more					
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	
b	Gift, grant, or capital contribution to related organization(s)				1b	
С	Gift, grant, or capital contribution from related organization(s)				1c	
d	Loans or loan guarantees to or for related organization(s)				1d	
е	Loans or loan guarantees by related organization(s)				1e	
f	Dividends from related organization(s).				1f	
g	Sale of assets to related organization(s)				1g	
h	Purchase of assets from related organization(s)				1h	
i	Exchange of assets with related organization(s)				1i	
i	Lease of facilities, equipment, or other assets to related organization(s)				1j	
•	J (//					
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	
m	Performance of services or membership or fundraising solicitations by related organization(s).				1m	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	
	Sharing of paid employees with related organization(s)				10	
U	Sharing of paid employees with related organization(s)				10	
_	Doimhuragement paid to related organization(a) for expenses				1 n	
	Reimbursement paid to related organization(s) for expenses.				1p	
q	Reimbursement paid by related organization(s) for expenses				1q	
_	Other transfer of each or man out to related execution(a)				4	
r	Other transfer of cash or property to related organization(s)				1r	
<u>s</u>	Other transfer of cash or property from related organization(s).				1s	
	If the answer to any of the above is "Yes," see the instructions for information on who must complete to			action thre		
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	<b>(d)</b> of determi	ning
		type (a-s)		amou	ınt involve	d
/ <b>4</b> \						
(1)						
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(2)						
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(4)						
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Schedule R (Form 990) 2015

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Schedule R (Form 990) 2015

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	501 organiz	ations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportiona allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ner?	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
3)													
(4)													
(5)													
(6)													
7)													
(8)													
(9)													
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11)													
12)													
13)													
14)													
15)													
16)													
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### Part VII

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

# Consolidated Financial Statements Together with Report of Independent Certified Public Accountants

# HISPANIC INFORMATION AND TELECOMMUNICATIONS NETWORK, INC. AND SUBSIDIARIES

December 31, 2015 and 2014

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#### REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Board of Directors
Hispanic Information and
Telecommunications Network, Inc. and Subsidiaries:

We have audited the accompanying consolidated financial statements of the Hispanic Information and Telecommunications Network, Inc. and Subsidiaries (collectively, the "Company") which comprise the consolidated statements of financial position as of December 31, 2015 and 2014, and the related consolidated statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the consolidated financial statements.

#### Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditor's responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Company's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### **Opinion**

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Hispanic Information and Telecommunications Network, Inc. and Subsidiaries as of December 31, 2015 and 2014, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

New York, New York

Grant Thornton LLP

July 8, 2016

### HISPANIC INFORMATION AND TELECOMMUNICATIONS NETWORK, INC. AND SUBSIDIARIES Consolidated Statements of Financial Position

As of December 31, 2015 and 2014

ASSETS	2015	2014
Cash and cash equivalents	\$ 509,544	\$ 730,263
Grants receivable	1,050,659	481,963
Accounts receivable (net of allowance for doubtful accounts of	1,000,019	101,703
\$68,885 and \$157,055 at December 31, 2015 and 2014, respectively)	273,043	336,310
Airtime license access receivables, net	62,497,489	54,291,027
Investments	7,863,181	10,642,809
Airtime licenses	1,700,000	1,700,000
Other assets	269,936	356,842
Fixed assets, net	97,355	217,823
1 1/104 400010, 1101		211,023
Total assets	\$ 74,261,207	\$ 68,757,037
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	\$ 1,727,001	\$ 1,119,070
Deferred revenue	84,325	86,590
Deferred compensation payable	54,000	-
Deferred rent	10,168	29,360
24444		
Total liabilities	1,875,494	1,235,020
Commitments and contingencies		
Net assets - unrestricted	72,385,713	67,522,017
Total liabilities and net assets	\$ 74,261,207	\$ 68,757,037

Consolidated Statements of Activities
For the years ended December 31, 2015 and 2014

	2015	2014
REVENUES, SUPPORT, GAINS AND LOSSES		
Airtime license access revenue	\$ 12,013,746	\$ 534,977
Grants	4,508,876	4,718,543
Affiliate distribution fees	1,481,370	1,269,167
Television production revenue	18,019	65,000
Telecommunication fees	•	609,723
Interest income	116,306	105,356
Net realized and unrealized (loss)/gain on investments	(201,472)	36,543
Other	18,115	140,643
Total revenues, support, gains and losses	17,954,960	7,479,952
EXPENSES		
Educational broadcasting	11,156,201	11,350,978
Management and general	1,886,705	1,546,162
Fundraising	48,358	48,512
Total expenses	13,091,264	12,945,652
Change in unrestricted net assets	4,863,696	(5,465,700)
Net assets - unrestricted - beginning of year	67,522,017	72,987,717
Net assets - unrestricted - end of year	\$ 72,385,713	\$ 67,522,017

Consolidated Statement of Functional Expenses For the year ended December 31, 2015

	Educational Broadcasting	Management and General	Fundraising	Total
Salaries	\$ 3,923,119	\$ 710,738	\$ 18,217	\$ 4,652,074
Payroll taxes	417,914	68,034	1,744	487,692
Employee benefits	391,269	67,079	<u>1,719</u>	460,067
Total salaries and related expenses	4,732,302	845,851	21,680	5,599,833
Contract expenditures	1,295,883	-	-	1,295,883
Transmission expense	816,667	18,176	466	835,309
Occupancy	354,664	130,312	3,340	488,316
Depreciation and amortization	89,614	52,123	1,336	143,073
Outside services and professional services	2,459,718	354,829	9,095	2,823,642
Travel and transportation	215,926	50,091	1,284	267,301
Telephone and internet services	101,522	40,440	1,037	142,999
Advertising	198,042	8,535	219	206,796
Conferences and seminars	55,311	2,328	59	57,698
Insurance	54,168	35,232	903	90,303
Repairs and maintenance	294,909	167,394	4,291	466,594
Production supplies	51,859	11,587	297	63,743
Postage and shipping	38,191	1,515	39	39,745
Dues and subscriptions	88,773	22,205	569	111,547
Bank charges	21,749	14,146	363	36,258
Office expense	120,561	74,884	1,919	197,364
Office supplies	48,638	22,888	586	72,112
Other expenses	117,704	34,169	<u>875</u>	152,748
Total expenses	\$ 11,156,201	\$ 1,886,705	\$ 48,358	\$ 13,091,264

### HISPANIC INFORMATION AND TELECOMMUNICATIONS NETWORK, INC. AND SUBSIDIARIES Consolidated Statement of Functional Expenses

For the year ended December 31, 2014

	Educational Broadcasting	Management and General	Fundraising	Total
Salaries	\$ 3,567,635	\$ 406,483	\$ 12,754	\$ 3,986,872
Payroll taxes	413,939	40,078	1,257	455,274
Employee benefits	302,841	32,117	1,008	335,966
Total salaries and related expenses	4,284,415	478,678	15,019	4,778,112
Contract expenditures	1,354,437	-	-	1,354,437
Transmission expense	766,409	14,270	448	781,127
Occupancy	384,691	108,560	3,406	496,657
Depreciation and amortization	171,125	66,701	2,093	239,919
Outside services and professional services	2,656,716	497,507	15,610	3,169,833
Travel and transportation	371,205	34,810	1,092	407,107
Telephone and internet services	116,840	37,258	1,169	155,267
Advertising	244,169	3,940	124	248,233
Conferences and seminars	60,958	2,950	93	64,001
Insurance	65,365	26,311	826	92,502
Repairs and maintenance	365,135	145,935	4,578	515,648
Production supplies	31,263	5,349	168	36,780
Postage and shipping	37,997	1,247	39	39,283
Dues and subscriptions	68,031	22,491	706	91,228
Bank charges	20,509	8,920	280	29,709
Interest expense	545	259	8	812
Office expense	117,269	54,564	1,712	173,545
Office supplies	68,167	18,673	586	87,426
Bad debts	88,170	-	-	88,170
Other expenses	77,562	17,739	555	95,856
Total expenses	\$ 11,350,978	\$ 1,546,162	\$ 48,512	\$ 12,945,652

Consolidated Statements of Cash Flows For the years ended December 31, 2015 and 2014

	2015	2014
CASH FLOWS FROM OPERATING ACTIVITIES	<del></del>	
Change in net assets	\$ 4,863,696	\$ (5,465,700)
Adjustments to reconcile change in net assets to net cash used in		
operating activities		
Depreciation and amortization	143,073	239,919
Realized and unrealized loss/(gain) on investments	201,472	(36,543)
Provision for bad debts	-	88,170
Discount on airtime access receivable	7,635,987	(526,551)
Changes in assets and liabilities:		
Grants receivable	(568,696)	(160,597)
Accounts receivable	63,267	(174,205)
Gross airtime access receivables	(15,842,449)	3,308,796
Other assets	86,906	(2,951)
Accounts payable and accrued expenses	607,931	207,173
Deferred revenue	(2,265)	(106,338)
Deferred compensation payable	54,000	(175,000)
Deferred rent	(19,192)	(11,724)
Net cash used in operating activities	(2,776,270)	(2,815,551)
CASH FLOWS FROM INVESTING ACTIVITIES		
Fixed asset acquisitions	(22,605)	-
Purchase of investments	(1,239,946)	(3,208,644)
Proceeds from sale of investments	3,818,102	5,639,766
Net cash provided by investing activities	2,555,551	2,431,122
Net decrease in cash and cash equivalents	(220,719)	(384,429)
Cash and cash equivalents - beginning of year	730,263	1,114,692
Cash and cash equivalents - end of year	\$ 509,544	\$ 730,263
Supplemental disclosure of cash flow information		
Cash paid during the year for interest	<u>s </u>	<u>\$ 812</u>

Notes to Consolidated Financial Statements December 31, 2015 and 2014

#### 1. NATURE OF ORGANIZATION

Hispanic Information and Telecommunications Network, Inc. ("HITN") was organized as a not-for-profit foundation under the laws of the State of New York in 1981. Its purpose is to promote educational and cultural programs and broadcasting for the Hispanic community.

HITN serves as the sole member of the following two limited liability companies which have been consolidated in these financial statements:

#### HITN-Puerto Rico, LLC (formed June 13, 2006)

#### CW Wireless Investment, LLC (formed August 1, 2005)

Each of the above entities is a Delaware limited liability company. HITN-Puerto Rico, LLC was formed to hold a particular Educational Broadband Service ("EBS") license and CW Wireless Investment, LLC was formed to hold certain shares of the stock of Clearwire Corporation acquired by HITN, as well as certain liabilities of HITN to Clearwire Corporation. All of these limited liability companies are disregarded entities for federal income tax purposes.

Additionally, HITN serves as the sole member of HITN Spectrum, LLC (formed November 24, 2004). HITN Spectrum, LLC was formed to acquire and hold additional EBS licenses. Currently, it also serves as the sole member and manager of nine limited liability companies. As HITN is not deemed to control HITN Spectrum LLC or the nine limited liability companies, they are not included in the accompanying consolidated financial statements (Note 8). These limited liability companies are also disregarded entities for federal income tax purposes.

HITN's primary sources of support comes from revenue associated with agreements with third parties granting them access to use the commercial capacity on the EBS spectrum (called "Individual Use Agreements" or "IUAs" by the parties), grants to support its programs, fees from television cable operators and investment income.

#### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### **Basis of Presentation**

Hispanic Information Telecommunications Network, Inc. and its Subsidiaries (collectively, the "Company" or "HITN") prepares its consolidated financial statements using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("US GAAP"). Accordingly, intercompany transactions, if any, are eliminated in consolidation.

The Company's net assets, revenues, expenses, gains and losses are classified based upon the existence or absence of donor-imposed restrictions as follows:

<u>Unrestricted</u> - Net assets that are not subject to donor-imposed restrictions and can be expended for any purpose in performing the primary objectives of the Company.

Notes to Consolidated Financial Statements December 31, 2015 and 2014

<u>Temporarily Restricted</u> - Net assets subject to donor-imposed restrictions that will be met either by actions of the Company or the passage of time. As restrictions are satisfied, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the accompanying consolidated statements of activities as net assets released from restrictions.

<u>Permanently Restricted</u> - Net assets subject to donor-imposed restrictions requiring that the corpus be maintained in perpetuity. Generally, the Company would be permitted to expend all or part of the income derived from such contributions.

At December 31, 2015 and 2014, the Company did not have any temporarily restricted or permanently restricted net assets.

#### Use of Estimates

The preparation of consolidated financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

#### Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid instruments with original maturities of three months or less at the date of acquisition.

#### **Concentrations of Credit Risk**

Cash and cash equivalents are exposed to various risks, such as interest rate, market and credit. The Company maintains its cash and cash equivalents in various bank deposit accounts with high credit quality financial institutions that, at times, may exceed federally insured limits; however, the Company does not anticipate any losses resulting from amounts exceeding insured limits. The Company regularly evaluates its depository arrangements, including performance thereof.

#### **Grant and Contract Revenue**

Revenues from government grants and contracts are recognized in the period when expenditures have been incurred or services have been performed in compliance with the respective contracts. Amounts received in advance are reported as deferred revenues.

Government grants and contracts under third-party payor agreements are subject to examination and contractual adjustment, and amounts realizable may change due to periodic changes in the regulatory environment. Provisions for estimated settlements are provided in the period the related services are rendered. Differences between the amounts provided and subsequent settlements are recorded in operations in the period of settlement. No provision for any disallowance or settlement is reflected in the consolidated financial statements as it is management's opinion that any potential disallowances will not have a material effect on the accompanying consolidated financial statements.

Notes to Consolidated Financial Statements December 31, 2015 and 2014

#### **Contributions**

Contributions, both cash and in-kind, are recorded in the period received as unrestricted, temporarily restricted or permanently restricted revenue depending upon the existence or absence of donor-imposed stipulations. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is met, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the accompanying consolidated statement of activities as net assets released from restrictions. Donor restricted contributions whose restrictions are met in the same reporting period are reported as unrestricted support. Conditional promises to give are not included in support until the conditions are substantially met.

Contributions to be received after one year are discounted at an appropriate discount rate. Amortization of the discount is recorded as additional contribution revenue in accordance with donor imposed restrictions, if any.

#### Allowance for Doubtful Accounts

The carrying value of grants receivable, accounts receivable, airtime access receivables and other receivables are reduced by an appropriate allowance for uncollectible accounts, and therefore approximate net realizable value. The Company determines its allowance by considering a number of factors, including the length of time receivables are past due, the Company's previous loss history, the donor's current ability to pay its obligation, and the condition of the general economy and the industry as a whole. Receivables outstanding longer than the payment terms are considered past due. The Company writes off accounts receivables when they become uncollectible, and payments subsequently received on such receivables are recorded as income in the period received.

#### Investments

Investments, which consist principally of mutual funds and money market funds, are carried at fair market value based on quoted market prices. Investments in hedge funds are carried at fair value based upon their stated net asset value. Purchases and sales of securities are reflected on a trade-date basis. Realized gains and losses on sales of securities are based on average costs and are recorded in the statements of activities in the period in which the securities are sold. The net change in unrealized appreciation or depreciation that results from market fluctuations is recognized in the period in which the change occurs. Interest and dividends are recognized in the period earned.

Investments are exposed to various risks, such as interest rate, market, economic conditions, world affairs and credit risks. Due to the level of risk associated with certain investment securities, it is possible that changed in their value could occur in the near term and such changes could materially affect the reported amounts in the accompanying consolidated financial statements.

#### Airtime Licenses

Airtime licenses represent EBS Spectrum licensed to the Company by the federal government and are considered to have indefinite lives. Indefinite lived spectrum licenses acquired are stated at cost and are not amortized. While these spectrum licenses are issued for a fixed time, renewals of these licenses have occurred routinely and at nominal cost. Additionally, management has determined that there are currently no legal, regulatory, contractual, competitive, economic or other factors that limit the useful lives of the EBS Spectrum licenses and therefore, the licenses are accounted for as intangible assets with indefinite lives. The

Notes to Consolidated Financial Statements
December 31, 2015 and 2014

impairment test for intangible assets with indefinite useful lives consists of a comparison of the fair value of an intangible asset with its carrying amount. If the carrying amount of an intangible asset exceeds its fair value, an impairment loss will be recognized in an amount equal to that excess. The fair value is determined by estimating the discounted future cash flows that are directly associated with, and that are expected to arise as a direct result of the use and eventual disposition of, the asset. Spectrum licenses with indefinite useful lives are assessed for impairment annually, or more frequently, if an event indicates that the asset might be impaired.

Airtime License Individual Use Agreement ("IUA") revenue from granting access to the commercial capacity on the EBS Spectrum under the Company's IUAs is recognized upon the execution of the respective agreements if the agreements are non-cancelable, the amounts are fixed and non-refundable and the ongoing obligations of HITN are deemed to be perfunctory. This includes up-front consideration as well as amounts due in subsequent periods, which are reflected at their net present value. Contingent consideration under the agreements is recognized in the period earned or received.

#### **Affiliate Distribution Fees**

The Company has entered into contracts and receives fees from television cable operators for allowing them to carry the Company's non-commercial television network in the United States. The Company recognizes revenue when the service is provided to the television cable operators.

#### **Television Production Revenue**

The Company receives fees for the production of educational television programing. The Company recognizes revenue when the television production is completed and ready to be delivered.

#### **Telecommunications Fees**

The Company receives fees as a registered provider of services for the Universal Service Administrative Company, the distribution entity for the Federal Communication Commission's Universal Service Fund. The Company recognizes revenue when the service is provided.

#### **Long-Lived Assets**

The Company reviews long-lived assets for possible impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Some factors the Company considers important, which could trigger an impairment review, include: (i) significant underperformance compared to expected historical or projected future operating results; (ii) significant changes in the Company's use of the acquired assets or the strategy for its overall business; and (iii) significant negative industry or economic trends.

#### Fixed Assets, Net

Fixed assets are stated at cost and are depreciated and amortized on the straight-line method over their estimated useful lives. When such assets are retired or otherwise disposed of, the cost and accumulated depreciation and amortization are removed from the accounts and any gain or loss is recognized in revenue.

Notes to Consolidated Financial Statements December 31, 2015 and 2014

HITN capitalizes all property and equipment having a cost of \$5,000 or more and a useful life of at least two years. Amortization of leasehold improvements is provided on the straight-line method over the estimated useful life or remaining term of the lease, whichever is shorter.

#### **Deferred Revenue**

HITN receives monies in advance relating to various grants and services. Prior to providing services, these funds are recorded as deferred revenues.

#### **Functional Allocation of Expenses**

The costs of providing HITN's programs and other, activities have been summarized on a functional basis. Accordingly, certain costs have been allocated among the programs and supporting services benefited. HITN allocates its indirect costs using direct labor costs as a base.

#### **Income Taxes**

HITN follows the accounting guidance for uncertainties in income tax provisions which require that a tax position be recognized or derecognized based on a "more likely than not" threshold. This applies to positions taken or expected to be taken in a tax return. HITN does not believe its activities result in any uncertain tax positions. The tax years ended 2012, 2013 and 2014 are still open to audit for both federal and state purposes.

#### Reclassification

Certain information in the fiscal 2014 financial statements has been reclassified to conform to the fiscal 2015 presentation. There were no changes in total assets, liabilities, revenues, expenses or changes in net assets as reflected in the 2014 financial statements.

#### 3. INVESTMENTS

Investments, at fair value, are composed of the following at December 31, 2015 and 2014:

		2015		2014
Money market funds	\$	3,270,507	\$	5,817,322
Mutual funds		4,029,850		4,179,153
Hedge funds		562,824	_	646,334
	<u>\$</u>	7,863,181	\$	10,642,809

#### Fair Value Measurements

HITN follows guidance that establishes a framework for measuring fair value. Fair value is defined as the price that would be received from selling an asset or paid to transfer a liability in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. The framework also provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted

Notes to Consolidated Financial Statements December 31, 2015 and 2014

prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1 Quoted prices are available in active markets for identical assets or liabilities as of the measurement date.
- Level 2 Pricing inputs, including broker quotes, are generally those other than exchange quoted prices in active markets, which are either directly or indirectly observable as of the measurement date, and fair value is determined through the use of models or other valuation methodologies. Also included in Level 2 are investments measured using a net asset value ("NAV") per share, or its equivalent, that may be redeemed at that NAV at the statement of financial position date or in the near term, which is generally considered to be 90 days.
- Level 3 Pricing inputs are unobservable for the asset or liability and include situations where there is little, if any, market activity for the asset or liability. Level 3 assets and liabilities include financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management or estimation. Investments that are included in this category generally include privately held investments and partnership interests. Also included in Level 3 are investments measured using a NAV per share, or its equivalent, that can never be redeemed at NAV at the reporting date or in the near term or for which redemption at NAV is uncertain due to lockup periods or other investment restrictions.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. However, the determination of what constitutes observable requires judgment by the HITN's management. HITN management considers observable data to be market data that is readily available, regularly distributed or updated, reliable and verifiable, not proprietary, and provided by multiple independent sources that are actively involved in the relevant market.

The categorization of an investment within the fair value hierarchy is based upon the pricing transparency of the investment and does not necessarily correspond to HITN management's perceived risk of that investment.

Notes to Consolidated Financial Statements December 31, 2015 and 2014

As of December 31, 2015 and 2014, investments, at fair value, and subject to classification within the fair value hierarchy, consisted of the following:

		2	015	
	Level 1	Level 2	Level 3	Total
Mutual funds Hedge funds	\$ 4,029,850 - \$ 4,029,850	\$ - 106,312 \$ 106,312	\$ - 456,512 \$ 456,512	\$ 4,029,850 562,824 \$ 4,592,674
			2014	
	Level 1	Level 2	Level 3	Total
Mutual funds Hedge funds	\$ 4,179,153 	\$ - 169,982	\$ - 476,352	\$ 4,179,153 646,334
	\$ 4,179,153	\$ 169,982	\$ 476,352	\$ 4,825,487

HITN also held money market fund accounts as of December 31, 2015 and 2014 totaling \$3,270,507 and \$5,817,322, respectively, which do not meet the definition of a security under US GAAP and have been excluded from the fair value hierarchy tables above. These money market fund accounts are included within investments in the accompanying consolidated statements of financial position.

The following table summarizes the changes in fair values associated with Level 3 assets as of December 31, 2015 and 2014:

	 2015	2014
Balance, beginning of year	\$ 476,352	\$ •
Purchases	11,084	475,000
Sales	-	-
Unrealized and realized (loss)/gain	 (30,924)	 1,352
Balance, end of year	\$ 456,512	\$ 476,352

The Organization used the NAV or its equivalent to determine the fair value of all the underlying investments which (a) do not have a readily determinable fair value and (b) prepare their financial statements consistent with the measurement principles of an investment company or have the attributes of an investment company.

Notes to Consolidated Financial Statements December 31, 2015 and 2014

At December 31, 2015 and 2014, investments valued at NAV or its equivalent are as follows:

2015				
Investment description	Strategy	# of Funds	NAV in Funds	Redemption Restrictions/ Liquidity Provisions
Multi-Strategy Hedge Funds	Diversified portfolio of alternative investment funds. The Fund's objective is to generate capital appreciation over the long term with relatively low volatility and a low correlation with traditional equity and fixed-income markets	1	456,512	Monthly to semi-annually with 30 - 90 days notice and subject to various lock-up provisions and early withdrawal fees
Multi-Strategy Hedge Funds	Diversified portfolio of alternative investments funds seeking exposure to Future Contracts, Bloomberg Commodity Index 3 Month Forward Total Returns and returns linked to the leveraged appreciation of any equally weighted basket consisting of the Select Sector Financials Index, Select Sector Industrial Index and the Select Sector Technology	1	106,312	None
	2014			70 3 41 70 4 4 4
Investment description	Strategy	# of Funds	NAV in Funds	Redemption Restrictions/ Liquidity Provisions
Multi-Strategy Hedge Funds	Diversified portfolio of alternative investment funds. The Fund's objective is to generate capital appreciation over the long term with relatively low volatility and a low correlation with traditional	1	476,352	Monthly to semi-annually with 30 - 90 days notice and subject to various lock-up provisions
	equity and fixed-income markets			and early withdrawal fees

The above funds have no unfunded commitments as of December 31, 2015 and 2014.

Notes to Consolidated Financial Statements December 31, 2015 and 2014

#### 4. FIXED ASSETS, NET

Fixed assets, net, at December 31, 2015 and 2014 consisted of the following:

	2015	2014	Estimated Useful Lives
Automobiles	\$ 26,378	\$ 26,378	5 years
Computer software	705,724	683,119	5 years
Internet equipment	197,846	197,846	5 years
Furniture and fixtures	210,127	210,127	7 years
Office equipment	598,121	598,121	5 - 7 years
Production equipment	565,762	565,762	5 - 7 years
Studio equipment	107,089	107,089	5 - 7 years
Tower and antenna systems	667,132	667,132	10 years
Leasehold improvements	336,341	336,341	8 - 10 years
	3,414,520	3,391,915	
Accumulated depreciation and amortization	(3,317,165)	_(3,174,092)	
	\$ 97,355	\$ 217,823	

Depreciation and amortization expense for the years ended December 31, 2015 and 2014, totaled \$143,073 and \$239,919, respectively.

#### 5. EMPLOYEE BENEFIT PLAN

The Company participates in a defined contribution retirement plan (the "Plan") available to substantially all employees of the Company.

Employees are 100% vested in their own contributions to the Plan. The Company did not contribute to the Plan, on behalf of participants, during the years ended December 31, 2015 or 2014.

#### 6. DEFERRED COMPENSATION

In 2015, following consultation with an independent compensation consultant, HITN created an eligible deferred compensation plan (the Plan) of a non-governmental tax-exempt entity within the meaning of Section 457(b) of the Internal Revenue Service Code of 1986, as amended. The Plan was established for certain members of the executive team and is funded solely by employer contributions. The assets of the plan are the legal assets of HITN until they are distributed to participants, and therefore the plan assets and corresponding liability are reported in the statement of financial position. Plan assets, at fair value, at December 31, 2015 totaled \$54,000 and are classified as Level 1 within the fair value hierarchy. During the year ended December 31, 2015 employer contributions totaled \$54,000 and no payments were made during the year.

Notes to Consolidated Financial Statements December 31, 2015 and 2014

#### 7. AGREEMENTS RELATED TO EBS SPECTRUM LICENSES

FCC regulations permit EBS Spectrum license holders such as HITN to permit the use of up to 95% of the capacity (the "excess capacity") represented by each license to commercial users. HITN is currently a party to various Individual Use Agreements (IUAs) related to its EBS Spectrum as permitted under FCC regulations. The agreements have terms between 15 and 50 years. In 2015, HITN entered into 9 IUAs with 30 year terms for the "excess capacity" of 9 licenses in Puerto Rico. As a result of entering into these additional IUAs, HITN recorded \$11,309,250 of revenue for the year ended December 31, 2015, which is recorded within airtime license access revenue on the consolidated statements of activities. No new IUAs were entered into in 2014.

HITN reports airtime access receivables expected to be collected over a period of years at their estimated present value using a risk-adjusted rate (ranging from approximately 3% - 5%). At December 31, 2015 and 2014, airtime access receivables were due as follows:

	2015	2014
Within one year	\$ 3,732,541	\$ 3,336,030
1 to 5 years	17,338,603	15,994,876
Thereafter	90,289,806	76,187,595
	111,360,950	95,518,501
Less: discount to present value	(48,863,461)	(41,227,474)
Airtime access receivables, net	\$ 62,497,489	\$ 54,291,027

#### 8. HITN SPECTRUM LLC

HITN Spectrum LLC and the nine limited liability companies (collectively, "Spectrum") for which it serves as the sole member acquired certain EBS Spectrum licenses between 2006 and 2009. The cost of these acquisitions was financed by a third party spectrum operator and agreements were entered into with the third party spectrum operator for their use of the excess capacity on the related EBS spectrum, thereby relieving Spectrum of all obligations to repay the financed amount. Although HITN is the sole member of HITN Spectrum LLC, its involvement and activities are deemed to be perfunctory with respect to the operations of Spectrum LLC. The assets and liabilities of these entities solely relate to this spectrum, which is primarily used by the third party operator. As such, HITN was not deemed to control these entities and therefore neither Spectrum nor any of their associated assets or liabilities are recorded within the accompanying HITN consolidated financial statements.

Notes to Consolidated Financial Statements December 31, 2015 and 2014

#### 9. COMMITMENTS AND CONTINGENCIES

HITN leases facilities at Brooklyn Navy Yard, Brooklyn, New York, Washington D.C. and Puerto Rico which will expire at various times through December 2017. Minimum payments under the terms of the lease are:

2016	\$ 117,016
2017	 39,512
	\$ 156,528

HITN leases various other facilities on a month-to-month basis. Total rent expense was \$309,890 and \$304,609, for years ended December 31, 2015 and 2014, respectively.

HITN may be involved in various legal actions from time to time arising in the normal course of business. In the opinion of management, there are no matters outstanding that would have a material adverse effect on the consolidated financial statements of HITN.

#### 10. SUBSEQUENT EVENTS

The Company evaluated its December 31, 2015 consolidated financial statements for subsequent events through July 8, 2016, the date the consolidated financial statements were available to be issued. The Company is not aware of any material subsequent events which would require recognition or disclosure in the accompanying consolidated financial statements, except as follows:

On May 1, 2016, HITN entered into a long term lease agreement for the "excess capacity" of thirty-three (33) EBS Spectrum licenses it holds in the United States. The transaction had a gross value of approximately \$103 million and a net present value of approximately \$92 million.