Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 2018 Open to Public Inspection

<u>A</u>	For	the 2018 calendar year, or tax year beginning	, and e	nding			
В	Check	if applicable: C Name of organization				D Employe	er identification number
	Addres		COUNSELING CE	NTER			
	Name o	change Doing business as				11-2	592214
	Initial re	Number and street (or P.O. box if mail is not do sturn 344 FULTON AVENUE	elivered to street address)			E Telephor	
Н	Final re		P or foreign postal sode			516-	538-2613
	termina	HEMPSTEAD			47		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
	Amend	ed return F Name and address of principal officer:	NY 11550			G Gross red	eipts\$ 7,629,275
\Box	Applica		CTT		H(a) is this a grou	o return for	subordinates Yes X No
		OTTABLE SERVATIO TO			. 1931627 6075676060476060		
		344 FULTON AVENUE		48	H(b) Are all subor		1999 P. C
28	12	HEMPSTEAD	NY 11550		II "No," E	ittach a list.	(see instructions)
1		empt status: X 501(c)(3) 501(c) ()	◀ (insert no.) 4947(a)(1) or 527			
J	Websi				H(c) Group exem		
		forganization: X Corporation Trust Association	Other >	L Y	ear of formation: 19	77	M State of legal domicile: NY
721/15	art I						
a)	1	Briefly describe the organization's mission or m	ost significant activities:				
ž							
Шa				************			
Activities & Governance							
တိ	2	Check this box ▶ if the organization disconti	inued its operations or dis	sposed of more than	25% of its net a	ssets.	
∞ŏ	3	Number of voting members of the governing bo	dy (Part VI, line 1a)			3	14
ties	4	Number of independent voting members of the	governing body (Part VI.	line 1b)		4	14
<u> </u>	5	Total number of individuals employed in calend	ar year 2018 (Part V, line	2a)		5	120
Aci	6	Total number of volunteers (estimate if necessar	ry)			6	0
	7a	Total unrelated business revenue from Part VIII	, column (C), line 12			7a	0
_	b	Net unrelated business taxable income from Fo	rm 990-T, line 38			7b	0
	1				Prior Year	A-1-1	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)			2,486,		2,803,746
/en	9	Program service revenue (Part VIII, line 2g)			3,494,		4,336,066
Şe,	10	Investment income (Part VIII, column (A), lines	3, 4, and 7d)			551	3,885
-	11	Other revenue (Part VIII, column (A), lines 5, 6d	, 8c, 9c, 10c, and 11e)		415,		440,086
_	12	Total revenue – add lines 8 through 11 (must ed	ual Part VIII, column (A)	line 12)	6,399,	240	7,583,783
	13	Grants and similar amounts paid (Part IX, colum	nn (A), lines 1-3)				0
	14	Benefits paid to or for members (Part IX, columr	n (A), line 4)	00/15/24/24			0
es	15	Salaries, other compensation, employee benefit	s (Part IX, column (A), lir	es 5–10)	3,849,	794	4,483,316
Expenses	16a	Professional fundraising fees (Part IX, column (/ Total fundraising expenses (Part IX, column (D)	A), line 11e)				0
ă	b.	Fotal fundraising expenses (Part IX, column (D)	, line 25) ▶	0		//C0/942/014/3	
ш	17 (Other expenses (Part IX, column (A), lines 11a–	11d, 11f–24e)		2,240,	281	2,517,840
	18	Total expenses. Add lines 13–17 (must equal Pa	art IX, column (A), line 25) [6,090,	075	7,001,156
	19 F	Revenue less expenses. Subtract line 18 from li	ne 12		309,	165	582,627
Net Assets or Fund Balances					Beginning of Curren		End of Year
SSel	20	Total assets (Part X, line 16)			5,621,		5,828,712
nd A	21	lotal liabilities (Part X, line 26)		POPELIER CONTRACTOR OF THE POPELIER CONTRACTOR OF THE POPERIER CONTRACTOR O	4,991,	603	4,615,708
		Net assets or fund balances. Subtract line 21 fro	m line 20		630,	376	1,213,004
	art II	Signature Block	AND WITH THE PARTY OF THE PARTY				
Un	der pe	nalties of perjury, I declare that I have examined this i	return, including accompany	ing schedules and state	ements, and to the	best of r	ny knowledge and belief, it i
tru	e, corre	ect, and complete. Declaration of preparer (other than	officer) is based on all infor	mation of which prepar	er has any knowle	edge.	
		_ Cstadus Do	20000				
Sig	n	Signature of officer				Date	11.
Her	е	GLADYS SERRANO LCSW	Ī	CEO			6/38/19
		Type or print name and title					1-1-
		Print/Type preparer's name	Preparer's signature		Date/ /	Check	if PTIN
Paid		Lawrence A Vollaro CPA	Lawrence A Vollar	CPA	6/30/19	self-emp	loyed P00487273
Prep	arer	Firm's name > Lehman Flynn			17///	s EIN D	13-4037143
Use	Only	534 Broadholl			rum:	- LINF	TO 400/140
		Firm's address > Melville, NY	11747		D/22/2		212-736-2220
May	the IR	S discuss this return with the preparer shown al			Phon	е по.	
For P	aperw	ork Reduction Act Notice, see the separate instru	ctions.				X Yes No
DAA	0	motion and a separate motion	3.00 G (4.00 f)				Form 990 (2018)

orm 990 (20 Part III	Statement of Program Service Assert		Page 2
aitill	Statement of Program Service Accom Check if Schedule O contains a response	plishments e or note to any line in this Part III	X
	describe the organization's mission:	o or moto to any mile in the rait in	
See S	chedule O	***************************************	
		*************************************	*****************************
	***************************************	************************	
Did the	organization undertake any significant program service	ces during the year which were not listed on the	
prior Fo	rm 990 or 990-EZ?		Yes X No
	describe these new services on Schedule O.		
	organization cease conducting, or make significant cl	hanges in how it conducts, any program	
services			Yes X No
	describe these changes on Schedule O.		
Describ	e the organization's program service accomplishment	ts for each of its three largest program services, as	measured by
the total	es. Section 501(c)(3) and 501(c)(4) organizations are expenses, and revenue, if any, for each program ser	required to report the amount of grants and allocation	ons to others,
the total	expenses, and revenue, if any, for each program ser	vice reported.	
STRUG ABUSE ACHIE VILL SERVI CHEMI CHEMI	GLING WITH ADDICTION AND T . THE GOAL OF THE PROGRAM VE A LEVEL OF RECOVERY THR ENABLE THEM TO LIVE DRUG F CES, EVALUATION, INDIVIDUA CAL DEPENDENCE PSYCHO-EDUC FION, INFORMATION AND REFE	HEIR FAMILIES AFFECTED BY IS TO PROVIDE INDIVIDUALS OUGH A POSITIVE TREATMENT REE. THESE SERVICES INCLUL, MARITAL, FAMILY AND GRATIONAL SERVICE RRALS, VOCATIONAL SERVICE	CES TO INDIVIDUA THEIR SUBSTANCE AN OPPORTUNITY EXPERIENCE WHIC DE PSYCHIATRIC OUP THERAPY, TERVENTION, FAMI S AND REFERRALS,
ND E	AMILY INTERVENTION.	***************************************	

* *******	***************************************		
PSYCH PHARM/ IEALTI	A TREATMENT SERVICES TO CH LATRIC EVALUATIONS, INDIVI ACOLOGICAL MAINTENANCE, CR H SCREENINGS AND REFERRALS LES AND DISCHARGE PLANNING	DUAL, MARITAL, FAMILY AND ISIS INTERVENTION, CASE M , MENTAL HEALTH ASSESSMEN	SERVICES INCLUDE GROUP THERAPY, ANAGEMENT SERVIC TS, COORDINATION
(Code:) (Expenses \$ 598,368 incl		
HE SU EARS IFFIC)(Expenses\$ 598,368 incluing PROGRAM PIOPPORTED HOUSING PROGRAM PIOF AGE AND OLDER WITH SERTULTIES WITH THEIR HOUSING HEALTH PROGRAM.	ROVIDES PERMANENT HOUSING IOUS MENTAL ILLNESS, EXPE	RIENCING
Other pro	gram services (Describe in Schedule O.)		
Otner pro (Expense) (Revenue \$ 2,4	05,701)
	gram service expenses 6 . 190 . 733		00,701

			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	x	\vdash
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			1220
1	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,	, des		1961
	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,"			
9	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	100		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9_		X
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		v	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	X	10000000
	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,"	DESCRIPTION OF	Salverin	MANAGE
	complete Schedule D, Part VI	11a	x	
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	State of the total assets			
140	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
e	Tes, complete deficit in an international in	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	conweal		
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_	X
La	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	40-	ν.	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	Х	_
	"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	22	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b		- 10		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
2020	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			22
8	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>x</u>
0	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	,,	. ,	
9	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	х	_
70	If "Vos " complete Schodule C. Bert III	40		v
0a	Did the aggerization encests and as seems becaute to distinct the second of the second	19 20a	-	$\frac{x}{x}$
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	21
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	\dashv	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2018) HISPANIC COUNSELING CENTER
Part IV Checklist of Required Schedules (continued)

		00===	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Table:
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		37	1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	х	-
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	х	
b		24a		х
С		240		A
	to defease any tax-exempt bonds?	24c		x
d		24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 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	2896	- 1	222
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	SAME OF THE	X
20	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	13.7/3/7	MARINE.	Marte
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a	-	<u>X</u>
	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)	200	\dashv	
177	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		92.5	
25-	or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	<u>x</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	_	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	-	
	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	0,		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	x	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			003-020
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 12	PERMI		80 1.50 m
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		11217	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	690,64		EW.
	reportable gaming (gambling) winnings to prize winners?	1c	X	
		Form	990	(2018)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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)? X If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? X 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? X 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c d

a	Did the sponsoring organization make any taxable distributions under section 4966?
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?
0	Section 501(c)(7) organizations. Enter:
a	Initiation fees and capital contributions included on Part VIII line 12

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

sponsoring organization have excess business holdings at any time during the year?

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

10b

11 Section 501(c)(12) organizations. Enter:

2 Gross income from members or shareholders

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the

a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources		
	against amounts due or received from them)	11h	

	against amounts due or received from them.)	116
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o	f Form 1041?
	If "Yes." enter the amount of tax-exempt interest received or accrued during the year	126

	ession of (o)(20) qualified nonprone nearth modulative issuers.
a	Is the organization licensed to issue qualified health plans in more than one state?
	Note. See the instructions for additional information the organization must report on Schedule C

Sponsoring organizations maintaining donor advised funds.

Section 501(c)(29) qualified nonprofit health insurance issuer

	restor of the mediations for additional morniation the organization must report on ochequity
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

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 tay year?

b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of
	excess parachute payment(s) during the year?

If "Yes," see instructions and file Form 4720, Schedule N.
Is the organization an educational institution subject to the section 4968 excise tax on net investment income?
If "Yes," complete Form 4720, Schedule O.

15 X

14a 14b

7e

7q

7h

8

9a 9b

12a

13a

13b

X

Form 990 (2018)

X

P	m 990 (2018) HISPANIC COUNSELING CENTER 11-2592214				F	Page 6
	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rougl	7b below,	, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	es in S	Schedule C). See	instr	uction
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	ction A. Governing Body and Management					
			122 122	(1.050)	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14	-	I Market	
	If there are material differences in voting rights among members of the governing body, or			15.74.250 15.74.262		
	if the governing body delegated broad authority to an executive committee or similar			HANN		
	committee, explain in Schedule O.		2.2	13.74		155 (MA)
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			ERRE	DELEG	16200
2	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			100		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was to	filed?		4	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			_5	_	X
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					-
	one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,			7a	_	Х
b				lane.		
	stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the			7b	10.710.000	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	e year	by the follow	ving:		
a	The governing body?			8a	X	
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			8b	х	
	IS there any officer, director, trustee, or key employee listed in Part VII. Section A who cannot be reached at					
	the graph stiller address O. W. V. Therefore the state of			100		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		/ D	9		х
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the	Interr	nal Reven	9 ue C		
ec	the organization's mailing address? If "Yes," provide the names and addresses in Schedule Otion B. Policies (This Section B requests information about policies not required by the	Interr	nal Reven		ode.) Yes	No
ec 0a	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Interr	nal Reven	9 ue C		
ec 0a	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the I Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	Interr	nal Reven	10a		No
0a b	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the I Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Interr	nal Reven	10a 10b	Yes	No
oa b	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before form	Interr	nal Reven	10a		No
0a b 1a b	tion B. Policies (This Section B requests information about policies not required by the Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before find Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Interr	nal Reven	10a 10b 11a	Yes	No
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Gec Oa b 1a b 2a b c 34 5 a b	tion B. Policies (This Section B requests information about policies not required by the solid the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before in Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	filing the rise to	nal Reven	10a 10b 11a 12a 12b 12c 13 14	X X X X X	No X
0a b 1a b 2a b c 3 4 5 a b 6a b	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the section B. Policies (This Section B requests information about policies not required by the section B. Policies (This Section B requests information about policies not required by the section B. Policies (This Section B requests information about policies not required by the section B. Policies (This Section B requests) in the policies of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before to Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization to evaluate its	filing the rise to	nal Reven	10a 10b 11a 12a 12b 12c 13 14	X X X X X	No X
oa b la b la b c la b la b la b la b la b	tion B. Policies (This Section B requests information about policies not required by the solid the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before in Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Interr	nal Reven	10a 10b 11a 12a 12b 12c 13 14	X X X X X	No X

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - X Own website X Another's website X Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records > 20

GLADYS SERRANO LCSW

HEMPSTEAD

344 FULTON AVENUE

516-538-2613

NY 11550

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

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

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

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

Check this box if neither the or (A)	(B)	T	Clate		C Tour	Zan	1	(D)	3550	(F)
Name and Title	Average hours per week (list any hours for	off	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				an ee)	Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	organization (W-2/1099-MISC) Former Former (W-2/1099-MISC)		(112 1000 111100)	organization and related organizations
(1) CHERYL D.M. VAN	EK					_				
	0.00								-	_
PRESIDENT (2) ELIZABETH ALFOR	0.00	х		Х	_	\vdash	\dashv	. 0	0	0
(2)ELIZABETH ALFOR	0.00									
TREASURER	0.00	X		х				0	0	0
(3) DAVID H. STONEH	0.00									
SECRETARY	0.00	x		х				0	0	0
(4) HENRY HOLLEY	post procedure									
BOARD MEMBER	0.00	x			Carrier 1			o	o	0
(5) GEEVARGHESE MAT	The state of the s									
BOARD MEMBER	0.00	x						o	0	0
(6) NANETTA MALEBRA	FOR STATE OF									
BOARD MEMBER	0.00	x						o	0	0
(7) JANET S. STERN,	ESQ.									
BOARD MEMBER	0.00	x						o	0	0
(8) SONIA BERRIOS V			N	IPA	a:		\dashv	0	0	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.00	1			•					
BOARD MEMBER	0.00	x						0	0	0
(9) INGRID IZAGUIRR							\neg			
BOARD MEMBER	0.00	x						o	0	0
(10) JEAN-LOU HOGU	0.00		\neg			\dashv	\dashv			
BOARD MEMBER	0.00	x						0	0	0
11)MICHAEL R. BREI			\dashv	\dashv			\neg			
BOARD MEMBER	0.00	x						0	0	0
DAA					_	_	_		0	Form 990 (2018)

101	art VII Section A. Office	rs, Directors, T	rust	ees	, Ke	y En	nplo	yees	s, and Highest Compens	ated Employees (contin	ued)
	(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unl	Po check ess p	erson	than is bot or/trus	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1	2) STEPHANIE ME	CHESTER OF THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE SECTION ADDRESS OF THE SECTION AND ADDRESS OF THE SECTION A	Т				8				
BO	ARD MEMBER	0.00	x						o	0	_
-	3) JUDITH QUINN		Λ						0		0
BO	ARD MEMBER	0.00	x								•
(1			^						0	0	0
BO	ARD MEMBER	0.00	x							0	0
(1									0	0	0
CE	<u>.</u>	40.00							100 000		_
CE	0	0.00		_	х			-	180,000	0	0

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_			-	\dashv				\dashv			
1b	Sub-total						S202 (>	180,000		
c d	Total from continuation she Total (add lines 1b and 1c)								180,000		
2	Total number of individuals (i	ncluding but not	limi	ted t	o the	ose	isted	abo	ove) who received more to	han \$100,000 of	
	reportable compensation fron	n the organization	on P	1							Yes No
3	Did the organization list any f employee on line 1a? If "Yes,	ormer officer, d	irect	or, o	r tru	stee	, key	em dual	ployee, or highest compe	nsated	3 X
4	For any individual listed on lin organization and related orga	e 1a, is the sun	n of i	еро	rtabl	e co	mpe	nsat	tion and other compensat		
<u> </u>	individual	anamana wa Albaria						1			4 X
5	Did any person listed on line for services rendered to the o	1a receive or ac	crue	con	nper	rsati	on fr	om a	any unrelated organization J for such person	n or individual	5 X
70	ion B. Independent Contract	ors									
1	Complete this table for your fi compensation from the organ	ization. Report	comp	atec	atio	eper n for	the	t cor cale	ndar year ending with or	within the organization's ta	ax year.
	Name and	(A) business address		A (3-01/6)	0.25(0.1)	(1)-0.10-			Descripti	(B) on of services	(C) Compensation
_			_				-				
2	Total number of independent	contractors (2				4 10-	lbe il	i 11	222 1922 3 20 20 20 20 20 20 20 20 20 20 20 20 20		1907 1900 Mar 147 N/C (1997 Has 1821 1981 1981
	Total number of independent received more than \$100,000									0	

á.	art	VIII State	ment of Rev	enue O cor	ntains a resnons	e or note to any lir	ne in this Part VIII	10	
					italiis a respons	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
Program Service Revenue Contributions, Giffs, Grants	1	1a Federated campaigns 1a			18,480		Terrande		512-514
G		b Membership	dues	1b				Harry Branch	
ts,	¥ ,	c Fundraising	events	1c					
5	<u> </u>	d Related orga	inizations	1d					
S,		e Government grant		1e	2,306,742				
tio	2	f All other contributi	A MATERIAL SANGER OF STREET						
真	Ĕ	and similar amoun	its not included above	1f	478,524				
ti		g Noncash contribut	ions included in lines 1	a-1f: \$					
25	0 1	h Total. Add lir	nes 1a1f			2,803,746			
E.					Busn. Code			LONG WEITER STEEL	WAS TO WELL BUILDING
eve	28	HIRD I	PARTY INSURA	NCE		3,330,318	3,330,318		* (* * * * * * * * * * * * * * * * * *
Se R	l t	MEDICA:	D & MEDICARI	E		747,008	747,008		
Σ		PATIENT	FEES			258,740	258,740		
SS	0	i							
Гап	€								
70g	1		ram service rev						
Δ.	9		ies 2a-2f			4,336,066			
	3		come (including	dividen	ds, interest,	un versen	2001 86482000		
	1500		ilar amounts)			3,885	3,885		
	4				ot bond proceed				
	5	Royalties	,						
	120	120 00	(i) Real		(ii) Personal				
	6a		328,	339					
	b								
	C	Rental inc. or (loss)		339					
	7a	Net rental inc Gross amount from				328,339	10 2 1 10 1 10 10 10 10 10 10 10 10 10 10 10	ment across security and the first security	328,339
		sales of assets	(i) Securities		(ii) Other			0.00	VV
	- 0.2	other than inventor		_	7				
	D	Less: cost or other			9				
	100	basis & sales exps		_					
	1700	Gain or (loss)	1			MENANTERONIA SAMPL	ATTEREST PROPERTY OF	25.4500E0.415.4368E3.	A STANFALL SAFETY
		Net gain or (Id	om fundraising eve			1	satisficación se Maller de Paris de Tr	in the street management and	COLUMN TOWNS OF THE PARTY TO SERVICE TO THE
enne	oa	(not including \$	om fundraising eve	ints					
3Ve	i		reported on line 1c		4				
Other Rev		See Part IV, line	10.1	, I	113,408				
her	h	Less: direct ex		· "_	45,492				
ŏ			(loss) from func	raising.		67,916		526 SEAL SEAL SEAL AND SEAL SEAL SEAL SEAL SEAL SEAL SEAL SEAL	FED 1/2012/SEE/2012/27/ASSESSED
			om gaming activitie		events	37,910 M		Carrowajno s Magazo kolenjaje i	CONTROL OF THE PROPERTY OF THE
	~~		19		70				
	b	Less: direct ex	penses	. წ⊢					
- 1			(loss) from gam	ing activ	vities •	STATE OF STREET, STATE OF STREET, STATE OF STREET, STATE OF STATE OF STREET, STATE OF STREET, STATE OF STREET,	TOTAL STATE OF THE STATE OF	ACCOMPANIES AND TENNES	ACHTEM SOUTHWAREHOUSE.
			f inventory, less	g <u></u>	Maria Maria	UNIVERSE (\$100 NATIONAL PROPERTY 16 Y	TATEMOTERST (6-14-12/4-12/14)	ZUROSCIONANTE EN ROLLIG	
		returns and all	, 그렇게 있었다면 하면 바람이 바라 하나 하나 하다.	a	70				
- 1	b	Less: cost of g	*****	ь					
			(loss) from sale	s of inve	entory	58 O.C. 760 W. C. H. 1985 San J. N. 1920 C. H. 1930 V. L. 27 C. F. 1985 Sa	Pays at the intra-table of the outside of the inter-	V/htth//htth/220+9w/htth/474X/htth/htmh/ha	100000000000000000000000000000000000000
Ī			ellaneous Revenue		Busn. Code		3.5 Principle (1970) 1970 (1970)		CONTRACTOR AND ASSOCIATION OF THE PARTY OF T
Ī	11a	OTHER				43,831	43,831	WILLIAM TO THE STREET STREET	THE RESERVE OF THE PROPERTY OF THE
	b				3.14		a modern		
	C								
	d		ue						*
	е		s 11a-11d		pulsaria b	43,831			
	12		. See instruction			7,583,783	4,383,782	0	328,339

Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a respond include amounts reported on lines 6b,	(A)	(B)	(c)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses .	general expenses	expenses
	and domestic governments. See Part IV, line 21		A S		
2	Grants and other assistance to domestic		N.		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign		10	A MANAGEMENT OF THE SAME SAME	and and heavy house
	organizations, foreign governments, and foreign		15/		
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		, si		RANGE OF THE STATE
5	Compensation of current officers, directors,		¥		
	trustees, and key employees	180,000	158,458	21,542	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		1		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,553,720	3,062,715	491,005	
8	Pension plan accruals and contributions (include	00 444	E0 010		
0	section 401(k) and 403(b) employer contributions)	80,411	70,649	9,762	
9	Other employee benefits	351,291	308,645	42,646	
0 1	Payroll taxes Fees for services (non-employees):	317,894	279,302	38,592	
a					
b	Management				
c	Accounting	27,946	24,642	3,304	
d	Lobbying	21,340	24,042	3,304	
	Professional fundraising services. See Part IV, line 17	5		SWAN SAKSSAKINAN	
f	Investment management fees	56	A PORT OF THE PARTY OF THE PART	A CHARLES BY A CAN DESCRIPTION OF THE PROPERTY	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.)	909,975	861,746	48,229	
2	Advertising and promotion	9,413	8,852	561	
3	Office expenses	106,233	71,426	34,807	
4	Information technology				
5	Royalties				
6	Occupancy	537,745	533,322	4,423	
7	Travel	26,032	25,665	367	
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
	Interest	270,191	233,102	37,089	
	Payments to affiliates	200 477	202 275		
2	Depreciation, depletion, and amortization	382,473	329,970	52,503	
3	Insurance Other eveness Homize eveness and evenes	73,988	68,239	5,749	AND SECTION OF THE PARTY OF THE
	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.)				
a	REPAIRS & MAINTENANCE	71,440	61 930	9,601	WHAT THE WARREST
a)	LEASING	26,151	61,839 24,170	1,981	
	TOXICOLOGY	23,423	23,423	1,961	
ı	PROGRAM ACTIVITIES	21,764	21,764		
	All other expenses	31,066	22,804	8,262	
	Total functional expenses. Add lines 1 through 24e	7,001,156	6,190,733	810,423	
	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	.,	2,220,133	010,423	

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest bearing 278,144 629,900 1 Savings and temporary cash investments 2 Pledges and grants receivable, net 145,355 446,526 3 4 Accounts receivable, net 655,164 507,449 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 12,939 17,882 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 6,353,193 b Less: accumulated depreciation 10b 2,658,606 3,860,548 3,694,587 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 669,829 532,368 Other assets. See Part IV, line 11 15 5,621,979 5,828,712 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 151,941 127,539 17 17 Grants payable 18 18 Deferred revenue 110,740 19 141,885 19 20 Tax-exempt bond liabilities 3,995,000 3,945,000 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 71,023 24 57,702 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 662,899 343,582 4,991,603 26 Total liabilities. Add lines 17 through 25 4,615,708 Organizations that follow SFAS 117 (ASC 958), check here ▶X and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 630,376 1,213,004 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 630,376 33 1,213,004

5,828,712 Form 990 (2018)

5,621,979

For	m 990 (2018) HISPANIC COUNSELING CENTER 11-2592214			Pa	ge 12
P	art XI Reconciliation of Net Assets				527957
	Check if Schedule O contains a response or note to any line in this Part XI		******		_ X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,58		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,00		
3	Revenue less expenses. Subtract line 2 from line 1	3			627
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	63	30,	376
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,21	.3,	004
Pa	art 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			World.	(Notes
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				3,63,4
	Schedule O.		1000		701
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:			100,000	0.0410711
	Separate basis Consolidated basis Both consolidated and separate basis				1000
b	Were the organization's financial statements audited by an independent accountant?	220000000000	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		10 W 50 W		(330) (30) (30) (30)
	separate basis, consolidated basis, or both:		(+2573)	00 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	6362500
	Separate basis X Consolidated basis Both consolidated and separate basis				TOWASAY.
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			16.75.75.15.1 24.75.75.75	1000
	Schedule O.			1000	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2018

Open to Public Inspection

Name of the organization Employer identification number HISPANIC COUNSELING CENTER 11-2592214 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

Total

11-2592214

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (f) Total (c) 2016 (d) 2017 (e) 2018 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2,780,471 2,755,629 2,499,927 2,486,810 2,803,746 13,326,583 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 2,780,471 2,755,629 2,499,927 2,486,810 13,326,583 2,803,746 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) 2,711,410 Public support. Subtract line 5 from line 4. 10,615,173 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 2,780,471 2,755,629 2,499,927 2,486,810 2,803,746 13,326,583 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from similar sources 289,199 331,634 318,514 314,553 328,339 1,582,239 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 80,318 49,118 88,448 217,884 11 Total support. Add lines 7 through 10 15,126,706 Gross receipts from related activities, etc. (see instructions) 12 12 8,157,933 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 70.18% Public support percentage from 2017 Schedule A, Part II, line 14 15 83.53% 16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2018

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

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

Se	ction A. Public Support			ou note try produ	oo oompioto i	art my	
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			1.			(1)
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	1.11			4		
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	line 6.)		F111 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			7 1 2 3 1 1 2 2 3 1	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(a) 2014	(6) 2015	(0) 2010	(d) 2017	(e) 2016	(i) rotai
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						211 20
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b		8				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
3	Total support. (Add lines 9, 10c, 11,						
4	and 12.)			f " 501 i		PA 17 1741	
4	First five years. If the Form 990 is for the organization, check this box and stop he						. ⊢
Sec	tion C. Computation of Public S		entage				
5	Public support percentage for 2018 (line			lumn (f))	eur a later kerjaren henri besatti yalah yankundar bir	15	%
6	Public support percentage from 2017 Sch	nedule A, Part III,	line 15				%
Sec	tion D. Computation of Investm	ent Income P	ercentage				
7	Investment income percentage for 2018	line 10c, column	(f), divided by line	13, column (f))		17	%
8	Investment income percentage from 2017	7 Schedule A, Pa	rt III, line 17			18	%
9a	33 1/3% support tests—2018. If the org			line 14, and line 1	5 is more than 33	3 1/3%, and line	
0.600	17 is not more than 33 1/3%, check this b						
Ь	33 1/3% support tests—2017. If the orga						
0	line 18 is not more than 33 1/3%, check to						
0	Private foundation. If the organization d	a not check a bo	x on line 14, 19a,	or 19b, check this	s box and see ins	ructions	🕨 📋

Part IV Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2018

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

Section A. All Supporting Organizations

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

	Yes	No
2		Matic
3a		
3b 3c		
4a		
4b		
4c		
5a		
5b 5c	BANALESCA.	新州村市
6		
8		AND TO
9a 9b		
9c		
10a	_	
10b	or 990-E	PARKET.

		592214		Page 5
Pa	rt IV Supporting Organizations (continued)		T	
44		10000000	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		44.0	
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	WC413.5	MERCHANNIA PROPERTY	医累尔尔氏性 炎
h	A family member of a person described in (a) above?	11a	_	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b	+	-
Sect	tion B. Type I Supporting Organizations	1110		
	and the state of t		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	751,000	140.00	S AMALASIA
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	74.00		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	3.黄星		
	controlled the organization's activities. If the organization had more than one supported organization,	112.5		6.00
	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			Contract.
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	11/14/1	AVER STATE	
	supervised, or controlled the supporting organization.	2	1.00.00	
Sect	ion C. Type II Supporting Organizations			
		Extension	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	30	No.	No.
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	W. 1	10,76	700000
	or management of the supporting organization was vested in the same persons that controlled or managed	WHEN	25,8520	A STATE
Sect	the supported organization(s). ion D. All Type III Supporting Organizations			
Ject	on b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	56/02/20	165	AMOUNT WA
51	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1942/03
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	100		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		7 Ph. 35.6 (1) Y St. 80.5 (4)
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		492 0 1510	9250000
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	Atha		NEED BY
	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		150015450	25/1/2015
	significant voice in the organization's investment policies and in directing the use of the organization's	XVII. 40		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	0.91	ASIVE	
04	supported organizations played in this regard.	3		
Secti	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	instructions).		
a	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. The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	v (ooo inatrusti	anal	
·	The organization supported a governmental entity. Describe in Fart Vi now you supported a government entity	y (see msaucu	onsj.	
2 A	ctivities 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	700000	5/45/54 VOVEY	#3517759/36 #3517759/36
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			7043017V
	those supported organizations and explain how these activities directly furthered their exempt purposes,	77	124111	4000
	how the organization was responsive to those supported organizations, and how the organization determined	1000		A COLUMN
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	25.00		Section To
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	2006		Textestu.
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		ar. 04.17.454151
3	Parent of Supported Organizations. Answer (a) and (b) below.	71.12.14		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	VI. 2. 1		
	trustees of each of the supported organizations? Provide details in Part VI.	3a	I WOOD OF THE PARTY OF THE PART	130 000 000 000
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	100 C		
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3h		

	or 990-EZ) 2018 HISPANIC COUNSELING CE		11-2592	214 Page 6
	pe III Non-Functionally Integrated 509(a)(3) Suppor			A/II) 0
	re if the organization satisfied the Integral Part Test as a qualifying ons. All other Type III non-functionally integrated supporting organia			
Section A - Adjus		zations must c	(A) Prior Year	(B) Current Year (optional)
1 Net short-ter	m capital gain	1		(optional)
	of prior-year distributions	2		
3 Other gross	income (see instructions)	3		
4 Add lines 1 t	hrough 3.	4		
	and depletion	5		
6 Portion of op	erating expenses paid or incurred for production or			
	s income or for management, conservation, or	1 1		
	property held for production of income (see instructions)	6		
	ses (see instructions)	7	77.506-2	
	t Income (subtract lines 5, 6, and 7 from line 4)	8		
See Take See waste to	um Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fa	ir market value of all non-exempt-use assets (see	12.50		AND AND THE PROPERTY OF THE PARTY OF THE PAR
instructions for sl	nort tax year or assets held for part of year):	12.504.5		
	monthly value of securities	1a		
b Average	monthly cash balances	1b		
c Fair mark	et value of other non-exempt-use assets	1c		
	d lines 1a, 1b, and 1c)	1d		
e Discount	t claimed for blockage or other	14,47,000		
factors (expla	in in detail in Part VI):			
2 Acquisition in	debtedness applicable to non-exempt-use assets	2		
	2 from line 1d.	3		
4 Cash deemed see instructions).	d held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	4		
5 Net value of r	non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5		6		
	f prior-year distributions	7		
	set Amount (add line 7 to line 6)	8		
Section C - Distrib	oranismoso - NVC - CCCACCAC			Current Year
1 Adjusted net	income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of		2	(4) 大学 (4) 医第二次 (4) (4)	
3 Minimum ass	et amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater	of line 2 or line 3.	4		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

Schedule A (Form 990 or 990-EZ) 2018

5 Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2018 HISPANIC COUNSELING CENTER 11-2592214 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See Excess distributions carryover, if any, to 2018 a From 2013 . b From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2019. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2014 b Excess from 2015 c Excess from 2016

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A (F	III, line 12; Part IV, B, lines 1 and 2; Pa	Section A, lines 1, 2 art IV, Section C, line line 1; Part V, Secti	e explanations 2, 3b, 3c, 4b, 4c e 1; Part IV, Sec on B, line 1e; P	required by Par , 5a, 6, 9a, 9b, 9 ction D, lines 2 a art V. Section D	11-2592214 t II, line 10; Part II, line 1 c, 11a, 11b, and 11c; Pa and 3; Part IV, Section E lines 5, 6, and 8; and P (See instructions.)	art IV, Section
Part 1	II, Line 10 -	Other Income	e Detail		******************************	
OTHER	INCOME		\$	5,214	1	
FUNDRA	AISING REVENUE	B	\$	212,670)	
	**********************		***************		***************************************	*****************
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Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

Name of the organization Employer identification number HISPANIC COUNSELING CENTER 11-2592214 Organization type (check one):

	27.00
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	covered by the General Rule or a Special Rule. '), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	ing 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 Rules	
regulations under sect 13, 16a, or 16b, and the	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the tions 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) ne amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during the literary, or educational	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 (entering) stead of the contributor name and address), II, and III.
contributor, during the contributions totaled medium during the year for an General Rule applies	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively 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 exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions e during the year
990-EZ, or 990-PF), but it mus	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, st 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 certify that it doesn't 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) (2018)

Name of organization

Page 1 of 2 Page 2
Employer identification number

HIS	PANIC COUNSELING CENTER	11	-2592214
Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space	is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NC DEPT OF YOUTH BOARD 60 CHARLES LINDBERGH BLVD UNIONDALE NY 11553	\$ 158,696	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NC DEPT CHEMICAL DEPENDENCY 60 CHARLES LINDBERGH BLVD UNIONDALE NY 11553	\$ 914,137	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NC DEPT CHILDREN AND FAMILY 60 CHARLES LINDBERGH BLVD UNIONDALE NY 11553	\$ 274,885	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NC UNITED WAY-RYAN WHITE 19 GRAND BLVD #1 DEER PARK NY 11729	\$ 225,060	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	NYS DEPT OF MENTAL HEALTH 44 HOLLAND AVE ALBANY NY 12229	\$ 570,122	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	NASSAU CTY DISTRICT ATTORNEY'S OFFI 262 OLD COUNTRY ROAD MINEOLA NY 11501	C \$ 88,295	Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 2 of 2

Page 2

Name of organization

	PANIC COUNSELING CENTER		1-2592214
Part I	Contributors (see instructions). Use duplicate copies of	of Part I if additional space	is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 7	RESEARCH FOUNDATION FOR MENTAL HEAD	s 148,797	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.8	NORTHWELL HEALTH	\$ 167,973	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	HEMPSTEAD SCHOOL DISTRICT	\$ 94,012	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1.000	* ************************************	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	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 Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization Employer identification number HISPANIC COUNSELING CENTER 11-2592214 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2018 HISPANI			44		592214	Pag
Part III Organizations Maintain	ning Collections	of Art, Historic	al Treasu	res, or C	ther Similar A	ssets (continu
3 Using the organization's acquisition, accollection items (check all that apply):	cession, and other reco	ords, check any of the	he following	that are a s	ignificant use of its	i e
a Public exhibition	d 🗍 !	Loan or exchange p	orograms			
b Scholarly research		Other				
c Preservation for future generations		100000000000000000000000000000000000000				
 Provide a description of the organization XIII. 	s collections and expl	ain how they furthe	r the organiz	ation's exe	mpt purpose in Par	t
5 During the year, did the organization sol	icit or receive donation	s of art. historical tr	reasures, or	other simila	r	
assets to be sold to raise funds rather th						Yes
Part IV Escrow and Custodial						
Complete if the organiza	tion answered "Ye	es" on Form 990	D, Part IV,	line 9, or	reported an an	nount on Form
990, Part X, line 21.						
1a Is the organization an agent, trustee, cus	stodian or other interme	ediary for contribution	ons or other	assets not		
included on Form 990, Part X?						Yes
b If "Yes," explain the arrangement in Part	XIII and complete the	following table:				
						Amount
c Beginning balance	***				1c	
d Additions during the year					1d	
e Distributions during the year					1e	
f Ending balance					1f	
2a Did the organization include an amount of	on Form 990, Part X, lin	ne 21, for escrow or	r custodial a	ccount liabi	lity?	Yes
b If "Yes," explain the arrangement in Part						
Part V Endowment Funds.						
Complete if the organiza	tion answered "Ye	s" on Form 990	, Part IV,	line 10.		- To
	(a) Current year	(b) Prior year	(c) Two ye	ars back	(d) Three years back	(e) Four years ba
1a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and						
losses						
d Grants or scholarships						
e Other expenditures for facilities and						
programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the	current year end balan	ce (line 1g, column	(a)) held as	:		
a Board designated or quasi-endowment	- %		ii 60			
b Permanent endowment ▶ %						
c Temporarily restricted endowment ▶	%					
The percentages on lines 2a, 2b, and 2c						
3a Are there endowment funds not in the po	ssession of the organiz	zation that are held	and adminis	tered for th	е	
organization by:						Yes N
(i) unrelated organizations						
(II) related organizations						3a(ii) 3
b If "Yes" on line 3a(ii), are the related orga	nizations listed as requ	uired on Schedule F	R?			3b
4 Describe in Part XIII the intended uses of						
Part VI Land, Buildings, and Ed	uipment.	N				
Complete if the organizat	ion answered "Yes	s" on Form 990	, Part IV, I	ine 11a.	See Form 990,	Part X, line 10
Description of property	(a) Cost or other ba		CONTRACTOR OF THE PROPERTY OF	7.53911.78.5	cumulated	(d) Book value
	(investment)	(oth	ner)	dep	reciation	
1a Land		6	77,140			677,14
b Buildings	V	4,8	37,562	2,	037,616	2,799,94
c Leasehold improvements						
d Equipment						
e Other						9
otal. Add lines 1a through 1e. (Column (d) mu	ist equal Form 990, Pa	art X, column (B), lir	ne 10c.)			3,477,08

Part X, line 12. on: It value
WHILE THE WORLD AND DEPT THE REAL PROPERTY.
STATE AND CASE OFFICE
art X, line 13.
n:
value
10/10/20
的基础工作编码工作业
art X, line 15.
(b) Book value
309,999
25,404
-16,024
10,024
532,368
990, Part X,
Mark Committee and the of the property Co.
e seveta en
ATTEMATICAL PROPERTY AND A CHARLEST COLOR

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

Sch	edule D (Form 990) 2018 HISPANIC COUNSELING CENTER	11-	2592214	Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial State			
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 12	a	
1	Total revenue, gains, and other support per audited financial statements		1	7,583,783
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а		2a	TV 14 44	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	4,70	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	7,583,783
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	I I		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	110	
b	Other (Describe in Part XIII.)	4b	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
			4c	
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	7,583,783
	rt XII Reconciliation of Expenses per Audited Financial State			
11.11.2	Complete if the organization answered "Yes" on Form 990	Part IV line 12	penaea per iter	u
1	Total expanses and league has audited financial statements			7,001,155
1000	Amounts included on line 1 but not on Form 990, Part IX, line 25:			7,001,155
		2a	(5.50 kg/s)	
h	Donated services and use of facilities	Zd		
b	Prior year adjustments	2b	100 A 100 A	
C	Other losses	2c		
a	Other (Describe in Part XIII.)	2d	26525606	
e	Add lines 2a through 2d		2e	7 001 155
3	Subtract line 2e from line 1	,p	3	7,001,155
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	A2011		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b	1	
				1
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	7,001,156
_	rt XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	이 이 사람이 하나 되면 가장 맛있다. 그렇게 되었다가 하는 것이 없었다면 보다 하나 있다.	마음, 뜨리워서는 기상에서 어린 발생하다 하게 보기 중요요 여행하는 것	K, line
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid			
Pa	art XI, Line 2d - Revenue Amounts Include	d in Finan	cials - Ot	her
Fu	indraising expenses		\$	0
	44.00.000M 1000M			
20.7.70				
Pa	art XII, Line 2d - Expense Amounts Includ	ed in Fina	ncials - C	ther
	······································			
Fu	undraising expenses		\$	0

Pa	art XII, Line 4b - Expense Amounts Includ	ed on Retu	rn - Other	
			T.T T. T.T.T.T	
Вс	ook / Tax Depreciation Difference		Ś	1

Schedule D (Form 990) 2018	HISPANIC	COUNSELING	CENTER	11-	-2592214	F	Page 5
Part XIII	Suppleme	ntal Informatio	n (continued)					

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Total

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number HISPANIC COUNSELING CENTER 11-2592214 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VIII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in control of organization contributions' col. (i) Yes No 1 2 3 5 7 8

3	List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

0.00	

Schedule G (Form 990 or 990-EZ) 2018 HISPANIC COUNSELING CENTER 11-2592214 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GALA None (add col. (a) through (event type) (event type) col. (c)) (total number) Revenue 1 Gross receipts 113,408 113,408 2 Less: Contributions 3 Gross income (line 1 minus line 2). 113,408 113,408 4 Cash prizes 5 Noncash prizes Expenses 6 Rent/facility costs 25,024 25,024 7 Food and beverages Direct 8 Entertainment 20,468 9 Other direct expenses 20,468 10 Direct expense summary. Add lines 4 through 9 in column (d) 45,492 11 Net income summary. Subtract line 10 from line 3, column (d) 67,916 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?

DAA	Schedule G (Form 990 or 990-EZ) 2018
b	If "Yes," explain:
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
	ii No, explain.

b If "No," explain:

Sch	edule G (Form 990 or 990-EZ) 2018 HISPANIC COUNSELING CENTER	11-2592214	Page 3	3
11	Does the organization conduct gaming activities with nonmembers?	[Yes N	0
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity			
40	formed to administer charitable gaming?		Yes N	0
13	Indicate the percentage of gaming activity conducted in:	Land	0/	
a b	The organization's facility	13a	%	_
14	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and	[130]	%	-
4.7	records:			
	Name ►			
	Address ▶			
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	П	Yes N	0
b	revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and	the		•
	amount of gaming revenue retained by the third party ▶\$			
C	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶\$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	9,000	<u>8-9</u>	
			Yes No	0
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
Pai	spent in the organization's own exempt activities during the tax year ▶ Supplemental Information. Provide the explanations required by Part I, line 2b,	columns (iii) and ((v): and	ě
110.5	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any a	idditional informati	on.	
	See instructions.			
				1
		********		8
				÷
• • • • • •			* * * * * * * * * * * * * *	*
				٠
			******	ě

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SCHEDULE J

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

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

OMB No. 1545-0047

Open to Public Inspection

HISPANIC COUNSELING CENTER

Employer identification number 11-2592214

			Yes	No
1.	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	A 5 (A 1)		A EXSIV
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	201416		
	First-class or charter travel Housing allowance or residence for personal use			EN.
	Travel for companions Payments for business use of personal residence	388	100	1800
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	0036397 6762825	100	THE ST
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			10000
t	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	- Company	The second
2		(1000)	VBUNEAU	134470
~	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?			
	1a?	2	3.078/20033	MANUAL I
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the	9576 65		AVACOVA CHOCKLA
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a	1100		
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		1	
	Compensation committee Written employment contract			ALC:
	Independent compensation consultant Compensation survey or study			A4550
	X Form 990 of other organizations X Approval by the board or compensation committee		10/4/1	SWA
		100	200	4345927 10500145
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a	10000000	х
D	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		x
C	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 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	100		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
7	compensation contingent on the revenues of:		100	100
а		TENNAN.	ESPARENT	v
		5a 5b		X
	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	30	90230 VII. 10	A SHENGER
		10.75(2)	15.07	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:	V 40 2 3		
а	The organization?	6a	SCHOOL STATE	x
b	Any related organization?	6b		x
	If "Yes" on line 6a or 6b, describe in Part III.	(Selection	\$(E)(Sh)	MAN
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		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
_				Chorn.
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

HCC

11-2592214 HISPANIC COUNSELING CENTER Schedule J (Form 990) 2018

Part II

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

Page 2

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

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

(R) Broad (R)		with of M. 2 and/or 1000 MISC commenced in the La, applicable column (U) and (E) amounts for that individual.	alt vii, section A.	ilire 1a, applicable	column (U) and (E)	amounts for that in	dividual.
(A) Name and Title	(i) Base compensation	(i) Base (ii) Bonus & incentive (iii) Other compensation compensation compensation	(iii) Other reportable compensation	(C) Ketirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior
YS SERRANO LCSW	000'081 ()	О	0	0		180	0
1 CEO			0	0	0		0
2 (6	8						
	(0)						
0 (0	(8)						
0 (0	(u)						
9	(u) (0)						
7	(m)						
9	(0)						
0)	(0)						
10	(m) (0)						
0 0	(0)						
12 (0	(11)						
13	(II) (III)						
14	(II)						
(15	(m)						
16	(10)						

Schedule J (Form 990) 2018

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6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE K (Form 990)

HCC

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

2018 OMB No. 1545-0047

2 × Open to Public Inspection (i) Pooled financing Employer identification number 11-2592214 Yes × × No × × × (h) On behalf of Yes (g) Defeased 9 N × × × Yes 1,875,000 REFINANCE EXISTING 210,000 REFINANCE EXISTING 2,005,000 REFINANCE EXISTING (f) Description of purpose (e) Issue price 63166LDK4 04/04/18 63166LDL2 04/04/18 63166LDM0 04/04/18 (d) Date issued (c) CUSIP # HISPANIC COUNSELING CENTER (b) Issuer EIN (a) Issuer name **Bond Issues** A NASSAU COUNTY IDA B NASSAU COUNTY IDA C NASSAU COUNTY IDA Proceeds Name of the organization Department of the Treasury Internal Revenue Service Part Part II

	_	A	В		C		-	02642
1 Amount of bonds retired	2,(2,005,000	1,8	875,000		210,000		
2 Amount of bonds legally defeased						200/0=		
3 Total proceeds of issue								
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds.								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion.								
	Yes	No	Yes	No	Yes	N.	Yes	No.
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,							3	2
if issued prior to 2018, a current refunding issue)?		×		×		×		
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if								
issued prior to 2018, an advance refunding issue)?		×		×		×		
16 Has the final allocation of proceeds been made?		×		×		×		
17 Does the organization maintain adequate books and records to support the								

Schedule K (Form 990) 2018

×

×

×

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

final allocation of proceeds?

Schedule K (Form 990) 2018 HISPANIC COUNSELING CENTER Part III Private Business Use		11-2592214	114					Page 2
	1082/15	A		8		S	٥	
 Was the organization a partner in a partnership, or a member of an LLC, 	Yes	No	Yes	No	Yes	No	Yes	S
		×		X		×		
2 Are there any lease arrangements that may result in private business use of								
22 An those can properly?		×		×		×		
3a Are the there any management or service contracts that may result in private business use of bond-financed property?		×		۵		>		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside		:		4		٧		
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of								
bond-financed property?		×		×		٥		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other						4		
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government. ▶		%		%		70		20
5 Enter the percentage of financed property used in a private business use as a						0/		%
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government ▶		%		%		70		ò
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		×		×		*		%
8a Has there been a sale or disposition of any of the bond-financed property to a						4		
		×		×		×		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		70
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations						2		90
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-27		*		٨		Þ		
Part IV Arbitrage				4		4		
	1	A	В			O		
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No.
Penalty in Lieu of Arbitrage Rebate?		X		×		×	3	
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		×		×	8	×		
b Exception to rebate?		×		×		×		
c No rebate due?		×		×		×		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		×		×		×		

Schedule K (Form 990) 2018

Schedule K (Form 990) 2018 HISPANIC COUNSELING CENTER

11-2592214

No Yes ^oN × × Yes 9N × × B Yes ٥ × × Yes d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? 4a Has the organization or the governmental issuer entered into a qualified Arbitrage (Continued) hedge with respect to the bond issue? d Was the hedge superintegrated? ... Was the hedge terminated? b Name of provider b Name of provider c Term of hedge ... c Term of GIC... Part IV

		4	_			C	274		
Hae tha	propriestion petablished unitto proposed propries to the territory	,			1000	-			
200 600	the state of garnization established without procedures to ensure that violations	Yes	No	Yes	No.	Yes	S.	Yes	N
of federa	of federal tax requirements are timely identified and corrected through the							3	2
voluntary	voluntary closing agreement program if self-remediation isn't available under								
applicabl	applicable regulations?		Þ		Þ		:		
-			٩		٧		×		
Part VI	Part VI Supplemental Information. Provide additional inform	nation for res	sponses to	auestions or	Schedule k	See instru	ctions		
					0.550		5110115		

×

×

×

Were any gross proceeds invested beyond an available temporary period?

Has the organization established written procedures to monitor the

requirements of section 148?

Part V

Procedures To Undertake Corrective Action

×

×

×

Schedule K (Form 990) 2018

DAA

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

HISPANIC COUNSELING CEN	NTER	11-2592214
Form 990 - Organization's Mission	(
TO ENHANCE THE STRENGTHS OF LONG	ISLAND'S FAMILIES	AND CHILDREN THROUGH
BILINGUAL, BICULTURAL COUNSELING,	PREVENTION, VOCATION	ONAL, AND EDUCATIONAL
SERVICES TO ENRICH THEIR LIVES, F	OSTER ECONOMIC INDI	EPENDENCE, AND NURTURE
DREAMS FOR GENERATIONS TO COME.		
Form 990, Part III, Line 4d - All	Other Accomplishme	12. Let 11.2 11.0 2. 1 2. 1 3. 1 3. 1 3. 1 3. 2 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DESCRIPTION	EXPENSES	REVENUE
SERVICE COORDINATION		
RYAN WHITE	248,565	225,060
YOUTH BOARD	296,534	
CHILDREN AND FAMILY SERVICES	ti ti ili ili fatti ti ti ili ti ti tili ili ti	
DOMESTIC VIOLENCE	114,067	135,423
SCHOOL AGE CHILDREN	217,682	441,476
Form 990, Part VI, Line 11b - Org	anization's Process	s to Review Form 990
FORM 990 WAS REVIEWED BY THE BOAR	D OF DIRECTORS PRIC	OR TO FILING.
Form 990, Part VI, Line 12c - Enf	orcement of Conflic	ts Policy
EACH RESPONSIBLE PERSON SHALL ANN	UALLY SIGN A CONFLI	CT OF INTEREST
STATEMENT WHICH AFFIRMS SUCH PERS	ON: -HAS RECEIVED A	COPY OF THE CONFLICT
OF INTEREST POLICY HAS READ AN	D UNDERSTANDS THE E	POLICY HAS AGREED TO
COMPLY WITH THE POLICY - UNDERSTA	NDS THE ORGANIZATION	ON IS CHARITABLE AND I
ORDER TO MAINTAIN FEDERAL TAX EXE	MPTION IT MUST ENGA	GE PRIMARILY IN
ACTIVITIES WHICH ACCOMPLISH ONE O	R MORE OF ITS TAX E	XEMPT PURPOSES.

undraising expenses			\$	0
Tundraising expenses			\$	0
Form 990, Part XI, Line 9 - Other	Change	s in Net Asset	s Explanatio	on
\$ 861,746	\$	48,229	\$	0
Total				*************
\$ 286,422	\$	О	\$	O
BILLING SERVICES				
\$ 98,779	\$	48,229	\$	0
CONTRACTED SERVICES				
\$ 476,545	\$	o	\$	0
CONSULTANTS				
Tot/Prog Service	Mgt	& General	Fund	raising
Description				
Form 990, Part IX, Line 11g - Oth	ner Fees	for Services		
INTEREST POLICY, OR FINANCIAL STA	ATEMENTS	AVAILABLE TO	THE PUBLIC.	
THE ORGANIZATION DOES NOT MAKE I				OF
Form 990, Part VI, Line 19 - Gove				
T 000 P 117 - 10				
OF FUNDING SOURCES.				
BASED UPON PERFORMANCE REVIEW ANI	D ESTABI	LISHED SCALES V	WHICH ARE RE	FLECTIVE
FOR SIMILIAR CIRCUMSTANCES. STAR				
COMPENSATION TO SIMILIAR ENTERPR	ISES, W	HETHER TAXABLE	OR EXEMPT,	WOULD PAY
BOARD REVIEWS ACCOMPLISHMENTS OF				211111111111111111111111111111111111111
Form 990, Part VI, Line 15a - Co				

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page 2 Employer identification number
HISPANIC COUNSELING CENTER	11-2592214
Book / Tax Depreciation Difference	\$ 1
Total	\$ 1
	<u> </u>

	Page 2 of 2

2018 Open to Public Inspection	Employer identification number		(e) (f) (f) Direct controlling
e rships 13, 34, 35b, 36, or 37. ormation.		if the organization answered "Yes" on Form 990, Part IV, line 33.	(d) Total income End-of-y
Related Organizations and Unrelated Partnerships ete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, Attach to Form 990.		wered "Yes" on Forn	(c) Legal domicile (state or foreign country)
nizations and Unrela n answered "Yes" on Form 99 ► Attach to Form 990. w/Form990 for instructions a		organization ansv	(b) Primary activity
Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	HISPANIC COUNSELING CENTER	Identification of Disregarded Entities. Complete if the	 (a) Name, address, and EIN (if applicable) of disregarded entity
SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization	57.9	Part I Identifica	Name, adi

(a) Name, address, and EIN (if 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
(4)						entity
(2)						
(3)						
(4)						
(9)						
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.	Complete if the tax year.	e organization a	answered "Yes	on Form 990, P	art IV, line 34, b	because it ha
	(b) Primary activity	(c) Legal domícile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
(1) HCC SUPPORT, INC. 344 FULTON AVENUE HEMPSTEAD NY 11550	SUPPORTING	ÀN	50103	1,2,4	TO BOTH	
(2)					THE CENTER	4
(3)						
(4)						
(5)						
For Paperwork Reduction Act Notice, see the Instructions for Form 990					Part of the	T, G 1.1.

HCC

Second Principle Princip			
Name of the second seco	Share of end-of- Dispro- year assets portionate alloc.?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or Percentage managing ownership partner?
	Tes No		Yes No
Nam Nam			
Ba l			
Na Na			
Name, address, and EIN of related organization - Primary activity Legal domicille Corp. S corp. (C corp. S corp.) Frimary activity (State or entity (C corp. S corp.) Frincom	zation answered tax year.	"Yes" on Form 990	0, Part IV
	(g) Share of Share of end-of-year assets	(h) Percentage r assets ownership	(i) Section 512(b)(13) controlled entity?
			Yes No
		ş	

Part V

Schedule R (Form 990) 2018 HISPANIC COUNSELING CENTER

11-2592214

Page 3

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

Schedule R (Form 990) 2018 å × × ×× M × M × × M M × M M Yes × × M × Method of determining amount involved E 19 7 19 19 10 16 19 4 * 10 10 19 18 = ו באכוומוקפ טו מספנס אינונו ופומנכע טוקפוועבמונטונען. j Lease of facilities, equipment, or other assets to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) h Purchase of assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) q. Reimbursement paid by related organization(s) for expenses p Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds FMV FMV FMV 79,165 79,165 79,165 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Amount involved Transaction type (a-s) ·F × F Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. k Lease of facilities, equipment, or other assets from related organization(s) s Other transfer of cash or property from related organization(s) b Giff, grant, or capital contribution to related organization(s) Name of related organization HCC SUPPORT, INC. HCC SUPPORT, INC. HCC SUPPORT, INC Sale of assets to related organization(s) Dividends from related organization(s) 4 (2) E (2) 3 9

11-2592214

Page 4

Schedule R (Form 990) 2018 HISPANIC COUNSELING CENTER

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.

3 days	,				. Codinion of					
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Disproportionate		(i)	(k) Demonstrate
		domicile (state or	income (related, unrelated, excluded	section 501(c)(3)	total income	end-of-year assets	allocations?	amount in box 20 of Schedule K-1	managing partner?	ownership
				organizations?				(Form 1065)		
		country)	sections 512-514)	Yes No			Yes No		Yes No	22
(5)										
(2)						1				
(3)										
(4)										
(5)										
				1						
(9)										
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Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 HISPANIC CO	UNSELING CENTER	11-2592214	Page 5
Part VII	Supplemental Information. Provide additional information f	or responses to questions or	n Schedule R. See Instructions.	
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Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2018

ment ince No. 17

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

Identifying number
HISPANIC COUNSELING CENTER

Identifying number
11-2592214

	ness or activity to which this form r					7		
	ndirect Depreci		THE RESIDENCE OF THE PARTY OF T			- 1		
			operty Under Sec		V 2	22 0 0		
_			erty, complete Part	V before y	ou complete	Part I.		1 000 000
1	Maximum amount (see instru		,,,.,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1	1,000,000
2	Total cost of section 179 prop	perty placed in service	(see instructions)				2	0 500 000
4	Threshold cost of section 179 Reduction in limitation. Subtra	e property before reduce	tion in limitation (see in				3	2,500,000
5	Dollar limitation for tax year. Subtr						4	
6		iption of property		led filling separat Cost (business use		Elected cost	5	ATEMORY TELEPONORY CONTRACTORS
	(4) 5 5 5 5 1	puon or property	(5)	Cost (Dusitiess dat	orny) (c)	Elected cost		
_								
7	Listed property. Enter the am	ount from line 29			7			
8	Total elected cost of section 1	179 property, Add amo	unts in column (c). line	s 6 and 7		Learning Publication	8	A STATE OF THE PARTY OF THE PAR
9	Tentative deduction. Enter the	e smaller of line 5 or li					9	
10	Carryover of disallowed dedu	ction from line 13 of yo	ur 2017 Form 4562				10	
11	Business income limitation, E	nter the smaller of bus	iness income (not less	than zero) or	line 5. See instr	uctions	11	
12	Section 179 expense deduction	on. Add lines 9 and 10	, but don't enter more ti	han line 11			12	
13	Carryover of disallowed dedu-	ction to 2019. Add line	s 9 and 10, less line 12		13			
4.0	e: Don't use Part II or Part III be			1100 000 1100 100 100 100 100 100 100 1	C X			
Pa	art II Special Deprec	iation Allowance	and Other Depre	ciation (Do	n't include l	isted pro	pert	y. See instructions.)
14	Special depreciation allowance	e for qualified property	(other than listed prop	erty) placed ir	service			
	during the tax year. See instru	uctions					14	
15	Property subject to section 16	8(f)(1) election					15	
16	Other depreciation (including .	ACRS)					16	
Pa	irt III MACRS Deprec	ciation (Don't incl	ude listed property		ictions.)			
			Section A					
17	MACRS deductions for assets						17	169,106
18	If you are electing to group any assets p	Assets Placed in Service	vice During 2018 Tax	l asset accounts, c	heck here	rociation	Cuet	TOTAL CANADA CARACTERISTICS CANADA
		(b) Month and year	(c) Basis for depreciation		le General Dep	reciation	Syst	em
	(a) Classification of property	placed in service	(business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property		only see madedions)	1,000,000				
b	5-year property							
С	7-year property	CAMERTAL A. 101/2014/16/14 2012/08/2014/14/14/14/14/14/14						
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
	Section C—As	ssets Placed in Servi	e During 2018 Tax Ye	ear Using the	Alternative De	preciatio	n Sys	tem
	Class life					S/L		
	12-year			12 yrs.		S/L		
	30-year			30 yrs.	ММ	S/L		
	40-year			40 yrs.	MM	S/L		
	rt IV Summary (See						2000	
	Listed property. Enter amount		rigaria yyan mayyan ma		<u></u>		21	
22	Total. Add amounts from line here and on the appropriate lin	iz, lines 14 through 17	, lines 19 and 20 in col	umn (g), and l	ine 21. Enter		22	169,106
23	For assets shown above and p	placed in service during	the current vear, ente	r the	structions	CITATIO	2.2	109,100
- 12901	portion of the basis attributable	to section 263A costs			23			

Form 4562 (2018)

HISPANIC COUNSELING CENTER Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) Yes No 24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? Yes No (c) Business/ (d) (e) Date placed Type of property (list vehicles first) Basis for depreciation (business/investment Recovery Method/ Depreciation Elected section 179 investment use Cost or other basis in service percentage Convention deduction cost period use only) Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25 Property used more than 50% in a qualified business use: Property used 50% or less in a qualified business use: S/L-28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (b) (f) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 30 Total business/investment miles driven during the year (don't include commuting miles) Total commuting miles driven during the year 31 Total other personal (noncommuting) 32 miles driven Total miles driven during the year. Add 33 lines 30 through 32 Was the vehicle available for personal Yes No Yes Yes Yes Yes No No No No Yes No use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions. Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by Yes No your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? See instructions Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (e) (b) (a) (d) (c) Amortization Date amortization Description of costs Amortizable amount Amortization for this year Code section period or begins percentage Amortization of costs that begins during your 2018 tax year (see instructions): BOND REFINANCING 04/10/18 305,428 197 Amortization of costs that began before your 2018 tax year 199,727 43 43

Total. Add amounts in column (f). See the instructions for where to report

11-2592214

FYE: 12/31/2018

Federal Asset Report Form 990, Page 1

Other Derreciation:	Ass	et Description	Date In Service	Cost	Bus Sec Basis % 179Bonus for Depr PerConv Meth	Prior	Current
	Oth Oth 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 41 42 43 44 45 56 57 58 59 60 61 62 63 64 65 67	er Depreciation: 1 344 BUILDING 2 344 ELEVATOR REFURBISHING 3 344 SECURITY CAMERA 4 344 FENCE 5 344 ROOF 5 344 ROOF 6 BUILDINGI 7 344 ROOF 8 BUILDINGI 8 BUILDING2 9 BUILDING3 9 336 BUILDING 9 336 RECEPTION 9 336 RECEPTION 9 336 HCC SIGN 2 9 336 OFFICE 9 336 OFFICE 9 336 PARKING 9 336 BULDG IMPROVEMENTS 9 336 ECURITY SYSTEM 9 336 SECURITY SYSTEM 9 336 SECURITY SYSTEM 9 336 ELOSING COSTS 10 COSTS 10 COSTS 10 COSTS 10 COSTS 10 COSTS 11 COSTS 12 CLOSING COSTS 13 CLOSING COSTS 14 CLOSING COSTS 15 FURNITURE & FIXTURES 16 FURNITURES 17 FURNITURES 18 FURNITURES 19 FURNITURES 19 FURNITURES 10 FICE FURNITURES 11 FURNITURES 12 FOR AND	12/31/02 3/12/04 3/12/04 10/26/04 7/01/04 9/07/07 7/01/10 12/31/02 11/01/03 1/01/05 5/13/09 2/08/10 1/01/10 3/10/10 4/16/10 3/09/10 4/20/10 4/23/10 9/12/11 9/30/11 3/23/11 4/04/11 9/30/11 12/31/07 11/01/03 5/13/09 12/30/98 12/30/98 6/01/09 8/29/00 7/03/01 2/01/02 3/01/02 3/01/02 3/01/02 3/01/02 3/01/02 11/15/03 8/31/09 12/03/10 11/02/10 4/20/10 9/30/10 11/02/10 4/20/10 9/20/10 9/20/10 11/20/10 11/20/10 11/20/10 11/20/	595,360 4,334 2,450 4,000 10,375 3,541 7,800 91,463 1,551,591 32,560 1,529,209 4,300 1,566 3,165 2,645 1,891 4,600 925 27,800 11,700 4,995 2,025 1,270 133,950 194,208 337,794 10,705 2,192 2,444 3,000 2,780 500 5,199 1,260 1,203 3,680 6,436 1,440 3,075 882 1,530 11,435 449 739 1,978 8,050 5,965 790 915 3,791 1,056 8,791 1,056 8,791 1,056 8,791 1,056 8,791 1,056 8,791 1,056 8,791 1,056 8,791 1,056 8,791 1,056 8,791 1,056 8,791 1,056 8,791 1,057 8,791 8,7	179Bonus for Depr Per Conv Meth	214,359 867 490 1,252 3,325 849 1,300 32,928 523,824 9,985 300,611 1,863 273 553 459 329 787 158 3,803 1,575 736 2,025 1,270 32,378 85,240 66,402 10,705 2,192 2,444 2,860 2,780 500 700 500 5,199 1,260 1,203 3,680 6,436 1,440 3,075 882 1,250 1,339 404 708 1,220 4,964 3,678 487 503 1,832 440 3,678 487 503 1,832	15,266 867 490 103 266 900 2,346 39,784 835 39,210 860 40 81 67 48 118 24 712 300 128 0 0 3,435 6,474 8,661 0 0 0 0 0 0 0 0 0 0 0 0 0

HCC HISPANIC COUNSELING CENTER
11-2592214 Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179B	Bonus f	Basis for Depr	PerConv Meth	Prior	Current
69	COMPUTERS	9/29/98	3,555			3,555	5 MO S/L	3,555	0
70	COMPUTERS	11/30/98	3,370			3,370	5 MO S/L	3,370	ő
71	MINOLTA COPIERS	10/28/99	22,167			22,167	7 MO S/L	22,167	0
72 73	COMPUTER SERVER TELEPHONE SYSTEM	2/01/99 9/23/99	10,794			10,794	5 MO S/L	10,794	0
74	COMPUTERS	2/01/99	28,650 4,201			28,650 4,201	7 MO S/L5 MO S/L	28,650	0
75	MIP SOFTWARE	12/01/99	11,128			11,128	5 MO S/L	4,201 11,128	0
76	OFFICE EQUIPMENT	7/06/00	706			706	5 MO S/L	706	ŏ
77	DIGITAL CAMERA	7/19/00	1,000			1,000	5 MO S/L	1,000	0 0 0
78 79	DELL 866 CPU & PRINTER PANAS TV/VCR	1/11/01 10/10/01	1,720			1,720	5 MO S/L	1,720	0
550,000	DELL 2100 COMPUTERS	10/27/01	1,250 2,180			1,250 2,180	5 MO S/L 5 MO S/L	1,250 2,180	0
	SAMSUNG ML PRINTERS	10/27/01	430			430	5 MO S/L	430	0
	OKIDATA DOT MATRIX PRINTER	10/27/01	365			365	5 MO S/L	365	Ö
	LASER JET PRINTER	6/27/01	759			759	5 MO S/L	759	0 0 0
	20 DONATED COMPUTERS LYTEC MEDICAL SOFTWARE	6/15/01 3/29/01	7,000 2,790			7,000	5 MO S/L	7,000	0
	EPSON POWERLITE PROJECTOR	8/23/01	2,199			2,790 2,199	5 MO S/L 5 MO S/L	2,790 2,199	0
87	COMPAQ LAPTOP COMPUTER	8/23/01	1,999			1,999	5 MO S/L	1,999	ő
	DELL DIMENSION 2200	4/06/02	1,190			1,190	5 MO S/L	1,190	Ö
	LYTEC MEDICAL SOFTWARE DELL DIMENSION 2100	8/20/02	2,688			2,688	5 MO S/L	2,688	0
	DELL DIMENSION 2100 DELL DIMENSION 2100	2/19/02 2/19/02	1,079 1,079			1,079 1,079	5 MO S/L	1,079	0
	DELL DIMENSION 2100	2/19/02	1,079			1,079	5 MO S/L 5 MO S/L	1,079 $1,079$	0
93	DELL DIMENSION 2100	2/19/02	1,079			1,079	5 MO S/L	1,079	ő
	DELL 1700 GX4000 HP LASERJET	12/28/02	2,010			2,010	5 MO S/L	2,010	0
100000000000000000000000000000000000000	W/ ACCESSORIES HP INKJET 2250 PRINTER	2/16/02 2/16/02	1,873			1,873	5 MO S/L	1,873	0
	HP LASER 2200 PRINTER	2/16/02	697 1,189			697 1,189	5 MO S/L 5 MO S/L	697 1,189	0
	DELL DIMENSION 2300	5/06/02	4,590			4,590	5 MO S/L	4,590	0
	HP INKJET 2250 PRINTER	2/16/02	697			697	5 MO S/L	697	ŏ
	DELL DIMENSION 2300	5/06/02	4,590			4,590	5 MO S/L	4,590	0
101 102	DELL DIMENSION 4500 LANIER COPIER 5645	9/06/02 6/02/02	2,446 12,429			2,446	5 MO S/L	2,446	0
	LANIER COPIER 5622	6/02/02	7,031			12,429 7,031	3 MO S/L 3 MO S/L	12,429 7,031	0
104	DELL SERVER 500 SC	8/21/02	2,362			2,362	5 MO S/L	2,362	ő
105	DAMSUM PRINTER & SYSTEM	2/16/02	809			809	5 MO S/L	809	0
106 107	COMPUTER SYSTEM HP PRINTER 2200 ACCESSORIES	2/16/02 2/16/02	2,356 1,605			2,356	5 MO S/L	2,356	0
	HP LASER 2100 PRINTER	1/27/01	817			1,605 817	5 MO S/L 5 MO S/L	1,605 817	0
109	HP LASER 2500 N COLOR PRINTER	5/23/03	1,400			1,400	5 MO S/L	1,400	ő
	HP LASER 2300 PRINTER	6/22/03	1,360			1,360	5 MO S/L	1,360	ŏ
	2003 QB SOFTWARE HARD DRIVES	4/24/03	1,698			1,698	3 MO S/L	1,698	0
	DELL COMPUTER	5/06/03 6/23/03	2,177 1,618			2,177 1,618	5 MO S/L 5 MO S/L	2,177 1,618	0
	COMPUTER EQUIPMENT	12/31/06	8,040			8,040	5 MO S/L	8,040	0
115	TELEPHONE SYSTEM - TELEVERSE	11/21/08	10,460			10,460	5 MO S/L	10,460	ŏ
	TELEPHONE SYSTEM - TELEVERSE	11/21/08	10,460			10,460	5 MO S/L	10,460	0
118	TELEPHONE SYSTEM - TELEVERSE EQUIPMENT - NETWORK	11/21/08 10/31/09	10,460			10,460	5 MO S/L	10,460	0
	COMPUTER	12/31/09	35,643 2,966			35,643 2,966	5 MO S/L5 MO S/L	35,643 2,966	0
120	COMPUTER	12/31/09	1,452			1,452	5 MO S/L	1,452	ŏ
	PLASMA TV	4/11/10	1,653			1,653	5 MO S/L	1,653	ŏ
	APPLE MACBOOK	5/28/10	1,747			1,747	5 MO S/L	1,747	0
	HP LASER 93015DN PRINTER DELL OPTIPLEX	5/24/10 6/17/10	2,097 1,495			2,097 1,495	5 MO S/L5 MO S/L	2,097 1,495	0
	DELL OPTIPLEX	6/17/10	3,739			3,739	5 MO S/L	3,739	0
	DELL OPTIPLEX	6/17/10	2,991			2,991	5 MO S/L	2,991	ŏ
	DELL OPTIPLEX	12/28/10	8,458			8,458	5 MO S/L	8,458	0
	DELL OPTIPLEX ACCUMEDIC MEDICAL & BILLING SC	12/28/10 2/11/11	4,348 83,236			4,348	5 MO S/L	4,348	0
130	ACCUMEDIC MEDICAL & BILLING SO	9/14/11	3,285			83,236 3,285	5 MO S/L 5 MO S/L	83,236 3,285	0
131 1	ELECTRONIC SIGNATURE PADS	10/06/11	2,352			2,352	5 MO S/L	2,352	0
132	DELL POWEREDGE SERVER	3/16/11	15,989			15,989	5 MO S/L	15,989	ŏ
	TELEPHONE SYSTEM - TELEVERSE	7/12/11	5,692			5,692	5 MO S/L	5,692	0
E-23190	HP LASER PRINTER P2035 HP LASER PRINTER P2035	7/21/12 10/20/12	3,175 896			3,175 896	5 MO S/L 5 MO S/L	3,175 783	112
136		11/17/12	677			677	5 MO S/L	570	113 107
	LATITUDE E5530 LAPTOP	10/21/13	3,506			3,506	5 MO S/L	2,220	702
		10/21/13	16,267			16,267	5 MO S/L	10,302	3,253
139	COMPUTERS & PRINTER	11/07/13	7,739			7,739	5 MO S/L	5,031	1,547
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HCC HISPANIC COUNSELING CENTER
11-2592214 Federal Asset Report

FYE: 12/31/2018

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		Date		Bus Sec Basis			
Asset	Description	In Service	Cost	% 179Bonus for Depr	PerConv Meth	Prior	Current
140	COMPUTERS & PRINTER	12/16/13	2,992	2,992	5 MO S/L	1,820	598
141	WIRELESS ROUTER	11/14/13	2,058	2,058		1,286	412
142	PROJECTOR	12/31/13	1,100	1,100		660	220
143	SECURITY SYSTEM	3/17/14	1,195	1,195		667	239
144	OPTIPLEX 7010	8/15/14	6,849	6,849	5 MO S/L	3,254	1,369
145	DS M401N LJ PRO 400	10/10/14	891	891		401	179
146	DELL INSPIRATION	12/06/91	2,049	2,049	5 MO S/L	855	409
147	OPTIPLEX 3020 MINITOWER	7/01/15	695	695	5 MO S/L	278	139
148	OPTIPLEX 3020 MINITOWER	7/01/15	7,740	7,740	5 MO S/L	3,096	1,548
149	OPTIPLEX 3020 MINITOWER	7/01/15	3,096	3,096		1,238	620
150	OPTIPLEX 3020 MINITOWER	12/01/15	3,111	3,111		1,244	623
151	ACCUMEDIC EMR SOFTWARE	3/31/15	43,935	43,935		17,574	8,787
152	POWEREDGE T430 SERVER	3/31/15	8,705	8,705	5 MO S/L	3,482	1,741
153	MINI IPAD	5/20/14	485	485	5 MO S/L	194	97
154	VAN	9/01/01	21,432	21,432		21,432	0
155	FORD ECOLINE VAN	12/31/06	43,693	43,693		43,693	0
156	LHI ROOM DIVIDER	11/30/98	6,475	6,475		6,475	0
157	LEASEHOLD IMPROVEMENT	7/01/06	26,958	26,958		7,227	692
158	LEASHOLD IMPROVEMENT	12/31/08	28,933	28,933		15,432	1,929
159	LEASHOLD IMPROVEMENT	3/31/09	4,800	4,800		2,480	320
	LEASHOLD IMPROVEMENT	4/02/09	2,500	2,500		1,293	167
161	LEASEHOLD IMPROVEMENT	6/01/09	3,960	3,960		2,002	264
	LHI BAY SHORE	12/31/09	4,900	4,900		881	126
163	LHI BAY SHORE	12/31/09	700	700	39 MO S/L	138	18
	Total Other Depreciation		5,306,273	5,306,273		1,908,893	154,157
	T. I. CDS LOU D	3 99	5 206 252	5 204 252			
	Total ACRS and Other Depre	eciation ;	5,306,273	5,306,273		1,908,893	154,157
	Grand Totals		5 306 273	5 306 273		1 008 803	154 157
		fers				1,500,655	704-00 KIND BUT OF BUT ST
			ŏ	ň		ŏ	ő
			5 206 252			1,000,000	
	Net Grand Totals		5,306,273	5,306,273		1,908,893	154,157
	Total ACRS and Other Depre Grand Totals Less: Dispositions and Transi Less: Start-up/Org Expense Net Grand Totals		5,306,273 5,306,273 0 0 5,306,273	5,306,273 5,306,273 0 0 5,306,273		1,908,893 1,908,893 0 0 1,908,893	154,157 154,157 0 0 154,157

HCC HISPANIC COUNSELING CENTER
11-2592214 NY Asset Report
FYE: 12/31/2018 Form 990, Page 1

Asset	<u>Description</u>	Date In Service	Cost	Basis for Depr	NY Prior	NY Current	Federal Current	Difference Fed - NY
Other	r Depreciation:							
1	344 BUILDING	12/31/02	595,360	595,360	214,359	15,266	15,266	0
2	344 ELEVATOR REFURBISHING 344 SECURITY CAMERA	3/12/04 3/12/04	4,334 2,450	4,334 2,450	867 490	867 490	867 490	0
4	344 FENCE	10/26/04	4,000	4,000	1,252	103	103	0
5	344 BUILDING IMPROVEMENTS 344 NEW OFFICE	7/01/04	10,375	10,375	3,325	266	266	0
7	344 ROOF	9/07/07 7/01/10	3,541 7,800	3,541 7,800	849 1,300	90 200	90 200	0
8	BUILDING1	12/31/02	91,463	91,463	32,928	2,346	2,346	ő
9 10	BUILDING2 BUILDING3	11/01/03 1/01/05	1,551,591 32,560	1,551,591 32,560	523,824	39,784	39,784	0
11	336 BUILDING	5/13/09	1,529,209	1,529,209	9,985 300,611	835 39,210	835 39,210	0
12 13	336 SECURITY SYSTEM 336 RECEPTION	2/08/10	4,300	4,300	1,863	860	860	Ō
14	336 HCC BLDG SIGN	1/01/10 3/10/10	1,566 3,165	1,566 3,165	273 553	40 81	40 81	0
15	336 HCC SIGN 2	4/16/10	2,645	2,645	459	67	67	0
16 17	336 OFFICE 336 PARKING	3/09/10	1,891	1,891	329	48	48	0
18	336 AWNING	4/20/10 4/23/10	4,600 925	4,600 925	787 158	118 24	118 24	0
19	336 BLDG IMPROVEMENTS	9/12/11	27,800	27,800	3,803	712	712	ő
20 21	336 BULDG IMPROVEMENTS 336 HEAT SYSTEM	9/30/11 3/23/11	11,700 4,995	11,700 4,995	1,575 736	300	300	0
22	336 SECURITY SYSTEM	4/04/11	2,025	2,025	2,025	128	128 0	0
23	336 CARPET	9/30/11	1,270	1,270	1,270	Ō	Ō	0
24 25	BOND ISSUANCE COSTS CLOSING COSTS	12/31/07 11/01/03	133,950 194,208	133,950 194,208	32,378 85,240	3,435 6,474	3,435 6,474	0
26	336 CLOSING COSTS	5/13/09	337,794	337,794	66,402	8,661	8,661	0
27 28	FURNITURE & FIXTURES FURNITURES	12/30/98	10,705	10,705	10,705	0	0	0
	FURNITURES & FIXTURES	12/30/98 6/01/09	2,192 2,444	2,192 2,444	2,192 2,444	0	0	0
30	FURNITURES & FIXTURES	8/29/00	3,000	3,000	2,860	140	140	0
31 32	TRAINING TABLES 4-DRAWER FILING CABINET	7/03/01 2/01/02	2,780 500	2,780 500	2,780 500	0	0	0
33	4-DRAWER FILING CABINET	3/01/02	700	700	700	ő	0	0
	4-DRAWER FILING CABINET FURNITURES	3/01/02	500	500	500	0	0	0
	OFFICE FURNITURES	11/15/03 8/31/09	5,199 1,260	5,199 1,260	5,199 1,260	0	0	0
	OFFICE FURNITURES	8/31/09	1,203	1,203	1,203	0	0	0
38 39	OFFICE FURNITURES OFFICE FURNITURES	12/03/10 11/02/10	3,680 6,436	3,680 6,436	3,680 6,436	0	0	0
40	OFFICE FURNITURES	4/20/10	1,440	1,440	1,440	0	0	0
	OFFICE FURNITURES OFFICE FURNITURES	9/30/10	3,075	3,075	3,075	0	0	0
	5-DRAWER FILING CABINET	9/08/10 11/20/12	882 1,530	882 1,530	882 1,250	0 280	0 280	0
44	FURNITURES & FIXTURES	5/08/12	1,435	1,435	1,339	96	96	ő
	2-DRAWER FILING CABINET 5-DRAWER FILING CABINET	7/12/12 3/15/12	449 739	449 739	404 708	45 31	45 31	0
47	5-DRAWER FILING CABINET	11/25/13	1,978	1,978	1,220	396	396	0
	CUSTOM CONFERENCE TABLE LEATHER CHAIRS	11/27/13 11/27/13	8,050	8,050	4,964	1,610	1,610	0
	32" PANAC LED HDTV	11/26/13	5,965 790	5,965 790	3,678 487	1,193 158	1,193 158	0
	DESK & CHAIRS	4/08/14	915	915	503	183	183	0
	FURNITURES OFFICE CHAIRS	7/31/14 11/24/14	3,791 1,056	3,791 1,056	1,832 440	759 212	759 212	0
54	PEDESTAL BOX FILE	11/05/14	837	837	363	167	167	0
	PEDESTAL BOX FILE HEADSET DECT WIRELESS	11/05/14	558	558	242	112	112	0
	PEDESTAL BOX FILE	11/05/14 12/31/14	578 2,465	578 2,465	250 986	116 493	116 493	0
	FILE LATERAL	12/31/14	479	479	192	95	95	ő
	CHAIRS TABLE CONFERENCE	12/16/14 12/10/14	1,077 620	1,077 620	440 258	215 124	215 124	0
61	BLACK DESK	12/30/14	475	475	190	95	95	0
	BOOKCASE FIVE SHELF SECTIONAL SOFA	12/23/14	450	450	180	90	90	0
64	TABLE	12/04/14 12/04/14	1,724 1,003	1,724 1,003	719 418	344 201	344 201	0
65 (CABINET, CHARIS, DESK	6/04/15	1,890	1,890	756	378	378	0
	SODA MACHINE FAX MACHINE	7/01/97 6/29/98	8,596 299	8,596 299	8,596	0	0	0
	REFRIGERATOR	6/30/98	725	725	299 725	0	0	0

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Asse	Description	Date In Service	Cost	Basis for Depr	NY Prior	NY Current	Federal Current	Difference Fed - NY
69	COMPUTERS	9/29/98	3,555	3,555	3,555	0	0	0
70 71	COMPUTERS MINOLTA COPIERS	11/30/98	3,370	3,370	3,370	0	0	0
72	COMPUTER SERVER	10/28/99 2/01/99	22,167 10,794	22,167 10,794	22,167 10,794	0	0	0
73	TELEPHONE SYSTEM	9/23/99	28,650	28,650	28,650	ŏ	ŏ	ő
74	COMPUTERS	2/01/99	4,201	4,201	4,201	0	0	0
75 76	MIP SOFTWARE OFFICE EQUIPMENT	12/01/99 7/06/00	11,128 706	11,128 706	11,128 706	0	0	0
77	DIGITAL CAMERA	7/19/00	1,000	1,000	1,000	0	0	0
78	DELL 866 CPU & PRINTER	1/11/01	1,720	1,720	1,720	0	0	Ö
79 80	PANAS TV/VCR DELL 2100 COMPUTERS	10/10/01 10/27/01	1,250	1,250	1,250	0	0	0
81	SAMSUNG ML PRINTERS	10/27/01	2,180 430	2,180 430	2,180 430	0	0	0
82	OKIDATA DOT MATRIX PRINTER	10/27/01	365	365	365	ŏ	ő	ő
83	LASER JET PRINTER	6/27/01	759	759	759	0	0	0
84 85	20 DONATED COMPUTERS LYTEC MEDICAL SOFTWARE	6/15/01 3/29/01	7,000 2,790	7,000 2,790	7,000 2,790	0	0	0
86	EPSON POWERLITE PROJECTOR	8/23/01	2,199	2,199	2,199	ő	0	0
87	COMPAQ LAPTOP COMPUTER	8/23/01	1,999	1,999	1,999	0	0	Ö
88 89	DELL DIMENSION 2200 LYTEC MEDICAL SOFTWARE	4/06/02 8/20/02	1,190 2,688	1,190	1,190	0	0	0
90	DELL DIMENSION 2100	2/19/02	1,079	2,688 1,079	2,688 1,079	0	0	0
91	DELL DIMENSION 2100	2/19/02	1,079	1,079	1,079	ŏ	ŏ	ŏ
92 93	DELL DIMENSION 2100	2/19/02	1,079	1,079	1,079	0	0	0
94	DELL DIMENSION 2100 DELL 1700 GX4000 HP LASERJET	2/19/02 12/28/02	1,079 2,010	1,079 2,010	1,079 2,010	0	0	0
95	W/ ACCESSORIES	2/16/02	1,873	1,873	1,873	ŏ	ő	0
96	HP INKJET 2250 PRINTER	2/16/02	697	697	697	0	0	0
97 98	HP LASER 2200 PRINTER DELL DIMENSION 2300	2/16/02 5/06/02	1,189 4,590	1,189 4,590	1,189 4,590	0	0	0
	HP INKJET 2250 PRINTER	2/16/02	697	697	697	0	0	0
100	DELL DIMENSION 2300	5/06/02	4,590	4,590	4,590	0	0	ŏ
101	DELL DIMENSION 4500 LANIER COPIER 5645	9/06/02 6/02/02	2,446	2,446	2,446	0	0	0
	LANIER COPIER 5622	6/02/02	12,429 7,031	12,429 7,031	12,429 7,031	0	0	0
104	DELL SERVER 500 SC	8/21/02	2,362	2,362	2,362	0	Ō	ő
	DAMSUM PRINTER & SYSTEM COMPUTER SYSTEM HP PRINTER 2200	2/16/02	809	809	809	0	0	0
	ACCESSORIES	2/16/02	2,356 1,605	2,356 1,605	2,356 1,605	0	0	0
108	HP LASER 2100 PRINTER	1/27/01	817	817	817	0	ŏ	0
	HP LASER 2500 N COLOR PRINTER	5/23/03	1,400	1,400	1,400	0	0	0
	HP LASER 2300 PRINTER 2003 QB SOFTWARE	6/22/03 4/24/03	1,360 1,698	1,360 1,698	1,360 1,698	0	0	0
112	HARD DRIVES	5/06/03	2,177	2,177	2,177	ő	ő	ő
113	DELL COMPUTER	6/23/03	1,618	1,618	1,618	0	0	0
114 115	COMPUTER EQUIPMENT TELEPHONE SYSTEM - TELEVERSE	12/31/06 11/21/08	8,040 10,460	8,040 10,460	8,040 10,460	0	0	0
116	TELEPHONE SYSTEM - TELEVERSE	11/21/08	10,460	10,460	10,460	ŏ	0	0
117	TELEPHONE SYSTEM - TELEVERSE	11/21/08	10,460	10,460	10,460	Õ	Õ	0
	EQUIPMENT - NETWORK COMPUTER	10/31/09 12/31/09	35,643 2,966	35,643 2,966	35,643 2,966	0	0	0
	COMPUTER	12/31/09	1,452	1,452	1,452	ő	0	0
	PLASMA TV	4/11/10	1,653	1,653	1,653	0	0	0
	APPLE MACBOOK HP LASER 93015DN PRINTER	5/28/10 5/24/10	1,747 2,097	1,747	1,747	0	0	0
	DELL OPTIPLEX	6/17/10	1,495	2,097 1,495	2,097 1,495	0	0	0
	DELL OPTIPLEX	6/17/10	3,739	3,739	3,739	ő	0	ŏ
	DELL OPTIPLEX DELL OPTIPLEX	6/17/10 12/28/10	2,991	2,991	2,991	0	0	0
	DELL OPTIPLEX	12/28/10	8,458 4,348	8,458 4,348	8,458 4,348	0	0	0
129	ACCUMEDIC MEDICAL & BILLING SC	2/11/11	83,236	83,236	83,236	ŏ	ŏ	ő
12/2/12	ACCUMEDIC MEDICAL & BILLING SO		3,285	3,285	3,285	0	0	0
	ELECTRONIC SIGNATURE PADS DELL POWEREDGE SERVER	10/06/11 3/16/11	2,352 15,989	2,352 15,989	2,352 15,989	0	0	0
133	TELEPHONE SYSTEM - TELEVERSE	7/12/11	5,692	5,692	5,692	ő	ő	0
	HP LASER PRINTER P2035	7/21/12	3,175	3,175	3,175	0	0	0
		10/20/12 11/17/12	896 677	896 677	783 570	113 107	113 107	0
		10/21/13	3,506	3,506	2,220	702	702	0
	COMPUTERS & PRINTERS	10/21/13	16,267	16,267	10,302	3,253	3,253	0
139	COMPUTERS & PRINTER	11/07/13	7,739	7,739	5,031	1,547	1,547	0

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Asset	Description	Date In Service	Cost	Basis for Depr	NY Prior	NY Current	Federal Current	Difference Fed - NY
140	COMPUTERS & PRINTER	12/16/13	2,992	2,992	1,820	598	598	
141	WIRELESS ROUTER	11/14/13	2,058	2,058	1,286	412	412	0
142	PROJECTOR	12/31/13	1,100	1,100	660	220	220	0
143	SECURITY SYSTEM	3/17/14	1,195	1,195	667	239	239	0
144	OPTIPLEX 7010	8/15/14	6,849	6,849	3,254	1,369	1,369	0
145	DS M401N LJ PRO 400	10/10/14	891	891	401	179	179	0
146	DELL INSPIRATION	12/06/91	2,049	2,049	855	409	409	0
147	OPTIPLEX 3020 MINITOWER	7/01/15	695	695	278	139	139	0
148	OPTIPLEX 3020 MINITOWER	7/01/15	7,740	7,740	3,096	1,548	1,548	ő
149	OPTIPLEX 3020 MINITOWER	7/01/15	3,096	3,096	1,238	620	620	ő
150	OPTIPLEX 3020 MINITOWER	12/01/15	3,111	3,111	1,244	623	623	ő
151	ACCUMEDIC EMR SOFTWARE	3/31/15	43,935	43,935	17,574	8,787	8,787	ŏ
152	POWEREDGE T430 SERVER	3/31/15	8,705	8,705	3,482	1,741	1,741	ő
153	MINI IPAD	5/20/14	485	485	194	97	97	ŏ
154	VAN	9/01/01	21,432	21,432	21,432	ó	Ó	ő
155	FORD ECOLINE VAN	12/31/06	43,693	43,693	43,693	ŏ	ŏ	ő
156	LHI ROOM DIVIDER	11/30/98	6,475	6,475	6,475	Ő	Ö	. 0
157	LEASEHOLD IMPROVEMENT	7/01/06	26,958	26,958	7,227	692	692	0
158	LEASHOLD IMPROVEMENT	12/31/08	28,933	28,933	15,432	1,929	1,929	0
159	LEASHOLD IMPROVEMENT	3/31/09	4,800	4,800	2,480	320	320	Ö
160	LEASHOLD IMPROVEMENT	4/02/09	2,500	2,500	1,293	167	167	Ö
	LEASEHOLD IMPROVEMENT	6/01/09	3,960	3,960	2,002	264	264	0
	LHI BAY SHORE	12/31/09	4,900	4,900	881	126	126	0
163	LHI BAY SHORE	12/31/09	700	700	138	18	18	0
	Total Other Depreciation	2007/2390727037 (=	5,306,273	5,306,273	1,908,893	154,157	154,157	0
	Total Other Depreciation	-	3,300,273	3,300,273	1,900,093	134,137	134,137	
	Total ACRS and Other Depr	eciation =	5,306,273	5,306,273	1,908,893	154,157	154,157	0
	Grand Totals		5,306,273	5,306,273	1,908,893	154,157	154,157	0
	Less: Dispositions		0,500,275	0,300,273	1,900,093	134,137	154,157	0
	Less: Start-up/Org Expense	_		ŏ	0		0	0
	Net Grand Totals	_	5,306,273	5,306,273	1,908,893	154,157	154,157	0
		,-						

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				10.00			
		Date		Bus Sec Basis			
Asset	Description	In Service	Cost	% 179Bonus for Depr	PerConv Meth	Prior	Current
3							
Otho	Depreciation:						
Other	344 BUILDING	12/31/02	595,360	595,360	39 MO S/L	214,359	15,266
2	344 ELEVATOR REFURBISHING	3/12/04	4,334	4,334	5 MO S/L	867	867
3	344 SECURITY CAMERA	3/12/04	2,450	2,450	5 MO S/L	490	490
4	344 FENCE	10/26/04	4,000	4,000		1,252	103
5	344 BUILDING IMPROVEMENTS 344 NEW OFFICE	7/01/04 9/07/07	10,375	10,375	39 MO S/L	3,325	266
7	344 ROOF	7/01/10	3,541 7,800	3,541 7,800	39 MO S/L 39 MO S/L	849 1,300	90 200
8	BUILDING1	12/31/02	91,463	91,463	39 MO S/L	32,928	2,346
9	BUILDING2	11/01/03	1,551,591	1,551,591	39 MO S/L	523,824	39,784
10	BUILDING3	1/01/05	32,560	32,560	39 MO S/L	9,985	835
11 12	336 BUILDING 336 SECURITY SYSTEM	5/13/09 2/08/10	1,529,209 4,300	1,529,209	39 MO S/L	300,611	39,210
13	336 RECEPTION	1/01/10	1,566	4,300 1,566	5 MO S/L 39 MO S/L	1,863 273	860 40
14	336 HCC BLDG SIGN	3/10/10	3,165	3.165	39 MO S/L	553	81
15	336 HCC SIGN 2	4/16/10	2,645	2,645	39 MO S/L	459	67
16	336 OFFICE	3/09/10	1,891	1,891	39 MO S/L	329	48
17	336 PARKING 336 AWNING	4/20/10	4,600	4,600	39 MO S/L	787	118
18 19	336 BLDG IMPROVEMENTS	4/23/10 9/12/11	925 27,800	925 27,800	39 MO S/L 39 MO S/L	158 3,803	24 712
20	336 BULDG IMPROVEMENTS	9/30/11	11,700	11,700	39 MO S/L	1,575	300
21	336 HEAT SYSTEM	3/23/11	4,995	4,995	39 MO S/L	736	128
22	336 SECURITY SYSTEM	4/04/11	2,025	2,025	5 MO S/L	2,025	0
23 24	336 CARPET BOND ISSUANCE COSTS	9/30/11	1,270	1,270	5 MO S/L	1,270	0 126
25	CLOSING COSTS	12/31/07 11/01/03	133,950 194,208	133,950 194,208	39 MO S/L 30 MO S/L	32,378 85,240	3,435 6,474
26	336 CLOSING COSTS	5/13/09	337,794		39 MO S/L	66,402	8,661
27	FURNITURE & FIXTURES	12/30/98	10,705	10,705	7 MO S/L	10,705	0,000
28	FURNITURES	12/30/98	2,192	2,192	7 MO S/L	2,192	0
29 30	FURNITURES & FIXTURES FURNITURES & FIXTURES	6/01/09	2,444	2,444	7 MO S/L	2,444	0
31	TRAINING TABLES	8/29/00 7/03/01	3,000 2,780	3,000 2,780	7 MO S/L 7 MO S/L	2,860 2,780	140
32	4-DRAWER FILING CABINET	2/01/02	500	500	7 MO S/L	500	ŏ
33	4-DRAWER FILING CABINET	3/01/02	700	700	7 MO S/L	700	ŏ
34	4-DRAWER FILING CABINET	3/01/02	500	500	7 MO S/L	500	0
35 36	FURNITURES OFFICE FURNITURES	11/15/03 8/31/09	5,199	5,199	7 MO S/L	5,199	0
37	OFFICE FURNITURES	8/31/09	1,260 1,203	1,260 1,203	5 MO S/L 5 MO S/L	1,260 1,203	0
38	OFFICE FURNITURES	12/03/10	3,680	3,680	5 MO S/L	3,680	ŏ
39	OFFICE FURNITURES	11/02/10	6,436	6,436	5 MO S/L	6,436	ŏ
	OFFICE FURNITURES	4/20/10	1,440	1,440	5 MO S/L	1,440	0
41 42	OFFICE FURNITURES OFFICE FURNITURES	9/30/10 9/08/10	3,075	3,075	5 MO S/L	3,075	0
43	5-DRAWER FILING CABINET	11/20/12	882 1,530	882 1,530	5 MO S/L 5 MO S/L	882 1,250	280
	FURNITURES & FIXTURES	5/08/12	1,435	1,435	5 MO S/L	1,339	96
	2-DRAWER FILING CABINET	7/12/12	449	449	5 MO S/L	404	45
	5-DRAWER FILING CABINET	3/15/12	739	739	5 MO S/L	708	31
47 48	5-DRAWER FILING CABINET CUSTOM CONFERENCE TABLE	11/25/13 11/27/13	1,978 8,050	1,978 8,050	5 MO S/L5 MO S/L	1,220 4,964	396
49	LEATHER CHAIRS	11/27/13	5,965	5,965	5 MO S/L	3,678	1,610 1,193
	32" PANAC LED HDTV	11/26/13	790	790	5 MO S/L	487	158
	DESK & CHAIRS	4/08/14	915	915	5 MO S/L	503	183
	FURNITURES OFFICE CHAIRS	7/31/14	3,791	3,791	5 MO S/L	1,832	759
	OFFICE CHAIRS PEDESTAL BOX FILE	11/24/14 11/05/14	1,056 837	1,056 837	5 MO S/L5 MO S/L	440 363	212 167
	PEDESTAL BOX FILE	11/05/14	558	558	5 MO S/L	242	112
	HEADSET DECT WIRELESS	11/05/14	578	578	5 MO S/L	250	116
	PEDESTAL BOX FILE	12/31/14	2,465	2,465	5 MO S/L	986	493
	FILE LATERAL	12/31/14	479	479	5 MO S/L	192	95
	CHAIRS TABLE CONFERENCE	12/16/14 12/10/14	1,077 620	1,077 620	5 MO S/L 5 MO S/L	440 258	215 124
	BLACK DESK	12/30/14	475	475	5 MO S/L	190	95
62	BOOKCASE FIVE SHELF	12/23/14	450	450	5 MO S/L	180	90
	SECTIONAL SOFA	12/04/14	1,724	1,724	5 MO S/L	719	344
	TABLE CABINET, CHARIS, DESK	12/04/14	1,003	1,003	5 MO S/L	418	201
	SODA MACHINE	6/04/15 7/01/97	1,890 8,596	1,890 8,596	5 MO S/L 5 MO S/L	756 8,596	378
	FAX MACHINE	6/29/98	299	299	5 MO S/L	299	0
	REFRIGERATOR	6/30/98	725	725	5 MO S/L	725	ŏ

HCC HISPANIC COUNSELING CENTER AMT Asset Report

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Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
69	COMPUTERS	9/29/98	3,555		3,555	5 MO S/L	3,555	0
70	COMPUTERS	11/30/98	3,370		3,370	5 MO S/L	3,370	ŏ
71	MINOLTA COPIERS	10/28/99	22,167		22,167	7 MO S/L	22,167	0
72 73	COMPUTER SERVER TELEPHONE SYSTEM	2/01/99 9/23/99	10,794 28,650		10,794 28,650	5 MO S/L 7 MO S/L	10,794 28,650	0
74	COMPUTERS	2/01/99	4,201		4,201	5 MO S/L	4,201	0
75	MIP SOFTWARE	12/01/99	11,128		11,128	5 MO S/L	11,128	0
76 77	OFFICE EQUIPMENT DIGITAL CAMERA	7/06/00 7/19/00	706 1,000		706	5 MO S/L	706	0
78	DELL 866 CPU & PRINTER	1/11/01	1,720		1,000 1,720	5 MO S/L5 MO S/L	1,000 1,720	0
79	PANAS TV/VCR	10/10/01	1,250		1,250	5 MO S/L	1,250	ŏ
80	DELL 2100 COMPUTERS	10/27/01	2,180		2,180	5 MO S/L	2,180	0
81 82	SAMSUNG ML PRINTERS OKIDATA DOT MATRIX PRINTER	10/27/01 10/27/01	430 365		430 365	5 MO S/L 5 MO S/L	430 365	0
83	LASER JET PRINTER	6/27/01	759		759	5 MO S/L	759	ő
84	20 DONATED COMPUTERS	6/15/01	7,000		7,000	5 MO S/L	7,000	0
	LYTEC MEDICAL SOFTWARE EPSON POWERLITE PROJECTOR	3/29/01 8/23/01	2,790 2,199		2,790	5 MO S/L	2,790	0
87	COMPAQ LAPTOP COMPUTER	8/23/01	1,999		2,199 1,999	5 MO S/L 5 MO S/L	2,199 1,999	0
88	DELL DIMENSION 2200	4/06/02	1,190		1,190	5 MO S/L	1,190	ŏ
89 90	LYTEC MEDICAL SOFTWARE	8/20/02	2,688		2,688	5 MO S/L	2,688	0
91	DELL DIMENSION 2100 DELL DIMENSION 2100	2/19/02 2/19/02	1,079 1,079		1,079 1,079	5 MO S/L 5 MO S/L	1,079 1,079	0
92	DELL DIMENSION 2100	2/19/02	1,079		1,079	5 MO S/L	1,079	0
93	DELL DIMENSION 2100	2/19/02	1,079		1,079	5 MO S/L	1,079	0
94 95	DELL 1700 GX4000 HP LASERJET W/ ACCESSORIES	12/28/02 2/16/02	2,010		2,010	5 MO S/L	2,010	0
1,779,771	HP INKJET 2250 PRINTER	2/16/02	1,873 697		1,873 697	5 MO S/L 5 MO S/L	1,873 697	0
97	HP LASER 2200 PRINTER	2/16/02	1,189		1,189	5 MO S/L	1,189	0
98	DELL DIMENSION 2300	5/06/02	4,590		4,590	5 MO S/L	4,590	0
	HP INKJET 2250 PRINTER DELL DIMENSION 2300	2/16/02 5/06/02	697 4,590		697 4,590	5 MO S/L 5 MO S/L	697 4,590	0
120202	DELL DIMENSION 4500	9/06/02	2,446		2,446	5 MO S/L	2,446	0
	LANIER COPIER 5645	6/02/02	12,429		12,429	3 MO S/L	12,429	0
	LANIER COPIER 5622 DELL SERVER 500 SC	6/02/02 8/21/02	7,031 2,362		7,031	3 MO S/L	7,031	0
	DAMSUM PRINTER & SYSTEM	2/16/02	809		2,362 809	5 MO S/L 5 MO S/L	2,362 809	0
106	COMPUTER SYSTEM HP PRINTER 2200	2/16/02	2,356		2,356	5 MO S/L	2,356	ŏ
	ACCESSORIES HP LASER 2100 PRINTER	2/16/02 1/27/01	1,605 817		1,605	5 MO S/L	1,605	0 0 0
	HP LASER 2500 N COLOR PRINTER	5/23/03	1,400		817 1,400	5 MO S/L 5 MO S/L	817 1,400	0
110	HP LASER 2300 PRINTER	6/22/03	1,360		1,360	5 MO S/L	1,360	0
	2003 QB SOFTWARE HARD DRIVES	4/24/03	1,698		1,698	3 MO S/L	1,698	0
	DELL COMPUTER	5/06/03 6/23/03	2,177 1,618		2,177 1,618	5 MO S/L 5 MO S/L	2,177 1,618	0
114	COMPUTER EQUIPMENT	12/31/06	8,040		8,040	5 MO S/L	8,040	ő
	TELEPHONE SYSTEM - TELEVERSE	11/21/08	10,460		10,460	5 MO S/L	10,460	0
	TELEPHONE SYSTEM - TELEVERSE TELEPHONE SYSTEM - TELEVERSE	11/21/08 11/21/08	10,460 10,460		10,460 10,460	5 MO S/L 5 MO S/L	10,460	0
118	EQUIPMENT - NETWORK	10/31/09	35,643		35,643	5 MO S/L	10,460 35,643	0
119	COMPUTER	12/31/09	2,966		2,966	5 MO S/L	2,966	0
	COMPUTER PLASMA TV	12/31/09 4/11/10	1,452 1,653		1,452	5 MO S/L	1,452	0
	APPLE MACBOOK	5/28/10	1,747		1,653 1,747	5 MO S/L 5 MO S/L	1,653 1,747	0
123	HP LASER 93015DN PRINTER	5/24/10	2,097		2,097	5 MO S/L	2,097	ŏ
	DELL OPTIPLEX	6/17/10	1,495		1,495	5 MO S/L	1,495	0
	DELL OPTIPLEX DELL OPTIPLEX	6/17/10 6/17/10	3,739 2,991		3,739 2,991	5 MO S/L 5 MO S/L	3,739 2,991	0 0
127	DELL OPTIPLEX	12/28/10	8,458		8,458	5 MO S/L	8,458	ő
	DELL OPTIPLEX	12/28/10	4,348		4,348	5 MO S/L	4,348	0
	ACCUMEDIC MEDICAL & BILLING SC ACCUMEDIC MEDICAL & BILLING SO	2/11/11 9/14/11	83,236 3,285		83,236	5 MO S/L	83,236	0
	ELECTRONIC SIGNATURE PADS	10/06/11	2,352		3,285 2,352	5 MO S/L 5 MO S/L	3,285 2,352	0 0
	DELL POWEREDGE SERVER	3/16/11	15,989		15,989	5 MO S/L	15,989	ŏ
	TELEPHONE SYSTEM - TELEVERSE	7/12/11	5,692		5,692	5 MO S/L	5,692	0
	HP LASER PRINTER P2035 HP LASER PRINTER P2035	7/21/12 10/20/12	3,175 896		3,175 896	5 MO S/L 5 MO S/L	3,175 783	113
136	OPTIPLEX 390 MINI TOWER	11/17/12	677		677	5 MO S/L	570	107
	LATITUDE E5530 LAPTOP	10/21/13	3,506		3,506	5 MO S/L	2,220	702
	COMPUTERS & PRINTERS COMPUTERS & PRINTER	10/21/13 11/07/13	16,267 7,739		16,267 7,739	5 MO S/L 5 MO S/L	10,302 5,031	3,253 1,547
	1000		11100		.,,,,,	- 1.10 0/1	5,051	1,547

11-2592214

AMT Asset Report Form 990, Page 1

A		Date		Bus Sec	Basis				Same with the state of the
Asset	Description	_ In Service	Cost	_%_ <u>179Bonus</u>	for Depr	Per	Conv Meth	Prior	Current
140	COMPUTERS & PRINTER	12/16/13	2,992		2,992	5	MO S/L	1,820	598
141	WIRELESS ROUTER	11/14/13	2,058		2,058	5		1,286	412
142	PROJECTOR	12/31/13	1,100		1,100	5		660	220
143	SECURITY SYSTEM	3/17/14	1,195		1,195	5	MO S/L	667	239
144	OPTIPLEX 7010	8/15/14	6,849		6,849	5	MO S/L	3,254	1,369
145	DS M401N LJ PRO 400	10/10/14	891		891	5	MO S/L	401	179
146	DELL INSPIRATION	12/06/91	2,049		2,049	5	MO S/L	855	409
147	OPTIPLEX 3020 MINITOWER	7/01/15	695		695	5	MO S/L	278	139
148	OPTIPLEX 3020 MINITOWER	7/01/15	7,740		7,740	5	MO S/L	3.096	1,548
149	OPTIPLEX 3020 MINITOWER	7/01/15	3,096		3,096	5	MO S/L	1,238	620
150	OPTIPLEX 3020 MINITOWER	12/01/15	3,111		3,111	5	MO S/L	1,244	623
151	ACCUMEDIC EMR SOFTWARE	3/31/15	43,935		43,935	5	MO S/L	17,574	8,787
152	POWEREDGE T430 SERVER	3/31/15	8,705		8,705	5	MO S/L	3,482	1,741
153	MINI IPAD	5/20/14	485		485	5	MO S/L	194	97
154	VAN	9/01/01	21,432		21,432	5	MO S/L	21,432	0
155	FORD ECOLINE VAN	12/31/06	43,693		43,693	5	MO S/L	43,693	0
	LHI ROOM DIVIDER	11/30/98	6,475		6,475	5	MO S/L	6,475	0
	LEASEHOLD IMPROVEMENT	7/01/06	26,958		26,958	39	MO S/L	7,227	692
	LEASHOLD IMPROVEMENT	12/31/08	28,933		28,933	15	MO S/L	15,432	1,929
	LEASHOLD IMPROVEMENT	3/31/09	4,800		4,800	15	MO S/L	2,480	320
	LEASHOLD IMPROVEMENT	4/02/09	2,500		2,500	15	MO S/L	1,293	167
	LEASEHOLD IMPROVEMENT	6/01/09	3,960		3,960	15	MO S/L	2,002	264
	LHI BAY SHORE	12/31/09	4,900		4,900		MO S/L	881	126
163	LHI BAY SHORE	12/31/09	700	_	700	39	MO S/L	138	18
	Total Other Depreciation	,	5,306,273	-	5,306,273		14	1,908,893	154,157
	Total ACRS and Other Depre	eciation .	5,306,273	-	5,306,273			1,908,893	154,157
	Grand Totals Less: Dispositions and Transf	ers	5,306,273 0	<u>-</u>	5,306,273 0			1,908,893 0	154,157 0
	Net Grand Totals		5,306,273	=	5,306,273			1,908,893	154,157

HCC HISPANIC COUNSELING CENTER
11-2592214 Depreciation

FYE: 12/31/2018

Depreciation Adjustment Report All Business Activities

Form Unit Asset Description Tax AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

Form 990

Event Income and Deduction Worksheet

2018

Description GALA

Name

HISPANIC COUNSELING CENTER

Taxpayer Identification Number 11-2592214

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	113,408	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	113,408	Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Interest
12. Depreciation Expense 12.	***	Insurance
13. Exempt Activity Expense 13.		Total Indirect Expense
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 1#5.		[기 시청구역() (1) [기 시청 시청 기 시청 시청 기 기 시청 시청 기 기 기 기 기 기 기
16. Net Income/Loss. Line 7 minus Line 156.		On investment property
10. Net income/Loss. Line / minus Line 130.	01,910	On non-investment property
		Amortization
F D-1-11- 01-101-0-11		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold		Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Total Exempt Activity Expense
Compensation of officers		
Other salaries and wages		Expense Details - Fundraising Expense:
Pension plan contributions		Cash prizes
Other employee benefits		Non-cash prizes
Payroll taxes		Rent and facility costs 25,024
Total Employment Expense		Food & beverages (Part II only)
		Entertainment (Part II only)
Expense Details - Fees for Services:		Other direct expenses 20,468
Management		Total Fundraising Expense 45,492
Legal		CONTROL OF THE PROPERTY OF THE
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-T	schedule:	Allocation of Expense to Program Service Accomplishments:
Schedule E		First
Schedule F		Second
Schedule G		Third
Schedule I		Third
Schedule J		All other

Form 990/990PF

Rent Income and Deduction Worksheet Description 336 &344 FULTON

2018

Name

HISPANIC COUNSELING CENTER

Taxpayer Identification Number 11-2592214

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

Gross rents	g	
xpenses (see details on worksneets below):		200 220
		328,339
	920	
Fees for services	······································	
Depreciation Expense		
Direct Expense	4.	
Total expenses. Add lines o through 12		
Net Income/Loss. Line 7 minus Line 13	6	328,339
xpense Details - Fees for Services:		
[2] 후에 전 마이크 (1) 1. (1		
Accounting Legal		
Legal Commissions		
Commissions Management		
Management Other Professional Fees	**************	
Other Professional Fees		
Total Fees for Services	***************************************	
xpense Details - Depreciation Expense:		
On non-investment property		
On investment property		
Amortization	4 - 4 - 5 - 7 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	
Depletion		
Total Depreciation Expense		
pense Details - Direct Expense:		
Interest		
Taxes/licenses		
Occupancy Expenses		
Repairs & Maintenance		
Fravel/conferences/meetings		
Printing & Publication		
Advertising	***************************************	*
nsurance		
Jtilities	******************	

Supplies Other expenses		
Other expenses		
Total Direct Expense		

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11-2592214 FYE: 12/31/2018

Federal Statements

Schedule A, Part II, Line 1(e)

American	2	5 18,480	77, 305	260	138,636	761 110	714,13/	200 150	2/4/883	000	090,622	200	3/0,122	300 00	00,233	22 073	20,00	20 169	501103	200	77,000	707 971	160,191	30 000	000,00	167 073	101,313	010 010	24,012	16.742	\$ 2,803,746
Description	Federated Campaigns	Government Grants or Contributions	NC DEPT OF YOUTH BOARD	Cash Contribution	NC DEPT CHEMICAL DEPENDENCY	Cash Contribution	NC DEPT CHILDREN AND FAMILY	Cash Contribution	NC UNITED WAY-RYAN WHITE	Cash Contribution	NYS DEPT OF MENTAL HEALTH	Cash Contribution	NASSAU CTY DISTRICT ATTORNEY'S OFFIC	Cash Contribution	NYS DEPARTMENT OF JUSTICE	Cash Contribution	NC LONG ISLAND DEVELOP DISABILITIES	Cash Contribution	NEWSDAY	Cash Contribution	RESEARCH FOUNDATION FOR MENTAL HEALT	Cash Contribution	NYS EDUCATION DEPARTMENT	Cash Contribution	NORTHWELL HEALTH	Cash Contribution	HEMPSTEAD SCHOOL DISTRICT	Cash Contribution	ESPRI VILLAGE OF HEMPSTEAD	Cash Contribution	Total

HCC HISPANIC COUNSELING CENTER
11-2592214 Federal Statements

FYE: 12/31/2018

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
NC DEPT OF YOUTH BOARD NC DEPT CHEMICAL DEPENDENCY NC DEPT CHILDREN AND FAMILY NC UNITED WAY-RYAN WHITE NYS DEPT OF MENTAL HEALTH NASSAU CTY DISTRICT ATTORNEY'S OFFIC NYS DEPARTMENT OF JUSTICE NC LONG ISLAND DEVELOP DISABILITIES HISPANIC FEDERATION OF NY LI COMMUNITY FOUNDATION NEWSDAY RESEARCH FOUNDATION FOR MENTAL HEALT NYS EDUCATION DEPARTMENT NORTHWELL HEALTH	\$ 321,081 1,817,333 548,945 461,609 1,075,112 168,709 75,963 40,081 10,000 20,000 46,000 148,797 30,000 167,973	\$ 18,547 1,514,799 246,411 159,075 772,578
HEMPSTEAD SCHOOL DISTRICT ESPRI VILLAGE OF HEMPSTEAD	94,012 16,742	8
Total	\$ 5,042,357	\$ 2,711,410

HCC HISPANIC COUNSELING CENTER 11-2592214 FYE: 12/31/2018	
Schedule A, Part II, Line 8(e)	
Description	
336 &344 FULTON \$ 328,339 Total \$ 328,339	
Schedule A, Part II, Line 12 - Current year	
Description	
\$ sah Investments	
Total \$ 4,497,190	