

Form **990**

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2022 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HISPANIC COUNSELING CENTER		D Employer identification number 11-2592214
	Doing business as		E Telephone number 516-538-2613
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	344 FULTON AVENUE		
City or town, state or province, country, and ZIP or foreign postal code HEMPSTEAD NY 11550		G Gross receipts\$ 8,548,425	

F Name and address of principal officer: CLAUDIA BOYLE 344 FULTON AVE HEMPSTEAD NY 11550	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.HISPANICCOUNSELING.ORG	H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1977	M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	126
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,842,780	4,320,118
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,455,424	4,133,685
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,410	4,247
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,497	44,825
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,311,111	8,502,875
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	5,127,233	5,459,887
	b Total fundraising expenses (Part IX, column (D), line 25)	1,073	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,735,797	2,951,697
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,863,030	8,411,584
19 Revenue less expenses. Subtract line 18 from line 12	448,081	91,291	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	6,083,523	6,086,658
	22 Net assets or fund balances. Subtract line 21 from line 20	3,810,772	3,722,616
		2,272,751	2,364,042

Part II Signature Block

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

Sign Here	Signature of officer CLAUDIA BOYLE Type or print name and title	CEO	Date
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Paid Preparer Use Only	Print/Type preparer's name Lawrence A Vollaro CPA	Preparer's signature Lawrence A Vollaro CPA	Date 07/19/23	Check <input type="checkbox"/> if self-employed	PTIN P00487273
	Firm's name LEHMAN FLYNN VOLLARO NY CPAS PLLC			Firm's EIN 84-1874983	
	Firm's address 534 Broadhollow Road - Suite 302 Melville, NY 11747			Phone no. 212-736-2220	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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

Yes No

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

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

Yes No

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

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

4a (Code:) (Expenses \$ **6,916,787** including grants of\$) (Revenue \$)

CHEMICAL DEPENDENCY PROGRAM IS DESIGNED TO PROVIDE SERVICES TO INDIVIDUALS STRUGGLING WITH ADDICTION AND THEIR FAMILIES AFFECTED BY THEIR SUBSTANCE ABUSE. THE GOAL OF THE PROGRAM IS TO PROVIDE INDIVIDUALS AN OPPORTUNITY TO ACHIEVE A LEVEL OF RECOVERY THROUGH A POSITIVE TREATMENT EXPERIENCE WHICH WILL ENABLE THEM TO LIVE DRUG FREE. THESE SERVICES INCLUDE PSYCHIATRIC SERVICES, EVALUATION, INDIVIDUAL, MARITAL, FAMILY AND GROUP THERAPY, CHEMICAL DEPENDENCE PSYCHO-EDUCATIONAL SERIES, CRISIS INTERVENTION, FAMILY EDUCATION, INFORMATION AND REFERRALS, VOCATIONAL SERVICES AND REFERRALS, AND FAMILY INTERVENTION.

4b (Code:) (Expenses \$ including grants of\$) (Revenue \$)

HEALTH TREATMENT SERVICES TO CHILDREN AND ADULTS. THESE SERVICES INCLUDE PSYCHIATRIC EVALUATIONS, INDIVIDUAL, MARITAL, FAMILY AND GROUP THERAPY, PHARMACOLOGICAL MAINTENANCE, CRISIS INTERVENTION, CASE MANAGEMENT SERVICES, HEALTH SCREENINGS AND REFERRALS, MENTAL HEALTH ASSESSMENTS, COORDINATION OF SERVICES AND DISCHARGE PLANNING.

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)

THE SUPPORTED HOUSING PROGRAM PROVIDES PERMANENT HOUSING TO INDIVIDUALS 18 YEARS OF AGE AND OLDER WITH SERIOUS MENTAL ILLNESS, EXPERIENCING DIFFICULTIES WITH THEIR HOUSING SITUATION WHO RECEIVE TREATMENT IN ANY MENTAL HEALTH PROGRAM.

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

(Expenses \$ **92,270** including grants of\$) (Revenue \$)

4e Total program service expenses **7,009,057**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	126		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	11	
1b	Enter the number of voting members included on line 1a, above, who are independent	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

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

Section C. Disclosure

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

CLAUDIA BOYLE
HEMPSTEAD

344 FULTON AVE

NY 11550

516-538-2613

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CLAUDIA BOYLE CEO	40.00 0.00			X				184,539	0	0
(2) YAHIRA ACOSTA-DELEON DIRECTOR	0.00 0.00	X						0	0	0
(3) GLORIA BACA BOARD MEMBER	0.00 0.00	X						0	0	0
(4) DILCIA GRANVILLE, PH D VICE PRESIDENT	0.00 0.00	X		X				0	0	0
(5) YESENIA GALEAS-VAZQUEZ DIRECTOR	0.00 0.00	X						0	0	0
(6) LIZ GUTIERREZ SECRETARY	0.00 0.00	X		X				0	0	0
(7) VERONICA LOPEZ DIRECTOR	0.00 0.00	X						0	0	0
(8) NANETTE MALEBRANCHE PRESIDENT	0.00 0.00	X		X				0	0	0
(9) CORINNE M KYRIACOU, PH D, MPH BOARD MEMBER	0.00 0.00	X						0	0	0
(10) GEORGE SANTIAGO JR, PH D TREASURER	0.00 0.00	X		X				0	0	0
(11) NADJA SEARCHWELL DIRECTOR	0.00 0.00	X						0	0	0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	12,176				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,452,306				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,855,636				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			4,320,118			
	Program Service Revenue			Business Code			
2a THIRD PARTY INSURANCE				3,674,680	3,674,680		
b PATIENT FEES				233,859	233,859		
c MEDICAID & MEDICARE				123,849	123,849		
d SUPPORTED HOUSING				101,297	101,297		
e							
f All other program service revenue							
g Total. Add lines 2a-2f				4,133,685			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,247	4,247		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real				
		6a	(ii) Personal				
		b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory		(i) Securities				
		7a	(ii) Other				
		b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
		8a		77,711			
b Less: direct expenses		8b	45,550				
c Net income or (loss) from fundraising events				32,161			
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11a OTHER			12,664	12,664		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			12,664			
12 Total revenue. See instructions				8,502,875	4,150,596	0	

Part IX Statement of Functional Expenses

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	184,539	92,270	92,269	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,532,540	3,779,667	752,873	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	58,128	58,128		
9 Other employee benefits	310,028	310,028		
10 Payroll taxes	374,652	237,555	137,097	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,245,888	1,150,984	94,904	
12 Advertising and promotion	26,033	22,526	3,507	
13 Office expenses	148,011	117,794	30,217	
14 Information technology				
15 Royalties				
16 Occupancy	678,903	671,161	7,742	
17 Travel	19,168	18,107	1,061	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	195,977	148,491	47,486	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	138,980	110,924	28,056	
23 Insurance	108,003	95,325	12,678	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	200,806	68,268	132,538	
b PROGRAM ACTIVITIES	66,503	54,758	11,745	
c LEASING	43,802	32,461	11,341	
d STAFF DEVELOPMENT	26,505	8,555	17,950	
e All other expenses	53,118	32,055	19,990	1,073
25 Total functional expenses. Add lines 1 through 24e	8,411,584	7,009,057	1,401,454	1,073
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	915,866	1	667,680
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	821,838	3	691,531
	4 Accounts receivable, net	344,791	4	894,747
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	19,505	9	36,690
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,815,447		
	b Less: accumulated depreciation	10b 2,679,377	3,275,050	10c 3,136,070
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	706,473	15	659,940
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,083,523	16	6,086,658	
Liabilities	17 Accounts payable and accrued expenses	80,838	17	92,219
	18 Grants payable		18	
	19 Deferred revenue	106,133	19	244,061
	20 Tax-exempt bond liabilities	3,425,000	20	3,235,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	12,602	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	186,199	25	151,336
	26 Total liabilities. Add lines 17 through 25	3,810,772	26	3,722,616
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,272,751	27	2,049,042
	28 Net assets with donor restrictions		28	315,000
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,272,751	32	2,364,042
33 Total liabilities and net assets/fund balances	6,083,523	33	6,086,658	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,502,875
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,411,584
3	Revenue less expenses. Subtract line 2 from line 1	3	91,291
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,272,751
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,364,042

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization

HISPANIC COUNSELING CENTER

Employer identification number

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.)

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

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

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

Schedule A (Form 990) 2022

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,803,746	3,009,650	3,613,963	4,842,780	4,320,118	18,590,257
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,803,746	3,009,650	3,613,963	4,842,780	4,320,118	18,590,257
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						11,133,818
6 Public support. Subtract line 5 from line 4						7,456,439

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2,803,746	3,009,650	3,613,963	4,842,780	4,320,118	18,590,257
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	328,339	286,895	239,773	103,425		958,432
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						19,548,689

12 Gross receipts from related activities, etc. (see instructions) **12** 19,293,487

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	38.14 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	37.58 %

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2021. 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—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) = 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 = 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) = 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 = 18 %

- 19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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

Part II, Line 10 - Other Income Detail

OTHER INCOME \$ 0

FUNDRAISING REVENUE \$ 0

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

HISPANIC COUNSELING CENTER**11-2592214**

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

Schedule B (Form 990) (2022)

Name of organization

HISPANIC COUNSELING CENTER

Employer identification number

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	\$ 159,997	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NC DEPT CHEMICAL DEPENDENCY 60 CHARLES LINDBERGH BLVD UNIONDALE NY 11553	\$ 983,266	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NC DEPT CHILDREN AND FAMILY 60 CHARLES LINDBERGH BLVD UNIONDALE NY 11553	\$ 282,724	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	RYAN WHITE 19 GRAND BLVD #1 DEER PARK NY 11729	\$ 242,045	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	NYS DEPT OF MENTAL HEALTH 44 HOLLAND AVE ALBANY NY 12229	\$ 608,920	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	RESEARCH FOUNDATION FOR MENTAL HEALTH 601 W 168th St New York NY 10032	\$ 1,041,451	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

HISPANIC COUNSELING CENTER

Employer identification number

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
7	HEMPSTEAD SCHOOL DISTRICT 201 President Street Hempstead NY 11550	\$ 93,119	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	OASAS 1450 WESTERN AVENUE ALBANY NY 12203	\$ 128,370	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	MOTHER CABRINIHEALTH FOUNDATION 777 3RD AVENUE NEW YORK NY 10017	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE 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

2022

Open to Public Inspection

Name of the organization

Employer identification number

HISPANIC COUNSELING CENTER

11-2592214

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-8 regarding conservation easements.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-2 regarding art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		677,140		677,140
b Buildings		4,267,420	1,854,014	2,413,406
c Leasehold improvements				
d Equipment		870,887	825,363	45,524
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,136,070

Part VII Investments – Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DEFERRED BOND COSTS	309,999
(2) DEBT SERVICE RESERVES	214,850
(3) RIGHT OF USE ASSETS	147,810
(4) SECURITY DEPOSITS	43,703
(5) ACCUMULATED AMORTIZATION	-56,422
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	659,940

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Other Liabilities	151,336
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	151,336

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	8,502,875
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	8,502,875
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	8,502,875

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

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

1	Total expenses and losses per audited financial statements		1	8,411,584
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	8,411,584
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	8,411,584

Part XIII Supplemental Information.

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

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Fundraising expenses \$ 0

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Fundraising expenses \$ 0

**SCHEDULE G
(Form 990)**

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

2022

Open to Public Inspection

Name of the organization

HISPANIC COUNSELING CENTER

Employer identification number

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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

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 VII) or entity in connection with professional fundraising services? Yes No

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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.

.....
.....
.....
.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>LUNCHEON</u> (event type)	_____ (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	77,711			77,711
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	77,711			77,711
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	45,550			45,550
	10 Direct expense summary. Add lines 4 through 9 in column (d)				45,550
11 Net income summary. Subtract line 10 from line 3, column (d)				32,161	

Part III 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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		_____ %	_____ %	_____ %	
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	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? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b 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 retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

2022

Open to Public Inspection

HISPANIC COUNSELING CENTER

Employer identification number

11-2592214

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CLAUDIA BOYLE CEO	(i)	184,539	0	0	0	0	184,539	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **HISPANIC COUNSELING CENTER** Employer identification number **11-2592214**

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A NASSAU COUNTY IDA		63166LDK4	04/04/18	2,005,000	See Part VI		X		X		X
B NASSAU COUNTY IDA		63166LDL2	04/04/18	1,875,000	See Part VI		X		X	X	
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
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								
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X				
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16 Has the final allocation of proceeds been made?		X		X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X				

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

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside 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?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other 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								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
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 1.145-2?		X		X				

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?		X		X				
c No rebate due?		X		X				
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?		X		X				

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)? ..		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period? ..		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?		X		X				

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

Schedule K - Purpose of Issue Description

NASSAU COUNTY IDA

REFINANCE EXISTING BONDS

NASSAU COUNTY IDA

REFINANCE EXISTING BONDS

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

HISPANIC COUNSELING CENTER

Employer identification number

11-2592214

Form 990 - Organization's Mission

TO ENHANCE THE STRENGTHS OF LONG ISLAND'S FAMILIES AND CHILDREN THROUGH BILINGUAL, BICULTURAL COUNSELING, PREVENTION, VOCATIONAL, AND EDUCATIONAL SERVICES TO ENRICH THEIR LIVES, FOSTER ECONOMIC INDEPENDENCE, AND NURTURE DREAMS FOR GENERATIONS TO COME.

Form 990, Part III, Line 4d - All Other Accomplishments

DESCRIPTION	EXPENSES	REVENUE
RYAN WHITE	269,667	263,228
YOUTH BOARD	197,817	160,000
CHILDREN AND FAMILY SERVICES	227,681	286,742
DOMESTIC VIOLENCE	75,144	48,159
SUPPORTED HOUSING	641,191	655,402
NORTHWELL RPSSI	65,523	69,200
CARE COORDINATION	237,655	289,079

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

FORM 990 WAS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO FILING.

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

EACH RESPONSIBLE PERSON SHALL ANNUALLY SIGN A CONFLICT OF INTEREST STATEMENT WHICH AFFIRMS SUCH PERSON: -HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY. - HAS READ AND UNDERSTANDS THE POLICY. - HAS AGREED TO COMPLY WITH THE POLICY - UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN

Name of the organization

Employer identification number

HISPANIC COUNSELING CENTER

11-2592214

ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX EXEMPT PURPOSES.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
 BOARD REVIEWS ACCOMPLISHMENTS OF EMPLOYEES AND ALSO COMPARES AMOUNT OF
 COMPENSATION TO SIMILIAR ENTERPRISES, WHETHER TAXABLE OR EXEMPT, WOULD PAY
 FOR SIMILIAR CIRCUMSTANCES. STARTING SALARIES AND INCREMENTS ARE DETERMINED
 BASED UPON PERFORMANCE REVIEW AND ESTABLISHED SCALES WHICH ARE REFLECTIVE
 OF FUNDING SOURCES.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
 THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF
 INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

Form 990, Part IX, Line 11g - Other Fees for Services

Description

	Tot/Prog Service	Mgt & General	Fundraising
CONSULTANTS	\$ 698,557	\$ 0	\$ 0
CONTRACTED SERVICES	\$ 143,665	\$ 65,006	\$ 0
BILLING SERVICES	\$ 298,762	\$ 0	\$ 0
PROFESSIONAL FEES	\$ 10,000	\$ 29,898	\$ 0
Total	\$ 1,150,984	\$ 94,904	\$ 0

Name of the organization

Employer identification number

HISPANIC COUNSELING CENTER

11-2592214

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Fundraising expenses \$ 0

Fundraising expenses \$ 0

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

HISPANIC COUNSELING CENTER

Employer identification number

11-2592214

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HCC SUPPORT, INC. 344 FULTON AVENUE 20-1495711 HEMPSTEAD NY 11550	SUPPORTING	NY	501C3	12b	THE CENTER		X
(2)							
(3)							
(4)							
(5)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	HCC SUPPORT, INC.	j	119,715	FMV
(2)	HCC SUPPORT, INC.	k	119,715	FMV
(3)	HCC SUPPORT, INC.	n	119,715	FMV
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

11-2592214

Federal Asset Report

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	344 BUILDING	12/31/02	595,360			595,360	39 MO S/L	275,422	15,265
2	344 ELEVATOR REFURBISHING	3/12/04	4,334			4,334	5 MO S/L	4,334	0
3	344 SECURITY CAMERA	3/12/04	2,450			2,450	5 MO S/L	2,450	0
4	344 FENCE	10/26/04	4,000			4,000	39 MO S/L	1,662	103
5	344 BUILDING IMPROVEMENTS	7/01/04	10,375			10,375	39 MO S/L	4,389	266
6	344 NEW OFFICE	9/07/07	3,541			3,541	39 MO S/L	1,212	91
7	344 ROOF	7/01/10	7,800			7,800	39 MO S/L	2,100	200
8	BUILDING1	12/31/02	91,463			91,463	39 MO S/L	42,309	2,345
9	BUILDING2	11/01/03	1,551,591			1,551,591	39 MO S/L	682,961	39,785
10	BUILDING3	1/01/05	32,560			32,560	39 MO S/L	13,324	835
11	336 BUILDING	5/13/09	1,529,209			1,529,209	39 MO S/L	457,453	39,210
12	336 SECURITY SYSTEM	2/08/10	4,300			4,300	5 MO S/L	4,300	0
13	336 RECEPTION	1/01/10	1,566			1,566	39 MO S/L	434	40
14	336 HCC BLDG SIGN	3/10/10	3,165			3,165	39 MO S/L	878	81
15	336 HCC SIGN 2	4/16/10	2,645			2,645	39 MO S/L	730	68
16	336 OFFICE	3/09/10	1,891			1,891	39 MO S/L	523	48
17	336 PARKING	4/20/10	4,600			4,600	39 MO S/L	1,259	118
18	336 AWNING	4/23/10	925			925	39 MO S/L	253	24
19	336 BLDG IMPROVEMENTS	9/12/11	27,800			27,800	39 MO S/L	6,654	713
20	336 BULDG IMPROVEMENTS	9/30/11	11,700			11,700	39 MO S/L	2,775	300
21	336 HEAT SYSTEM	3/23/11	4,995			4,995	39 MO S/L	1,248	129
22	336 SECURITY SYSTEM	4/04/11	2,025			2,025	5 MO S/L	2,025	0
23	336 CARPET	9/30/11	1,270			1,270	5 MO S/L	1,270	0
24	BOND ISSUANCE COSTS	12/31/07	133,950			133,950	39 MO S/L	46,117	3,434
25	CLOSING COSTS	11/01/03	194,208			194,208	30 MO S/L	111,135	6,473
26	336 CLOSING COSTS	5/13/09	337,794			337,794	39 MO S/L	101,047	8,662
27	FURNITURE & FIXTURES	12/30/98	10,705			10,705	7 MO S/L	10,705	0
28	FURNITURES	12/30/98	2,192			2,192	7 MO S/L	2,192	0
29	FURNITURES & FIXTURES	6/01/09	2,444			2,444	7 MO S/L	2,444	0
30	FURNITURES & FIXTURES	8/29/00	3,000			3,000	7 MO S/L	3,000	0
31	TRAINING TABLES	7/03/01	2,780			2,780	7 MO S/L	2,780	0
32	4-DRAWER FILING CABINET	2/01/02	500			500	7 MO S/L	500	0
33	4-DRAWER FILING CABINET	3/01/02	700			700	7 MO S/L	700	0
34	4-DRAWER FILING CABINET	3/01/02	500			500	7 MO S/L	500	0
35	FURNITURES	11/15/03	5,199			5,199	7 MO S/L	5,199	0
36	OFFICE FURNITURES	8/31/09	1,260			1,260	5 MO S/L	1,260	0
37	OFFICE FURNITURES	8/31/09	1,203			1,203	5 MO S/L	1,203	0
38	OFFICE FURNITURES	12/03/10	3,680			3,680	5 MO S/L	3,680	0
39	OFFICE FURNITURES	11/02/10	6,436			6,436	5 MO S/L	6,436	0
40	OFFICE FURNITURES	4/20/10	1,440			1,440	5 MO S/L	1,440	0
41	OFFICE FURNITURES	9/30/10	3,075			3,075	5 MO S/L	3,075	0
42	OFFICE FURNITURES	9/08/10	882			882	5 MO S/L	882	0
43	5-DRAWER FILING CABINET	11/20/12	1,530			1,530	5 MO S/L	1,530	0
44	FURNITURES & FIXTURES	5/08/12	1,435			1,435	5 MO S/L	1,435	0
45	2-DRAWER FILING CABINET	7/12/12	449			449	5 MO S/L	449	0
46	5-DRAWER FILING CABINET	3/15/12	739			739	5 MO S/L	739	0
47	5-DRAWER FILING CABINET	11/25/13	1,978			1,978	5 MO S/L	1,978	0
48	CUSTOM CONFERENCE TABLE	11/27/13	8,050			8,050	5 MO S/L	8,050	0
49	LEATHER CHAIRS	11/27/13	5,965			5,965	5 MO S/L	5,965	0
50	32" PANAC LED HDTV	11/26/13	790			790	5 MO S/L	790	0
51	DESK & CHAIRS	4/08/14	915			915	5 MO S/L	915	0
52	FURNITURES	7/31/14	3,791			3,791	5 MO S/L	3,791	0
53	OFFICE CHAIRS	11/24/14	1,056			1,056	5 MO S/L	1,056	0
54	PEDESTAL BOX FILE	11/05/14	837			837	5 MO S/L	837	0
55	PEDESTAL BOX FILE	11/05/14	558			558	5 MO S/L	558	0
56	HEADSET DECT WIRELESS	11/05/14	578			578	5 MO S/L	578	0
57	PEDESTAL BOX FILE	12/31/14	2,465			2,465	5 MO S/L	2,465	0
58	FILE LATERAL	12/31/14	479			479	5 MO S/L	479	0
59	CHAIRS	12/16/14	1,077			1,077	5 MO S/L	1,077	0
60	TABLE CONFERENCE	12/10/14	620			620	5 MO S/L	620	0
61	BLACK DESK	12/30/14	475			475	5 MO S/L	475	0
62	BOOKCASE FIVE SHELF	12/23/14	450			450	5 MO S/L	450	0
63	SECTIONAL SOFA	12/04/14	1,724			1,724	5 MO S/L	1,724	0
64	TABLE	12/04/14	1,003			1,003	5 MO S/L	1,003	0
65	CABINET, CHARIS, DESK	6/04/15	1,890			1,890	5 MO S/L	1,890	0
66	SODA MACHINE	7/01/97	8,596			8,596	5 MO S/L	8,596	0
67	FAX MACHINE	6/29/98	299			299	5 MO S/L	299	0
68	REFRIGERATOR	6/30/98	725			725	5 MO S/L	725	0

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Federal 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	0
71	MINOLTA COPIERS	10/28/99	22,167			22,167	7 MO S/L	22,167	0
72	COMPUTER SERVER	2/01/99	10,794			10,794	5 MO S/L	10,794	0
73	TELEPHONE SYSTEM	9/23/99	28,650			28,650	7 MO S/L	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	OFFICE EQUIPMENT	7/06/00	706			706	5 MO S/L	706	0
77	DIGITAL CAMERA	7/19/00	1,000			1,000	5 MO S/L	1,000	0
78	DELL 866 CPU & PRINTER	1/11/01	1,720			1,720	5 MO S/L	1,720	0
79	PANAS TV/VCR	10/10/01	1,250			1,250	5 MO S/L	1,250	0
80	DELL 2100 COMPUTERS	10/27/01	2,180			2,180	5 MO S/L	2,180	0
81	SAMSUNG ML PRINTERS	10/27/01	430			430	5 MO S/L	430	0
82	OKIDATA DOT MATRIX PRINTER	10/27/01	365			365	5 MO S/L	365	0
83	LASER JET PRINTER	6/27/01	759			759	5 MO S/L	759	0
84	20 DONATED COMPUTERS	6/15/01	7,000			7,000	5 MO S/L	7,000	0
85	LYTEC MEDICAL SOFTWARE	3/29/01	2,790			2,790	5 MO S/L	2,790	0
86	EPSON POWERLITE PROJECTOR	8/23/01	2,199			2,199	5 MO S/L	2,199	0
87	COMPAQ LAPTOP COMPUTER	8/23/01	1,999			1,999	5 MO S/L	1,999	0
88	DELL DIMENSION 2200	4/06/02	1,190			1,190	5 MO S/L	1,190	0
89	LYTEC MEDICAL SOFTWARE	8/20/02	2,688			2,688	5 MO S/L	2,688	0
90	DELL DIMENSION 2100	2/19/02	1,079			1,079	5 MO S/L	1,079	0
91	DELL DIMENSION 2100	2/19/02	1,079			1,079	5 MO S/L	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	DELL 1700 GX4000 HP LASERJET	12/28/02	2,010			2,010	5 MO S/L	2,010	0
95	W/ ACCESSORIES	2/16/02	1,873			1,873	5 MO S/L	1,873	0
96	HP INKJET 2250 PRINTER	2/16/02	697			697	5 MO S/L	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
99	HP INKJET 2250 PRINTER	2/16/02	697			697	5 MO S/L	697	0
100	DELL DIMENSION 2300	5/06/02	4,590			4,590	5 MO S/L	4,590	0
101	DELL DIMENSION 4500	9/06/02	2,446			2,446	5 MO S/L	2,446	0
102	LANIER COPIER 5645	6/02/02	12,429			12,429	3 MO S/L	12,429	0
103	LANIER COPIER 5622	6/02/02	7,031			7,031	3 MO S/L	7,031	0
104	DELL SERVER 500 SC	8/21/02	2,362			2,362	5 MO S/L	2,362	0
105	DAMSUM PRINTER & SYSTEM	2/16/02	809			809	5 MO S/L	809	0
106	COMPUTER SYSTEM HP PRINTER 2200	2/16/02	2,356			2,356	5 MO S/L	2,356	0
107	ACCESSORIES	2/16/02	1,605			1,605	5 MO S/L	1,605	0
108	HP LASER 2100 PRINTER	1/27/01	817			817	5 MO S/L	817	0
109	HP LASER 2500 N COLOR PRINTER	5/23/03	1,400			1,400	5 MO S/L	1,400	0
110	HP LASER 2300 PRINTER	6/22/03	1,360			1,360	5 MO S/L	1,360	0
111	2003 QB SOFTWARE	4/24/03	1,698			1,698	3 MO S/L	1,698	0
112	HARD DRIVES	5/06/03	2,177			2,177	5 MO S/L	2,177	0
113	DELL COMPUTER	6/23/03	1,618			1,618	5 MO S/L	1,618	0
114	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	0
116	TELEPHONE SYSTEM - TELEVERSE	11/21/08	10,460			10,460	5 MO S/L	10,460	0
117	TELEPHONE SYSTEM - TELEVERSE	11/21/08	10,460			10,460	5 MO S/L	10,460	0
118	EQUIPMENT - NETWORK	10/31/09	35,643			35,643	5 MO S/L	35,643	0
119	COMPUTER	12/31/09	2,966			2,966	5 MO S/L	2,966	0
120	COMPUTER	12/31/09	1,452			1,452	5 MO S/L	1,452	0
121	PLASMA TV	4/11/10	1,653			1,653	5 MO S/L	1,653	0
122	APPLE MACBOOK	5/28/10	1,747			1,747	5 MO S/L	1,747	0
123	HP LASER 93015DN PRINTER	5/24/10	2,097			2,097	5 MO S/L	2,097	0
124	DELL OPTIPLEX	6/17/10	1,495			1,495	5 MO S/L	1,495	0
125	DELL OPTIPLEX	6/17/10	3,739			3,739	5 MO S/L	3,739	0
126	DELL OPTIPLEX	6/17/10	2,991			2,991	5 MO S/L	2,991	0
127	DELL OPTIPLEX	12/28/10	8,458			8,458	5 MO S/L	8,458	0
128	DELL OPTIPLEX	12/28/10	4,348			4,348	5 MO S/L	4,348	0
129	ACCUMEDIC MEDICAL & BILLING SC	2/11/11	83,236			83,236	5 MO S/L	83,236	0
130	ACCUMEDIC MEDICAL & BILLING SO	9/14/11	3,285			3,285	5 MO S/L	3,285	0
131	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	0
133	TELEPHONE SYSTEM - TELEVERSE	7/12/11	5,692			5,692	5 MO S/L	5,692	0
134	HP LASER PRINTER P2035	7/21/12	3,175			3,175	5 MO S/L	3,175	0
135	HP LASER PRINTER P2035	10/20/12	896			896	5 MO S/L	896	0
136	OPTIPLEX 390 MINI TOWER	11/17/12	677			677	5 MO S/L	677	0
137	LATITUDE E5530 LAPTOP	10/21/13	3,506			3,506	5 MO S/L	3,506	0
138	COMPUTERS & PRINTERS	10/21/13	16,267			16,267	5 MO S/L	16,267	0
139	COMPUTERS & PRINTER	11/07/13	7,739			7,739	5 MO S/L	7,739	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
140	COMPUTERS & PRINTER	12/16/13	2,992			2,992	5 MO S/L	2,992	0
141	WIRELESS ROUTER	11/14/13	2,058			2,058	5 MO S/L	2,058	0
142	PROJECTOR	12/31/13	1,100			1,100	5 MO S/L	1,100	0
143	SECURITY SYSTEM	3/17/14	1,195			1,195	5 MO S/L	1,195	0
144	OPTIPLEX 7010	8/15/14	6,849			6,849	5 MO S/L	6,849	0
145	DS M401N LJ PRO 400	10/10/14	891			891	5 MO S/L	891	0
146	DELL INSPIRATION	12/06/91	2,049			2,049	5 MO S/L	2,049	0
147	OPTIPLEX 3020 MINITOWER	7/01/15	695			695	5 MO S/L	695	0
148	OPTIPLEX 3020 MINITOWER	7/01/15	7,740			7,740	5 MO S/L	7,740	0
149	OPTIPLEX 3020 MINITOWER	7/01/15	3,096			3,096	5 MO S/L	3,096	0
150	OPTIPLEX 3020 MINITOWER	12/01/15	3,111			3,111	5 MO S/L	3,111	0
151	ACCUMEDIC EMR SOFTWARE	3/31/15	43,935			43,935	5 MO S/L	43,935	0
152	POWEREDGE T430 SERVER	3/31/15	8,705			8,705	5 MO S/L	8,705	0
153	MINI IPAD	5/20/14	485			485	5 MO S/L	485	0
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
156	LHI ROOM DIVIDER	11/30/98	6,475			6,475	5 MO S/L	6,475	0
157	LEASEHOLD IMPROVEMENT	7/01/06	26,958			26,958	39 MO S/L	9,992	692
158	LEASEHOLD IMPROVEMENT	12/31/08	28,933			28,933	15 MO S/L	23,147	1,929
159	LEASEHOLD IMPROVEMENT	3/31/09	4,800			4,800	15 MO S/L	3,760	320
160	LEASEHOLD IMPROVEMENT	4/02/09	2,500			2,500	15 MO S/L	1,960	167
161	LEASEHOLD IMPROVEMENT	6/01/09	3,960			3,960	15 MO S/L	3,058	264
162	LHI BAY SHORE	12/31/09	4,900			4,900	39 MO S/L	1,384	125
163	LHI BAY SHORE	12/31/09	700			700	39 MO S/L	210	18
Total Other Depreciation			<u>5,306,273</u>			<u>5,306,273</u>		<u>2,479,780</u>	<u>121,705</u>
Total ACRS and Other Depreciation			<u>5,306,273</u>			<u>5,306,273</u>		<u>2,479,780</u>	<u>121,705</u>
Grand Totals			5,306,273			5,306,273		2,479,780	121,705
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>5,306,273</u>			<u>5,306,273</u>		<u>2,479,780</u>	<u>121,705</u>

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NY Asset Report

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Asset	Description	Date In Service	Cost	Basis for Depr	NY Prior	NY Current	Federal Current	Difference Fed - NY
Other Depreciation:								
1	344 BUILDING	12/31/02	595,360	595,360	275,422	15,265	15,265	0
2	344 ELEVATOR REFURBISHING	3/12/04	4,334	4,334	4,334	0	0	0
3	344 SECURITY CAMERA	3/12/04	2,450	2,450	2,450	0	0	0
4	344 FENCE	10/26/04	4,000	4,000	1,662	103	103	0
5	344 BUILDING IMPROVEMENTS	7/01/04	10,375	10,375	4,389	266	266	0
6	344 NEW OFFICE	9/07/07	3,541	3,541	1,212	91	91	0
7	344 ROOF	7/01/10	7,800	7,800	2,100	200	200	0
8	BUILDING1	12/31/02	91,463	91,463	42,309	2,345	2,345	0
9	BUILDING2	11/01/03	1,551,591	1,551,591	682,961	39,785	39,785	0
10	BUILDING3	1/01/05	32,560	32,560	13,324	835	835	0
11	336 BUILDING	5/13/09	1,529,209	1,529,209	457,453	39,210	39,210	0
12	336 SECURITY SYSTEM	2/08/10	4,300	4,300	4,300	0	0	0
13	336 RECEPTION	1/01/10	1,566	1,566	434	40	40	0
14	336 HCC BLDG SIGN	3/10/10	3,165	3,165	878	81	81	0
15	336 HCC SIGN 2	4/16/10	2,645	2,645	730	68	68	0
16	336 OFFICE	3/09/10	1,891	1,891	523	48	48	0
17	336 PARKING	4/20/10	4,600	4,600	1,259	118	118	0
18	336 AWNING	4/23/10	925	925	253	24	24	0
19	336 BLDG IMPROVEMENTS	9/12/11	27,800	27,800	6,654	713	713	0
20	336 BULDG IMPROVEMENTS	9/30/11	11,700	11,700	2,775	300	300	0
21	336 HEAT SYSTEM	3/23/11	4,995	4,995	1,248	129	129	0
22	336 SECURITY SYSTEM	4/04/11	2,025	2,025	2,025	0	0	0
23	336 CARPET	9/30/11	1,270	1,270	1,270	0	0	0
24	BOND ISSUANCE COSTS	12/31/07	133,950	133,950	46,117	3,434	3,434	0
25	CLOSING COSTS	11/01/03	194,208	194,208	111,135	6,473	6,473	0
26	336 CLOSING COSTS	5/13/09	337,794	337,794	101,047	8,662	8,662	0
27	FURNITURE & FIXTURES	12/30/98	10,705	10,705	10,705	0	0	0
28	FURNITURES	12/30/98	2,192	2,192	2,192	0	0	0
29	FURNITURES & FIXTURES	6/01/09	2,444	2,444	2,444	0	0	0
30	FURNITURES & FIXTURES	8/29/00	3,000	3,000	3,000	0	0	0
31	TRAINING TABLES	7/03/01	2,780	2,780	2,780	0	0	0
32	4-DRAWER FILING CABINET	2/01/02	500	500	500	0	0	0
33	4-DRAWER FILING CABINET	3/01/02	700	700	700	0	0	0
34	4-DRAWER FILING CABINET	3/01/02	500	500	500	0	0	0
35	FURNITURES	11/15/03	5,199	5,199	5,199	0	0	0
36	OFFICE FURNITURES	8/31/09	1,260	1,260	1,260	0	0	0
37	OFFICE FURNITURES	8/31/09	1,203	1,203	1,203	0	0	0
38	OFFICE FURNITURES	12/03/10	3,680	3,680	3,680	0	0	0
39	OFFICE FURNITURES	11/02/10	6,436	6,436	6,436	0	0	0
40	OFFICE FURNITURES	4/20/10	1,440	1,440	1,440	0	0	0
41	OFFICE FURNITURES	9/30/10	3,075	3,075	3,075	0	0	0
42	OFFICE FURNITURES	9/08/10	882	882	882	0	0	0
43	5-DRAWER FILING CABINET	11/20/12	1,530	1,530	1,530	0	0	0
44	FURNITURES & FIXTURES	5/08/12	1,435	1,435	1,435	0	0	0
45	2-DRAWER FILING CABINET	7/12/12	449	449	449	0	0	0
46	5-DRAWER FILING CABINET	3/15/12	739	739	739	0	0	0
47	5-DRAWER FILING CABINET	11/25/13	1,978	1,978	1,978	0	0	0
48	CUSTOM CONFERENCE TABLE	11/27/13	8,050	8,050	8,050	0	0	0
49	LEATHER CHAIRS	11/27/13	5,965	5,965	5,965	0	0	0
50	32" PANAC LED HDTV	11/26/13	790	790	790	0	0	0
51	DESK & CHAIRS	4/08/14	915	915	915	0	0	0
52	FURNITURES	7/31/14	3,791	3,791	3,791	0	0	0
53	OFFICE CHAIRS	11/24/14	1,056	1,056	1,056	0	0	0
54	PEDESTAL BOX FILE	11/05/14	837	837	837	0	0	0
55	PEDESTAL BOX FILE	11/05/14	558	558	558	0	0	0
56	HEADSET DECT WIRELESS	11/05/14	578	578	578	0	0	0
57	PEDESTAL BOX FILE	12/31/14	2,465	2,465	2,465	0	0	0
58	FILE LATERAL	12/31/14	479	479	479	0	0	0
59	CHAIRS	12/16/14	1,077	1,077	1,077	0	0	0
60	TABLE CONFERENCE	12/10/14	620	620	620	0	0	0
61	BLACK DESK	12/30/14	475	475	475	0	0	0
62	BOOKCASE FIVE SHELF	12/23/14	450	450	450	0	0	0
63	SECTIONAL SOFA	12/04/14	1,724	1,724	1,724	0	0	0
64	TABLE	12/04/14	1,003	1,003	1,003	0	0	0
65	CABINET, CHARIS, DESK	6/04/15	1,890	1,890	1,890	0	0	0
66	SODA MACHINE	7/01/97	8,596	8,596	8,596	0	0	0
67	FAX MACHINE	6/29/98	299	299	299	0	0	0
68	REFRIGERATOR	6/30/98	725	725	725	0	0	0

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NY Asset Report

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Asset	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	COMPUTERS	11/30/98	3,370	3,370	3,370	0	0	0
71	MINOLTA COPIERS	10/28/99	22,167	22,167	22,167	0	0	0
72	COMPUTER SERVER	2/01/99	10,794	10,794	10,794	0	0	0
73	TELEPHONE SYSTEM	9/23/99	28,650	28,650	28,650	0	0	0
74	COMPUTERS	2/01/99	4,201	4,201	4,201	0	0	0
75	MIP SOFTWARE	12/01/99	11,128	11,128	11,128	0	0	0
76	OFFICE EQUIPMENT	7/06/00	706	706	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	0
79	PANAS TV/VCR	10/10/01	1,250	1,250	1,250	0	0	0
80	DELL 2100 COMPUTERS	10/27/01	2,180	2,180	2,180	0	0	0
81	SAMSUNG ML PRINTERS	10/27/01	430	430	430	0	0	0
82	OKIDATA DOT MATRIX PRINTER	10/27/01	365	365	365	0	0	0
83	LASER JET PRINTER	6/27/01	759	759	759	0	0	0
84	20 DONATED COMPUTERS	6/15/01	7,000	7,000	7,000	0	0	0
85	LYTEC MEDICAL SOFTWARE	3/29/01	2,790	2,790	2,790	0	0	0
86	EPSON POWERLITE PROJECTOR	8/23/01	2,199	2,199	2,199	0	0	0
87	COMPAQ LAPTOP COMPUTER	8/23/01	1,999	1,999	1,999	0	0	0
88	DELL DIMENSION 2200	4/06/02	1,190	1,190	1,190	0	0	0
89	LYTEC MEDICAL SOFTWARE	8/20/02	2,688	2,688	2,688	0	0	0
90	DELL DIMENSION 2100	2/19/02	1,079	1,079	1,079	0	0	0
91	DELL DIMENSION 2100	2/19/02	1,079	1,079	1,079	0	0	0
92	DELL DIMENSION 2100	2/19/02	1,079	1,079	1,079	0	0	0
93	DELL DIMENSION 2100	2/19/02	1,079	1,079	1,079	0	0	0
94	DELL 1700 GX4000 HP LASERJET	12/28/02	2,010	2,010	2,010	0	0	0
95	W/ ACCESSORIES	2/16/02	1,873	1,873	1,873	0	0	0
96	HP INKJET 2250 PRINTER	2/16/02	697	697	697	0	0	0
97	HP LASER 2200 PRINTER	2/16/02	1,189	1,189	1,189	0	0	0
98	DELL DIMENSION 2300	5/06/02	4,590	4,590	4,590	0	0	0
99	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	0
101	DELL DIMENSION 4500	9/06/02	2,446	2,446	2,446	0	0	0
102	LANIER COPIER 5645	6/02/02	12,429	12,429	12,429	0	0	0
103	LANIER COPIER 5622	6/02/02	7,031	7,031	7,031	0	0	0
104	DELL SERVER 500 SC	8/21/02	2,362	2,362	2,362	0	0	0
105	DAMSUM PRINTER & SYSTEM	2/16/02	809	809	809	0	0	0
106	COMPUTER SYSTEM HP PRINTER 2200	2/16/02	2,356	2,356	2,356	0	0	0
107	ACCESSORIES	2/16/02	1,605	1,605	1,605	0	0	0
108	HP LASER 2100 PRINTER	1/27/01	817	817	817	0	0	0
109	HP LASER 2500 N COLOR PRINTER	5/23/03	1,400	1,400	1,400	0	0	0
110	HP LASER 2300 PRINTER	6/22/03	1,360	1,360	1,360	0	0	0
111	2003 QB SOFTWARE	4/24/03	1,698	1,698	1,698	0	0	0
112	HARD DRIVES	5/06/03	2,177	2,177	2,177	0	0	0
113	DELL COMPUTER	6/23/03	1,618	1,618	1,618	0	0	0
114	COMPUTER EQUIPMENT	12/31/06	8,040	8,040	8,040	0	0	0
115	TELEPHONE SYSTEM - TELEVERSE	11/21/08	10,460	10,460	10,460	0	0	0
116	TELEPHONE SYSTEM - TELEVERSE	11/21/08	10,460	10,460	10,460	0	0	0
117	TELEPHONE SYSTEM - TELEVERSE	11/21/08	10,460	10,460	10,460	0	0	0
118	EQUIPMENT - NETWORK	10/31/09	35,643	35,643	35,643	0	0	0
119	COMPUTER	12/31/09	2,966	2,966	2,966	0	0	0
120	COMPUTER	12/31/09	1,452	1,452	1,452	0	0	0
121	PLASMA TV	4/11/10	1,653	1,653	1,653	0	0	0
122	APPLE MACBOOK	5/28/10	1,747	1,747	1,747	0	0	0
123	HP LASER 93015DN PRINTER	5/24/10	2,097	2,097	2,097	0	0	0
124	DELL OPTIPLEX	6/17/10	1,495	1,495	1,495	0	0	0
125	DELL OPTIPLEX	6/17/10	3,739	3,739	3,739	0	0	0
126	DELL OPTIPLEX	6/17/10	2,991	2,991	2,991	0	0	0
127	DELL OPTIPLEX	12/28/10	8,458	8,458	8,458	0	0	0
128	DELL OPTIPLEX	12/28/10	4,348	4,348	4,348	0	0	0
129	ACCUMEDIC MEDICAL & BILLING SC	2/11/11	83,236	83,236	83,236	0	0	0
130	ACCUMEDIC MEDICAL & BILLING SO	9/14/11	3,285	3,285	3,285	0	0	0
131	ELECTRONIC SIGNATURE PADS	10/06/11	2,352	2,352	2,352	0	0	0
132	DELL POWEREDGE SERVER	3/16/11	15,989	15,989	15,989	0	0	0
133	TELEPHONE SYSTEM - TELEVERSE	7/12/11	5,692	5,692	5,692	0	0	0
134	HP LASER PRINTER P2035	7/21/12	3,175	3,175	3,175	0	0	0
135	HP LASER PRINTER P2035	10/20/12	896	896	896	0	0	0
136	OPTIPLEX 390 MINI TOWER	11/17/12	677	677	677	0	0	0
137	LATITUDE E5530 LAPTOP	10/21/13	3,506	3,506	3,506	0	0	0
138	COMPUTERS & PRINTERS	10/21/13	16,267	16,267	16,267	0	0	0
139	COMPUTERS & PRINTER	11/07/13	7,739	7,739	7,739	0	0	0

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NY Asset Report

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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	2,992	0	0	0
141	WIRELESS ROUTER	11/14/13	2,058	2,058	2,058	0	0	0
142	PROJECTOR	12/31/13	1,100	1,100	1,100	0	0	0
143	SECURITY SYSTEM	3/17/14	1,195	1,195	1,195	0	0	0
144	OPTIPLEX 7010	8/15/14	6,849	6,849	6,849	0	0	0
145	DS M401N LJ PRO 400	10/10/14	891	891	891	0	0	0
146	DELL INSPIRATION	12/06/91	2,049	2,049	2,049	0	0	0
147	OPTIPLEX 3020 MINITOWER	7/01/15	695	695	695	0	0	0
148	OPTIPLEX 3020 MINITOWER	7/01/15	7,740	7,740	7,740	0	0	0
149	OPTIPLEX 3020 MINITOWER	7/01/15	3,096	3,096	3,096	0	0	0
150	OPTIPLEX 3020 MINITOWER	12/01/15	3,111	3,111	3,111	0	0	0
151	ACCUMEDIC EMR SOFTWARE	3/31/15	43,935	43,935	43,935	0	0	0
152	POWEREDGE T430 SERVER	3/31/15	8,705	8,705	8,705	0	0	0
153	MINI IPAD	5/20/14	485	485	485	0	0	0
154	VAN	9/01/01	21,432	21,432	21,432	0	0	0
155	FORD ECOLINE VAN	12/31/06	43,693	43,693	43,693	0	0	0
156	LHI ROOM DIVIDER	11/30/98	6,475	6,475	6,475	0	0	0
157	LEASEHOLD IMPROVEMENT	7/01/06	26,958	26,958	9,992	692	692	0
158	LEASEHOLD IMPROVEMENT	12/31/08	28,933	28,933	23,147	1,929	1,929	0
159	LEASEHOLD IMPROVEMENT	3/31/09	4,800	4,800	3,760	320	320	0
160	LEASEHOLD IMPROVEMENT	4/02/09	2,500	2,500	1,960	167	167	0
161	LEASEHOLD IMPROVEMENT	6/01/09	3,960	3,960	3,058	264	264	0
162	LHI BAY SHORE	12/31/09	4,900	4,900	1,384	125	125	0
163	LHI BAY SHORE	12/31/09	700	700	210	18	18	0
Total Other Depreciation			<u>5,306,273</u>	<u>5,306,273</u>	<u>2,479,780</u>	<u>121,705</u>	<u>121,705</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>5,306,273</u>	<u>5,306,273</u>	<u>2,479,780</u>	<u>121,705</u>	<u>121,705</u>	<u>0</u>
Grand Totals			5,306,273	5,306,273	2,479,780	121,705	121,705	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>5,306,273</u>	<u>5,306,273</u>	<u>2,479,780</u>	<u>121,705</u>	<u>121,705</u>	<u>0</u>

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AMT Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	344 BUILDING	12/31/02	595,360			595,360	39 MO S/L	275,422	15,265
2	344 ELEVATOR REFURBISHING	3/12/04	4,334			4,334	5 MO S/L	4,334	0
3	344 SECURITY CAMERA	3/12/04	2,450			2,450	5 MO S/L	2,450	0
4	344 FENCE	10/26/04	4,000			4,000	39 MO S/L	1,662	103
5	344 BUILDING IMPROVEMENTS	7/01/04	10,375			10,375	39 MO S/L	4,389	266
6	344 NEW OFFICE	9/07/07	3,541			3,541	39 MO S/L	1,212	91
7	344 ROOF	7/01/10	7,800			7,800	39 MO S/L	2,100	200
8	BUILDING1	12/31/02	91,463			91,463	39 MO S/L	42,309	2,345
9	BUILDING2	11/01/03	1,551,591			1,551,591	39 MO S/L	682,961	39,785
10	BUILDING3	1/01/05	32,560			32,560	39 MO S/L	13,324	835
11	336 BUILDING	5/13/09	1,529,209			1,529,209	39 MO S/L	457,453	39,210
12	336 SECURITY SYSTEM	2/08/10	4,300			4,300	5 MO S/L	4,300	0
13	336 RECEPTION	1/01/10	1,566			1,566	39 MO S/L	434	40
14	336 HCC BLDG SIGN	3/10/10	3,165			3,165	39 MO S/L	878	81
15	336 HCC SIGN 2	4/16/10	2,645			2,645	39 MO S/L	730	68
16	336 OFFICE	3/09/10	1,891			1,891	39 MO S/L	523	48
17	336 PARKING	4/20/10	4,600			4,600	39 MO S/L	1,259	118
18	336 AWNING	4/23/10	925			925	39 MO S/L	253	24
19	336 BLDG IMPROVEMENTS	9/12/11	27,800			27,800	39 MO S/L	6,654	713
20	336 BULDG IMPROVEMENTS	9/30/11	11,700			11,700	39 MO S/L	2,775	300
21	336 HEAT SYSTEM	3/23/11	4,995			4,995	39 MO S/L	1,248	129
22	336 SECURITY SYSTEM	4/04/11	2,025			2,025	5 MO S/L	2,025	0
23	336 CARPET	9/30/11	1,270			1,270	5 MO S/L	1,270	0
24	BOND ISSUANCE COSTS	12/31/07	133,950			133,950	39 MO S/L	46,117	3,434
25	CLOSING COSTS	11/01/03	194,208			194,208	30 MO S/L	111,135	6,473
26	336 CLOSING COSTS	5/13/09	337,794			337,794	39 MO S/L	101,047	8,662
27	FURNITURE & FIXTURES	12/30/98	10,705			10,705	7 MO S/L	10,705	0
28	FURNITURES	12/30/98	2,192			2,192	7 MO S/L	2,192	0
29	FURNITURES & FIXTURES	6/01/09	2,444			2,444	7 MO S/L	2,444	0
30	FURNITURES & FIXTURES	8/29/00	3,000			3,000	7 MO S/L	3,000	0
31	TRAINING TABLES	7/03/01	2,780			2,780	7 MO S/L	2,780	0
32	4-DRAWER FILING CABINET	2/01/02	500			500	7 MO S/L	500	0
33	4-DRAWER FILING CABINET	3/01/02	700			700	7 MO S/L	700	0
34	4-DRAWER FILING CABINET	3/01/02	500			500	7 MO S/L	500	0
35	FURNITURES	11/15/03	5,199			5,199	7 MO S/L	5,199	0
36	OFFICE FURNITURES	8/31/09	1,260			1,260	5 MO S/L	1,260	0
37	OFFICE FURNITURES	8/31/09	1,203			1,203	5 MO S/L	1,203	0
38	OFFICE FURNITURES	12/03/10	3,680			3,680	5 MO S/L	3,680	0
39	OFFICE FURNITURES	11/02/10	6,436			6,436	5 MO S/L	6,436	0
40	OFFICE FURNITURES	4/20/10	1,440			1,440	5 MO S/L	1,440	0
41	OFFICE FURNITURES	9/30/10	3,075			3,075	5 MO S/L	3,075	0
42	OFFICE FURNITURES	9/08/10	882			882	5 MO S/L	882	0
43	5-DRAWER FILING CABINET	11/20/12	1,530			1,530	5 MO S/L	1,530	0
44	FURNITURES & FIXTURES	5/08/12	1,435			1,435	5 MO S/L	1,435	0
45	2-DRAWER FILING CABINET	7/12/12	449			449	5 MO S/L	449	0
46	5-DRAWER FILING CABINET	3/15/12	739			739	5 MO S/L	739	0
47	5-DRAWER FILING CABINET	11/25/13	1,978			1,978	5 MO S/L	1,978	0
48	CUSTOM CONFERENCE TABLE	11/27/13	8,050			8,050	5 MO S/L	8,050	0
49	LEATHER CHAIRS	11/27/13	5,965			5,965	5 MO S/L	5,965	0
50	32" PANAC LED HDTV	11/26/13	790			790	5 MO S/L	790	0
51	DESK & CHAIRS	4/08/14	915			915	5 MO S/L	915	0
52	FURNITURES	7/31/14	3,791			3,791	5 MO S/L	3,791	0
53	OFFICE CHAIRS	11/24/14	1,056			1,056	5 MO S/L	1,056	0
54	PEDESTAL BOX FILE	11/05/14	837			837	5 MO S/L	837	0
55	PEDESTAL BOX FILE	11/05/14	558			558	5 MO S/L	558	0
56	HEADSET DECT WIRELESS	11/05/14	578			578	5 MO S/L	578	0
57	PEDESTAL BOX FILE	12/31/14	2,465			2,465	5 MO S/L	2,465	0
58	FILE LATERAL	12/31/14	479			479	5 MO S/L	479	0
59	CHAIRS	12/16/14	1,077			1,077	5 MO S/L	1,077	0
60	TABLE CONFERENCE	12/10/14	620			620	5 MO S/L	620	0
61	BLACK DESK	12/30/14	475			475	5 MO S/L	475	0
62	BOOKCASE FIVE SHELF	12/23/14	450			450	5 MO S/L	450	0
63	SECTIONAL SOFA	12/04/14	1,724			1,724	5 MO S/L	1,724	0
64	TABLE	12/04/14	1,003			1,003	5 MO S/L	1,003	0
65	CABINET, CHARIS, DESK	6/04/15	1,890			1,890	5 MO S/L	1,890	0
66	SODA MACHINE	7/01/97	8,596			8,596	5 MO S/L	8,596	0
67	FAX MACHINE	6/29/98	299			299	5 MO S/L	299	0
68	REFRIGERATOR	6/30/98	725			725	5 MO S/L	725	0

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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	0
71	MINOLTA COPIERS	10/28/99	22,167			22,167	7 MO S/L	22,167	0
72	COMPUTER SERVER	2/01/99	10,794			10,794	5 MO S/L	10,794	0
73	TELEPHONE SYSTEM	9/23/99	28,650			28,650	7 MO S/L	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	OFFICE EQUIPMENT	7/06/00	706			706	5 MO S/L	706	0
77	DIGITAL CAMERA	7/19/00	1,000			1,000	5 MO S/L	1,000	0
78	DELL 866 CPU & PRINTER	1/11/01	1,720			1,720	5 MO S/L	1,720	0
79	PANAS TV/VCR	10/10/01	1,250			1,250	5 MO S/L	1,250	0
80	DELL 2100 COMPUTERS	10/27/01	2,180			2,180	5 MO S/L	2,180	0
81	SAMSUNG ML PRINTERS	10/27/01	430			430	5 MO S/L	430	0
82	OKIDATA DOT MATRIX PRINTER	10/27/01	365			365	5 MO S/L	365	0
83	LASER JET PRINTER	6/27/01	759			759	5 MO S/L	759	0
84	20 DONATED COMPUTERS	6/15/01	7,000			7,000	5 MO S/L	7,000	0
85	LYTEC MEDICAL SOFTWARE	3/29/01	2,790			2,790	5 MO S/L	2,790	0
86	EPSON POWERLITE PROJECTOR	8/23/01	2,199			2,199	5 MO S/L	2,199	0
87	COMPAQ LAPTOP COMPUTER	8/23/01	1,999			1,999	5 MO S/L	1,999	0
88	DELL DIMENSION 2200	4/06/02	1,190			1,190	5 MO S/L	1,190	0
89	LYTEC MEDICAL SOFTWARE	8/20/02	2,688			2,688	5 MO S/L	2,688	0
90	DELL DIMENSION 2100	2/19/02	1,079			1,079	5 MO S/L	1,079	0
91	DELL DIMENSION 2100	2/19/02	1,079			1,079	5 MO S/L	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	DELL 1700 GX4000 HP LASERJET	12/28/02	2,010			2,010	5 MO S/L	2,010	0
95	W/ ACCESSORIES	2/16/02	1,873			1,873	5 MO S/L	1,873	0
96	HP INKJET 2250 PRINTER	2/16/02	697			697	5 MO S/L	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
99	HP INKJET 2250 PRINTER	2/16/02	697			697	5 MO S/L	697	0
100	DELL DIMENSION 2300	5/06/02	4,590			4,590	5 MO S/L	4,590	0
101	DELL DIMENSION 4500	9/06/02	2,446			2,446	5 MO S/L	2,446	0
102	LANIER COPIER 5645	6/02/02	12,429			12,429	3 MO S/L	12,429	0
103	LANIER COPIER 5622	6/02/02	7,031			7,031	3 MO S/L	7,031	0
104	DELL SERVER 500 SC	8/21/02	2,362			2,362	5 MO S/L	2,362	0
105	DAMSUM PRINTER & SYSTEM	2/16/02	809			809	5 MO S/L	809	0
106	COMPUTER SYSTEM HP PRINTER 2200	2/16/02	2,356			2,356	5 MO S/L	2,356	0
107	ACCESSORIES	2/16/02	1,605			1,605	5 MO S/L	1,605	0
108	HP LASER 2100 PRINTER	1/27/01	817			817	5 MO S/L	817	0
109	HP LASER 2500 N COLOR PRINTER	5/23/03	1,400			1,400	5 MO S/L	1,400	0
110	HP LASER 2300 PRINTER	6/22/03	1,360			1,360	5 MO S/L	1,360	0
111	2003 QB SOFTWARE	4/24/03	1,698			1,698	3 MO S/L	1,698	0
112	HARD DRIVES	5/06/03	2,177			2,177	5 MO S/L	2,177	0
113	DELL COMPUTER	6/23/03	1,618			1,618	5 MO S/L	1,618	0
114	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	0
116	TELEPHONE SYSTEM - TELEVERSE	11/21/08	10,460			10,460	5 MO S/L	10,460	0
117	TELEPHONE SYSTEM - TELEVERSE	11/21/08	10,460			10,460	5 MO S/L	10,460	0
118	EQUIPMENT - NETWORK	10/31/09	35,643			35,643	5 MO S/L	35,643	0
119	COMPUTER	12/31/09	2,966			2,966	5 MO S/L	2,966	0
120	COMPUTER	12/31/09	1,452			1,452	5 MO S/L	1,452	0
121	PLASMA TV	4/11/10	1,653			1,653	5 MO S/L	1,653	0
122	APPLE MACBOOK	5/28/10	1,747			1,747	5 MO S/L	1,747	0
123	HP LASER 93015DN PRINTER	5/24/10	2,097			2,097	5 MO S/L	2,097	0
124	DELL OPTIPLEX	6/17/10	1,495			1,495	5 MO S/L	1,495	0
125	DELL OPTIPLEX	6/17/10	3,739			3,739	5 MO S/L	3,739	0
126	DELL OPTIPLEX	6/17/10	2,991			2,991	5 MO S/L	2,991	0
127	DELL OPTIPLEX	12/28/10	8,458			8,458	5 MO S/L	8,458	0
128	DELL OPTIPLEX	12/28/10	4,348			4,348	5 MO S/L	4,348	0
129	ACCUMEDIC MEDICAL & BILLING SC	2/11/11	83,236			83,236	5 MO S/L	83,236	0
130	ACCUMEDIC MEDICAL & BILLING SO	9/14/11	3,285			3,285	5 MO S/L	3,285	0
131	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	0
133	TELEPHONE SYSTEM - TELEVERSE	7/12/11	5,692			5,692	5 MO S/L	5,692	0
134	HP LASER PRINTER P2035	7/21/12	3,175			3,175	5 MO S/L	3,175	0
135	HP LASER PRINTER P2035	10/20/12	896			896	5 MO S/L	896	0
136	OPTIPLEX 390 MINI TOWER	11/17/12	677			677	5 MO S/L	677	0
137	LATITUDE E5530 LAPTOP	10/21/13	3,506			3,506	5 MO S/L	3,506	0
138	COMPUTERS & PRINTERS	10/21/13	16,267			16,267	5 MO S/L	16,267	0
139	COMPUTERS & PRINTER	11/07/13	7,739			7,739	5 MO S/L	7,739	0

11-2592214

AMT Asset Report

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
140	COMPUTERS & PRINTER	12/16/13	2,992			2,992	5 MO S/L	2,992	0
141	WIRELESS ROUTER	11/14/13	2,058			2,058	5 MO S/L	2,058	0
142	PROJECTOR	12/31/13	1,100			1,100	5 MO S/L	1,100	0
143	SECURITY SYSTEM	3/17/14	1,195			1,195	5 MO S/L	1,195	0
144	OPTIPLEX 7010	8/15/14	6,849			6,849	5 MO S/L	6,849	0
145	DS M401N LJ PRO 400	10/10/14	891			891	5 MO S/L	891	0
146	DELL INSPIRATION	12/06/91	2,049			2,049	5 MO S/L	2,049	0
147	OPTIPLEX 3020 MINITOWER	7/01/15	695			695	5 MO S/L	695	0
148	OPTIPLEX 3020 MINITOWER	7/01/15	7,740			7,740	5 MO S/L	7,740	0
149	OPTIPLEX 3020 MINITOWER	7/01/15	3,096			3,096	5 MO S/L	3,096	0
150	OPTIPLEX 3020 MINITOWER	12/01/15	3,111			3,111	5 MO S/L	3,111	0
151	ACCUMEDIC EMR SOFTWARE	3/31/15	43,935			43,935	5 MO S/L	43,935	0
152	POWEREDGE T430 SERVER	3/31/15	8,705			8,705	5 MO S/L	8,705	0
153	MINI IPAD	5/20/14	485			485	5 MO S/L	485	0
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
156	LHI ROOM DIVIDER	11/30/98	6,475			6,475	5 MO S/L	6,475	0
157	LEASEHOLD IMPROVEMENT	7/01/06	26,958			26,958	39 MO S/L	9,992	692
158	LEASEHOLD IMPROVEMENT	12/31/08	28,933			28,933	15 MO S/L	23,147	1,929
159	LEASEHOLD IMPROVEMENT	3/31/09	4,800			4,800	15 MO S/L	3,760	320
160	LEASEHOLD IMPROVEMENT	4/02/09	2,500			2,500	15 MO S/L	1,960	167
161	LEASEHOLD IMPROVEMENT	6/01/09	3,960			3,960	15 MO S/L	3,058	264
162	LHI BAY SHORE	12/31/09	4,900			4,900	39 MO S/L	1,384	125
163	LHI BAY SHORE	12/31/09	700			700	39 MO S/L	210	18
	Total Other Depreciation		<u>5,306,273</u>			<u>5,306,273</u>		<u>2,479,780</u>	<u>121,705</u>
	Total ACRS and Other Depreciation		<u>5,306,273</u>			<u>5,306,273</u>		<u>2,479,780</u>	<u>121,705</u>
	Grand Totals		5,306,273			5,306,273		2,479,780	121,705
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>5,306,273</u>			<u>5,306,273</u>		<u>2,479,780</u>	<u>121,705</u>

Depreciation Adjustment Report

All Business Activities

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

Asset	Description	Date In Service	Cost	NY
Other Depreciation:				
1	344 BUILDING	12/31/02	595,360	15,266
2	344 ELEVATOR REFURBISHING	3/12/04	4,334	0
3	344 SECURITY CAMERA	3/12/04	2,450	0
4	344 FENCE	10/26/04	4,000	102
5	344 BUILDING IMPROVEMENTS	7/01/04	10,375	266
6	344 NEW OFFICE	9/07/07	3,541	90
7	344 ROOF	7/01/10	7,800	200
8	BUILDING1	12/31/02	91,463	2,346
9	BUILDING2	11/01/03	1,551,591	39,784
10	BUILDING3	1/01/05	32,560	835
11	336 BUILDING	5/13/09	1,529,209	39,211
12	336 SECURITY SYSTEM	2/08/10	4,300	0
13	336 RECEPTION	1/01/10	1,566	40
14	336 HCC BLDG SIGN	3/10/10	3,165	81
15	336 HCC SIGN 2	4/16/10	2,645	68
16	336 OFFICE	3/09/10	1,891	49
17	336 PARKING	4/20/10	4,600	118
18	336 AWNING	4/23/10	925	24
19	336 BLDG IMPROVEMENTS	9/12/11	27,800	713
20	336 BULDG IMPROVEMENTS	9/30/11	11,700	300
21	336 HEAT SYSTEM	3/23/11	4,995	128
22	336 SECURITY SYSTEM	4/04/11	2,025	0
23	336 CARPET	9/30/11	1,270	0
24	BOND ISSUANCE COSTS	12/31/07	133,950	3,435
25	CLOSING COSTS	11/01/03	194,208	6,474
26	336 CLOSING COSTS	5/13/09	337,794	8,661
27	FURNITURE & FIXTURES	12/30/98	10,705	0
28	FURNITURES	12/30/98	2,192	0
29	FURNITURES & FIXTURES	6/01/09	2,444	0
30	FURNITURES & FIXTURES	8/29/00	3,000	0
31	TRAINING TABLES	7/03/01	2,780	0
32	4-DRAWER FILING CABINET	2/01/02	500	0
33	4-DRAWER FILING CABINET	3/01/02	700	0
34	4-DRAWER FILING CABINET	3/01/02	500	0
35	FURNITURES	11/15/03	5,199	0
36	OFFICE FURNITURES	8/31/09	1,260	0
37	OFFICE FURNITURES	8/31/09	1,203	0
38	OFFICE FURNITURES	12/03/10	3,680	0
39	OFFICE FURNITURES	11/02/10	6,436	0
40	OFFICE FURNITURES	4/20/10	1,440	0
41	OFFICE FURNITURES	9/30/10	3,075	0
42	OFFICE FURNITURES	9/08/10	882	0
43	5-DRAWER FILING CABINET	11/20/12	1,530	0
44	FURNITURES & FIXTURES	5/08/12	1,435	0
45	2-DRAWER FILING CABINET	7/12/12	449	0
46	5-DRAWER FILING CABINET	3/15/12	739	0
47	5-DRAWER FILING CABINET	11/25/13	1,978	0
48	CUSTOM CONFERENCE TABLE	11/27/13	8,050	0
49	LEATHER CHAIRS	11/27/13	5,965	0
50	32" PANAC LED HDTV	11/26/13	790	0
51	DESK & CHAIRS	4/08/14	915	0
52	FURNITURES	7/31/14	3,791	0
53	OFFICE CHAIRS	11/24/14	1,056	0
54	PEDESTAL BOX FILE	11/05/14	837	0
55	PEDESTAL BOX FILE	11/05/14	558	0
56	HEADSET DECT WIRELESS	11/05/14	578	0
57	PEDESTAL BOX FILE	12/31/14	2,465	0
58	FILE LATERAL	12/31/14	479	0
59	CHAIRS	12/16/14	1,077	0
60	TABLE CONFERENCE	12/10/14	620	0
61	BLACK DESK	12/30/14	475	0
62	BOOKCASE FIVE SHELF	12/23/14	450	0
63	SECTIONAL SOFA	12/04/14	1,724	0
64	TABLE	12/04/14	1,003	0
65	CABINET, CHARIS, DESK	6/04/15	1,890	0
66	SODA MACHINE	7/01/97	8,596	0
67	FAX MACHINE	6/29/98	299	0

Asset	Description	Date In Service	Cost	NY
68	REFRIGERATOR	6/30/98	725	0
69	COMPUTERS	9/29/98	3,555	0
70	COMPUTERS	11/30/98	3,370	0
71	MINOLTA COPIERS	10/28/99	22,167	0
72	COMPUTER SERVER	2/01/99	10,794	0
73	TELEPHONE SYSTEM	9/23/99	28,650	0
74	COMPUTERS	2/01/99	4,201	0
75	MIP SOFTWARE	12/01/99	11,128	0
76	OFFICE EQUIPMENT	7/06/00	706	0
77	DIGITAL CAMERA	7/19/00	1,000	0
78	DELL 866 CPU & PRINTER	1/11/01	1,720	0
79	PANAS TV/VCR	10/10/01	1,250	0
80	DELL 2100 COMPUTERS	10/27/01	2,180	0
81	SAMSUNG ML PRINTERS	10/27/01	430	0
82	OKIDATA DOT MATRIX PRINTER	10/27/01	365	0
83	LASER JET PRINTER	6/27/01	759	0
84	20 DONATED COMPUTERS	6/15/01	7,000	0
85	LYTEC MEDICAL SOFTWARE	3/29/01	2,790	0
86	EPSON POWERLITE PROJECTOR	8/23/01	2,199	0
87	COMPAQ LAPTOP COMPUTER	8/23/01	1,999	0
88	DELL DIMENSION 2200	4/06/02	1,190	0
89	LYTEC MEDICAL SOFTWARE	8/20/02	2,688	0
90	DELL DIMENSION 2100	2/19/02	1,079	0
91	DELL DIMENSION 2100	2/19/02	1,079	0
92	DELL DIMENSION 2100	2/19/02	1,079	0
93	DELL DIMENSION 2100	2/19/02	1,079	0
94	DELL 1700 GX4000 HP LASERJET	12/28/02	2,010	0
95	W/ ACCESSORIES	2/16/02	1,873	0
96	HP INKJET 2250 PRINTER	2/16/02	697	0
97	HP LASER 2200 PRINTER	2/16/02	1,189	0
98	DELL DIMENSION 2300	5/06/02	4,590	0
99	HP INKJET 2250 PRINTER	2/16/02	697	0
100	DELL DIMENSION 2300	5/06/02	4,590	0
101	DELL DIMENSION 4500	9/06/02	2,446	0
102	LANIER COPIER 5645	6/02/02	12,429	0
103	LANIER COPIER 5622	6/02/02	7,031	0
104	DELL SERVER 500 SC	8/21/02	2,362	0
105	DAMSUM PRINTER & SYSTEM	2/16/02	809	0
106	COMPUTER SYSTEM HP PRINTER 2200	2/16/02	2,356	0
107	ACCESSORIES	2/16/02	1,605	0
108	HP LASER 2100 PRINTER	1/27/01	817	0
109	HP LASER 2500 N COLOR PRINTER	5/23/03	1,400	0
110	HP LASER 2300 PRINTER	6/22/03	1,360	0
111	2003 QB SOFTWARE	4/24/03	1,698	0
112	HARD DRIVES	5/06/03	2,177	0
113	DELL COMPUTER	6/23/03	1,618	0
114	COMPUTER EQUIPMENT	12/31/06	8,040	0
115	TELEPHONE SYSTEM - TELEVERSE	11/21/08	10,460	0
116	TELEPHONE SYSTEM - TELEVERSE	11/21/08	10,460	0
117	TELEPHONE SYSTEM - TELEVERSE	11/21/08	10,460	0
118	EQUIPMENT - NETWORK	10/31/09	35,643	0
119	COMPUTER	12/31/09	2,966	0
120	COMPUTER	12/31/09	1,452	0
121	PLASMA TV	4/11/10	1,653	0
122	APPLE MACBOOK	5/28/10	1,747	0
123	HP LASER 93015DN PRINTER	5/24/10	2,097	0
124	DELL OPTIPLEX	6/17/10	1,495	0
125	DELL OPTIPLEX	6/17/10	3,739	0
126	DELL OPTIPLEX	6/17/10	2,991	0
127	DELL OPTIPLEX	12/28/10	8,458	0
128	DELL OPTIPLEX	12/28/10	4,348	0
129	ACCUMEDIC MEDICAL & BILLING SOFTV	2/11/11	83,236	0
130	ACCUMEDIC MEDICAL & BILLING SOFTW	9/14/11	3,285	0
131	ELECTRONIC SIGNATURE PADS	10/06/11	2,352	0
132	DELL POWEREDGE SERVER	3/16/11	15,989	0
133	TELEPHONE SYSTEM - TELEVERSE	7/12/11	5,692	0
134	HP LASER PRINTER P2035	7/21/12	3,175	0
135	HP LASER PRINTER P2035	10/20/12	896	0
136	OPTIPLEX 390 MINI TOWER	11/17/12	677	0
137	LATITUDE E5530 LAPTOP	10/21/13	3,506	0
138	COMPUTERS & PRINTERS	10/21/13	16,267	0

Asset	Description	Date In Service	Cost	NY
139	COMPUTERS & PRINTER	11/07/13	7,739	0
140	COMPUTERS & PRINTER	12/16/13	2,992	0
141	WIRELESS ROUTER	11/14/13	2,058	0
142	PROJECTOR	12/31/13	1,100	0
143	SECURITY SYSTEM	3/17/14	1,195	0
144	OPTIPLEX 7010	8/15/14	6,849	0
145	DS M401N LJ PRO 400	10/10/14	891	0
146	DELL INSPIRATION	12/06/91	2,049	0
147	OPTIPLEX 3020 MINITOWER	7/01/15	695	0
148	OPTIPLEX 3020 MINITOWER	7/01/15	7,740	0
149	OPTIPLEX 3020 MINITOWER	7/01/15	3,096	0
150	OPTIPLEX 3020 MINITOWER	12/01/15	3,111	0
151	ACCUMEDIC EMR SOFTWARE	3/31/15	43,935	0
152	POWEREDGE T430 SERVER	3/31/15	8,705	0
153	MINI IPAD	5/20/14	485	0
154	VAN	9/01/01	21,432	0
155	FORD ECOLINE VAN	12/31/06	43,693	0
156	LHI ROOM DIVIDER	11/30/98	6,475	0
157	LEASEHOLD IMPROVEMENT	7/01/06	26,958	691
158	LEASEHOLD IMPROVEMENT	12/31/08	28,933	1,929
159	LEASEHOLD IMPROVEMENT	3/31/09	4,800	320
160	LEASEHOLD IMPROVEMENT	4/02/09	2,500	166
161	LEASEHOLD IMPROVEMENT	6/01/09	3,960	264
162	LHI BAY SHORE	12/31/09	4,900	126
163	LHI BAY SHORE	12/31/09	700	18
	Total Other Depreciation		<u>5,306,273</u>	<u>121,705</u>
	Total ACRS and Other Depreciation		<u>5,306,273</u>	<u>121,705</u>
	Grand Totals		<u>5,306,273</u>	<u>121,705</u>

Name HISPANIC COUNSELING CENTER	Taxpayer Identification Number 11-2592214
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>77,711</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	<u>77,711</u>
8. Cost of Goods Sold	8.	<u>45,550</u>
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	<u>45,550</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>32,161</u>

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	<u>45,550</u>
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	<u>45,550</u>

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

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

	Schedule A, UBIT Activity Code	Seq #
<input type="checkbox"/>	Part V, Debt Financing	
<input type="checkbox"/>	Part VI, Controlled Org Income	
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/>	Part VIII, Exploited Activities	
<input type="checkbox"/>	Part IX, Advertising Income	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
CONSULTANTS	\$ 698,557	\$ 698,557	\$	\$
CONTRACTED SERVICES	208,671	143,665	65,006	
BILLING SERVICES	298,762	298,762		
PROFESSIONAL FEES	39,898	10,000	29,898	
Total	<u>\$ 1,245,888</u>	<u>\$ 1,150,984</u>	<u>\$ 94,904</u>	<u>\$ 0</u>

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
DATA PROCESSING	\$ 20,307	\$ 17,666	\$ 2,641	\$
MEALS AND ENTERTAINMENT	12,584		12,584	
POSTAGE AND DELIVERY	8,745	7,129	1,616	
TOXICOLOGY	6,888	6,888		
DUES AND SUBSCRIPTIONS	3,521	372	3,149	
FUNDRAISING	1,073			1,073
Total	<u>\$ 53,118</u>	<u>\$ 32,055</u>	<u>\$ 19,990</u>	<u>\$ 1,073</u>

Federal Statements**Schedule A, Part II, Line 1(e)**

<u>Description</u>	<u>Amount</u>
Federated Campaigns	\$ 12,176
Other	505,116
NC DEPT OF YOUTH BOARD	
Cash Contribution	159,997
NC DEPT CHEMICAL DEPENDENCY	
Cash Contribution	983,266
NC DEPT CHILDREN AND FAMILY	
Cash Contribution	282,724
RYAN WHITE	
Cash Contribution	242,045
NYS DEPT OF MENTAL HEALTH	
Cash Contribution	608,920
NASSAU CTY DISTRICT ATTORNEY'S OFFIC	
Cash Contribution	36,633
RESEARCH FOUNDATION FOR MENTAL HEALT	
Cash Contribution	1,041,451
NORTHWELL HEALTH	
Cash Contribution	80,950
HEMPSTEAD SCHOOL DISTRICT	
Cash Contribution	93,119
ESPRI VILLAGE OF HEMPSTEAD	
Cash Contribution	10,000
HISPANIC FEDERATION OF NY	
Cash Contribution	25,000
OASAS	
Cash Contribution	128,370
FEMA	
Cash Contribution	10,351
MOTHER CABRINIHEALTH FOUNDATION	
Cash Contribution	100,000
Total	<u>\$ 4,320,118</u>

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
NC DEPT OF YOUTH BOARD	\$ 804,633	\$ 413,659
NC DEPT CHEMICAL DEPENDENCY	4,603,666	4,212,692
NC DEPT CHILDREN AND FAMILY	1,397,739	1,006,765
RYAN WHITE	1,232,468	841,494
NYS DEPT OF MENTAL HEALTH	2,937,744	2,546,770
NASSAU CTY DISTRICT ATTORNEY'S OFFIC	332,821	
NEWSDAY	61,000	
RESEARCH FOUNDATION FOR MENTAL HEALT	2,288,599	1,897,625
NORTHWELL HEALTH	529,827	138,853
HEMPSTEAD SCHOOL DISTRICT	466,934	75,960
ESPRI VILLAGE OF HEMPSTEAD	146,888	
HISPANIC FEDERATION OF NY	40,000	
OASAS	243,369	
FEMA	38,827	
SUBSTANCE ABUSE AND MENTAL HEALTH	339,836	
MOTHER CABRINIHEALTH FOUNDATION	267,000	
Total	<u>\$ 15,731,351</u>	<u>\$ 11,133,818</u>

Federal Statements**Schedule A, Part II, Line 12 - Current year**

<u>Description</u>	<u>Amount</u>
MEDICAID & MEDICARE	\$ 123,849
PATIENT FEES	233,859
THIRD PARTY INSURANCE	3,674,680
SUPPORTED HOUSING	101,297
Taxable Interest on Savings and Temporary Cash Investments	4,247
OTHER	12,664
LUNCHEON	77,711
Total	<u>\$ 4,228,307</u>

Filing Instructions

HISPANIC COUNSELING CENTER

New York Annual Report

Taxable Year Ended December 31, 2022

Date Due: AS SOON AS POSSIBLE

Remittance: The filing fee for the tax year ended 12/31/22 is \$275. Form CHAR500 should be filed and paid in the NYS Charities online portal.

CHAR500NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com**2022**
Open to Public
Inspection**WORKSHEET ONLY - DO NOT FILE****1. General Information**

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2022 and Ending (mm/dd/yyyy) 12/31/2022

Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization:	Employer Identification Number (EIN):
	HISPANIC COUNSELING CENTER	11-2592214
	Mailing Address: 344 FULTON AVENUE	NY Registration Number: 03-38-06
	City / State / Zip: HEMPSTEAD NY 11550	Telephone: 516-538-2613
	Website: WWW.HISPANICCOUNSELING.ORG	Email: CBOYLE@HISPANICCOUNSELING.ORG
Check your organization's registration category:	<input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT*	Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:	Signature _____	Print Name and Title _____	Date _____
Chief Financial Officer or Treasurer:	Signature _____	Print Name and Title _____	Date _____

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or money order payable to: "Department of Law"
	\$ _____ 25	\$ _____ 250	\$ _____ 275	

CHAR500**Annual Filing Checklist**

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments**WORKSHEET ONLY - DO NOT FILE**

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$100,000 and up to \$250,000
- Audit Report if you received total revenue and support greater than or equal to \$250,000
- No Review Report or Audit Report is required because total revenue and support is less than or equal to \$100,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$10, if support and revenue is less than \$250,000
- \$25, if support and revenue is \$250,000 or more

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Need Assistance?

Visit: www.CharitiesNYS.com
 Call: (212) 416-8401
 Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.**DUAL** filers are registered under both 7A and EPTL.**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.**Where do I find my organization's NET WORTH?**

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500Schedule 4b: Government Grants
www.CharitiesNYS.com**2022**
Open to Public
Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information**WORKSHEET ONLY - DO NOT FILE**

Name of Organization: HISPANIC COUNSELING CENTER	NY Registration Number: 03-38-06
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2. Government Grants

Name of Government Agency	Amount of Grant
1. NC DEPT OF YOUTH BOARD	1. 159,997
2. NC DEPT CHEMICAL DEPENDENCY	2. 983,266
3. NC DEPT CHILDREN AND FAMILY	3. 282,724
4. RYAN WHITE	4. 242,045
5. NYS DEPT OF MENTAL HEALTH	5. 608,920
6. NASSAU CTY DISTRICT ATTORNEY'S OFFI	6. 36,633
7. OASAS	7. 128,370
8. PAYCHECK PROTECTION PROGRAM	8.
9. FEMA	9. 10,351
10. SUBSTANCE ABUSE AND MENTAL HEALTH	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 2,452,306