

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150
2015
Open to Public Inspection

A For the **2015** calendar year, or tax year beginning **07-01-2015**, and ending **06-30-2016**

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
HISPANIC BROTHERHOOD HOUSING CORP

Number and street (or P O box, if mail is not delivered to street address) Room/suite
59 CLINTON AVENUE

City or town, state or province, country, and ZIP or foreign postal code
ROCKVILLE CENTRE, NY 11570

D Employer identification number
11-3454056

E Telephone number
(516) 766-6610

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

I Website: ▶ WWW.HISPANICBROTHERHOOD.ORG

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(2) ◀(insert no) 4947(a)(1) or 527

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 43,228

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received		1	
	2 Program service revenue including government fees and contracts		2	
	3 Membership dues and assessments		3	
	4 Investment income		4	28
	5a Gross amount from sale of assets other than inventory	5a		
	b Less cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6 Gaming and fundraising events			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
c Less direct expenses from gaming and fundraising events	6c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d		
7a Gross sales of inventory, less returns and allowances	7a			
b Less cost of goods sold	7b			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
8 Other revenue (describe in Schedule O)		8	43,200	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	43,228	
Expenses	10 Grants and similar amounts paid (list in Schedule O)		10	
	11 Benefits paid to or for members		11	
	12 Salaries, other compensation, and employee benefits		12	
	13 Professional fees and other payments to independent contractors		13	
	14 Occupancy, rent, utilities, and maintenance		14	14,973
	15 Printing, publications, postage, and shipping		15	
	16 Other expenses (describe in Schedule O)		16	8,393
17 Total expenses. Add lines 10 through 16		17	23,366	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	19,862
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	299,596
	20 Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		21	319,458

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	29,572	22	27,161
23 Land and buildings	351,803	23	341,895
24 Other assets (describe in Schedule O)	29,396	24	27,112
25 Total assets	410,771	25	396,168
26 Total liabilities (describe in Schedule O)	111,175	26	76,710
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	299,596	27	319,458

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
TO PROVIDE FACILITIES TO SUPPORT HISPANIC BROTHERHOOD, INC , A 501(C)3 ORGANIZATION
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 See Additional Data Table		
(Grants \$)	If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	28a
29		
(Grants \$)	If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	29a
30		
(Grants \$)	If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)		
(Grants \$)	If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) ▶		32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CHRISTINA MARCHESSIO PRESIDENT	1 00	0	0	0
ALBIDO VELEZ VICE PRESIDENT	1 00	0	0	0
JENNY CEPERO SECRETARY	1 00	0	0	0
CRISTOBAL LOPEZ BOARD MEMBER	1 00	0	0	0
MARGARITA GRASING EXECUTIVE DIRECTOR	1 00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>MARGUERITE KELLER</u> Telephone no ▶ <u>(516) 766-6610</u> Located at ▶ <u>59 Clinton Avenue Rockville Centre, NY</u> ZIP + 4 ▶ <u>11570</u>		
b	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)? If "Yes," enter the name of the foreign country ▶ _____	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
c	Did the organization receive any payments for indoor tanning services during the year?		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51
Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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	2016-11-04 Date
	Christina Marchissio President Type or print name and title	

Paid Preparer Use Only	Prnt/Type preparer's name	Preparer's signature	Date 2016-11-04	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00503063
	Firm's name ▶ ANDREW L HULT CPA PLLC			Firm's EIN ▶ 11-3482718	
	Firm's address ▶ 14 Hilton Avenue Hempstead, NY 11550			Phone no (516) 565-1702	

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

Additional Data

Software ID:

Software Version:

EIN: 11-3454056

Name: HISPANIC BROTHERHOOD HOUSING CORP

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)

PROVIDED FACILITIES TO SUPPORT HISPANIC BROTHERHOOD, INC, A MULTI-SERVICE NOT-FOR-PROFIT AGENCY SERVING THE HISPANIC COMMUNITY IN THE AREAS OF HOUSING, COUNSELING AND YOUTH AND SENIOR PROGRAMS

(Grants \$ 0)

If this amount includes foreign grants, check here . . .

28a

0

TY 2015 Transfers Personal Benefits Contracts Declaration

Name: HISPANIC BROTHERHOOD HOUSING CORP

EIN: 11-3454056

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

**SCHEDULE O
(Form 990 or
990-EZ)**Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
HISPANIC BROTHERHOOD HOUSING CORP**Employer identification number**

11-3454056

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 4 - Other Investment Income	Description INTEREST INCOME Amount 28
Form 990-EZ, Part I, Line 8 - Other Revenue	Description RENTAL INCOME Amount 43,200

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 14	Description Depreciation/Amortization Amount 14,973
Form 990-EZ, Part I, Line 16 - Other Expenses	Description ACCOUNTING Amount 1,215 Description PROPERTY INSURANCE Amount 1,548 De scription MORTGAGE INTEREST Amount 4,124 Description REPAIRS/SERVICE CONTRACT Amount 1,506 Total to Form 990-EZ, line 16 8,393

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 24 - Other Assets	Description MORTGAGE ESCROW Beg of Year Amount 5,705 End of Year Amount 5,508 Description Other Depreciable Assets Beg of Year Amount 23,691 End of Year Amount 21,604
Form 990-EZ, Part II, Line 26 - Other Liabilities	Description MORTGAGE PAYABLE Beg of Year Amount 64,836 End of Year Amount 44,809 Description LOAN PAYABLE - AFFILIATE Beg of Year Amount 46,339 End of Year Amount 31,901