Form CHAR500

Annual Filing for Charitable Organizations
New York State Department of Law (Office of the Attorney General)

2013

This form used for Artick 5-A. EFTL and dual flers (realizes forms CHAR 197, CHAR 016 and CHAR 405)	120 Broadway New York, NY 10271 http://www.charitiesnys.com Open to Public Inspection			
1. General Information				
a. For the fiscal year beginning (mm/dd/yyyy) 01/01/ / 2013 and ending (mm/dd/yyyy) 12/31/2013	}		
b. Check if applicable for NYS: C. Name of organization Hispanic Heritage Council of Western New York, Inc.		- management Th	d. Fed. employer ID no. (EIN) (## ########) 8 0 - 0 7 1 9 7 7 8	
☐ Name change		- Lower-housest	e. NY State registration no. (## ## ##)	
☐ Initial filing ☐ Final filing ☐ Amended filing	Number and street (or P.O. box if mail not delivered to street address) P.O. Box	g 1.75/36 to benefit hereign	ite f. Telephone number ([7] 1] 6) 3 [1] 6 - 9 6 1 7	
NY registration pending	City or town, state or country and zip + 4" Buffalo, NY 14201	g. Email HHCWNY@g	g. Email HHCWNY@gmail.com	
2. Certification - Two Signatur	es Required			
	jury that we reviewed this report, including all attachments, and to nce with the laws of the State of New York applicable to this report		and belief, they are true,	
a. President or Authorized Of	Casimiro D. Rodriguiz		5/15/14	
Haratta de la constitución de la	Signature Philled Name	Title	Date	
b. Chief Financial Officer or Treas		5/15/14		
	Signature Printed Name	Title	Date	
Check Complete Schedules Check Complete Schedules Check Complete Schedules If you did not check the Article 7-A a. Did the organization use a pro- if Yes", complete Schedules	emption (Article 7-A registrants and dual registrants) butions from NY State (including residents, foundations, corporation the organization did not engage a professional fund raiser (PFR) of souring this fiscal year. may claim this exemption if no PFR or FRC was used and either: 1 ted community appeal and contributions from other sources did not tributions from one government agency to which it submitted an a con (EPTL registrants and dual registrants) ipts did not exceed \$25,000 and assets (market value) did not exceeding the source set of the one law under which they are re- signify complete and 1 (General Information), part 2 (Certification) and part of submit a fee, do not complete the following schedules and do not submit a annual report exemption above, complete the following for this fiscal y fessional fund raiser, fund raising counsel or commercial co-venturer for	or fund raising counsel (FR: I) it received an allocation from the exceed \$25,000 or 2) it remained from the received and the remaining artifact and for dual registered and	C).to solicit from a federated fund, eccived all or required by Article 7-A. Ining this fiscal year. Is claiming the annual report formation) above.	
* If "Yes", complete Schedu 5. Fee Submitted: See last page	le 4b.			
b. EPTL filing fee	submitting along with this form: \$ 10	Submit only one check total fee, payable to "N'		

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments ->->-

Schedule 4b: Government Contributions (Grants)

If you checked the box in question **4.b.** on page 1, complete the following schedule for each government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

Government Agency Name	Grant Amount
City of Buffalo	\$ 5,000.00
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
5- I	\$
	\$
Total Gover	nment Contributions (Grants) \$ 5,000.00

ou checked the box in question 4.a. on page 1, complete the following schedule for each PFR, FRC or CCV that the organization engaged for draising activity in NY State:
Type of fund raising professional (FRP):
Professional fund raiser
Fund raising counsel
Commercial co-venturer
Name of FRP:
Number and street (or P.O. box if mail is not delivered to street address):
City or town, state or country and zip + 4:
FRP telephone number:
Services provided by FRP (provide description):
Compensation arrangement with FRP (provide description):
Dates of contract through
(mm/dd/yyyy) (mm/dd/yyyy)
Amount paid to FRP\$

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Or	ganization's Registration Type	Fee Instructions
	Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.
•	EPTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.
٠	Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a <u>single</u> check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers		
Filing Fee		
Single check or money order payable to	"NYS Department of Law"	
Copies of Internal Revenue Service Forms		
☐ IRS Form 990	☐ IRS Form 990-EZ	☐ IRS Form 990-PF
☐ All required schedules (including Schedule B)	All required schedules (including Schedule B)	☐ All required schedules (including Schedule B)
☐ IRS Form 990-T	☐ IRS Form 990-T	☐ IRS Form 990-T
Additional Article 7-A Document Attachmo	ent Requirement	
☐ Audit Report (total support & revenue in	more than \$250,000)	
☐ Review Report (total support & revenue	e \$100,001 to \$250,000)	
No Accountant's Report Required (total	d support & revenue not more than \$100,000)	